

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

Interim       Final

Date of Report    March 5, 2021

## Auditor Information

Name: Sharon R. Shaver	Email: sharonrshaver@gmail.com
Company Name: SRS Professional Services, LLC	
Mailing Address: P.O. Box 1183	City, State, Zip: Mableton, GA 30126
Telephone: 478-454-7433	Date of Facility Visit: January 18-20, 2021

## Agency Information

Name of Agency: Kentucky Department of Corrections	Governing Authority or Parent Agency (If Applicable): Justice & Public Safety Cabinet		
Physical Address: 275 East Main Street	City, State, Zip: Frankfort, KY 40602		
Mailing Address: P.O. Box 2400	City, State, Zip: Frankfort, KY 40602		
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Agency Website with PREA Information: <a href="http://corections.ky.gov/about/pages/prison-rape-elimination-act-(PREA).aspx">http://corections.ky.gov/about/pages/prison-rape-elimination-act-(PREA).aspx</a>			

## Agency Chief Executive Officer

Name: Cookie Crews, Commissioner	
Email: cookie.crews@ky.gov	Telephone: 502-225-6513

## Agency-Wide PREA Coordinator

Name: Shannon Butrum, Assistant Director/PREA Coordinator	
Email: Shannon.butrum@ky.gov	Telephone: 502-382-7245
PREA Coordinator Reports to: Randy White, Deputy Commissioner	Number of Compliance Managers who report to the PREA Coordinator 13

## Facility Information

**Name of Facility:** Kentucky Correctional Institution for Women

**Physical Address:** 3000 Ash Avenue

**City, State, Zip:** Pewee Valley, KY 40056

**Mailing Address (if different from above):**  
PO Box 337

**City, State, Zip:** Pewee Valley, KY 40056

**The Facility Is:**

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

**Facility Type:**

Prison

Jail

**Facility Website with PREA Information:** Same as agency

**Has the facility been accredited within the past 3 years?**  Yes  No

**If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):**

ACA

NCCHC

CALEA

Other (please name or describe: [Click or tap here to enter text.](#))

N/A

**If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:**  
[Click or tap here to enter text.](#)

### Warden/Jail Administrator/Sheriff/Director

**Name:** Vanessa Kennedy

**Email:** vanessa.kennedy@ky.gov

**Telephone:** 502.241.8454 Ext. 3234

### Facility PREA Compliance Manager

**Name:** Lori Holderman

**Email:** lori.holderman@ky.gov

**Telephone:** 502.241.8454 Ext.2284

**Facility Health Service Administrator**  N/A

**Name:** Brittany Cederholm

**Email:** Brittany.cederholm@ky.gov

**Telephone:** 502.241.8454 Ext. 2612

## Facility Characteristics

Designated Facility Capacity:	733	
Current Population of Facility:	565	
Average daily population for the past 12 months:	691	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input checked="" type="checkbox"/> Females <input type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	19-76	
Average length of stay or time under supervision:	147 months	
Facility security levels/inmate custody levels:	Community-Maximum	
Number of inmates admitted to facility during the past 12 months:	397	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	366	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	306	
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<p>Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):</p>	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: <a href="#">Click or tap here to enter text.</a> <input checked="" type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	163	

Number of staff hired by the facility during the past 12 months who may have contact with inmates:	85
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	6
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	50
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	266
<b>Physical Plant</b>	
<p><b>Number of buildings:</b></p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	11
<p><b>Number of inmate housing units:</b></p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	6
Number of single cell housing units:	4
Number of multiple occupancy cell housing units:	2
Number of open bay/dorm housing units:	3
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	54
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	---

**Medical and Mental Health Services and Forensic Medical Exams**

Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> )

**Investigations**

**Criminal Investigations**

Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	0
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input checked="" type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> ) <input type="checkbox"/> N/A

**Administrative Investigations**

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	17 facility
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> ) <input checked="" type="checkbox"/> N/A

# Audit Findings

## Audit Narrative

### PHASE ONE: PRE-ON-SITE

**Audit Planning and Logistics:** The Prison Rape Elimination Act (PREA) site review of Kentucky Correctional Institution for Women was conducted January 18-20, 2021 by Sharon Ray Shaver, a Department of Justice (DOJ) certified PREA Auditor. Kentucky Correctional Institution for Women is an adult female prison operated under the authority of Kentucky Justice & Public Safety Cabinet, Department of Corrections.

This facility was audited through a contractual agreement between the Kentucky Department of Corrections and the American Correctional Association (ACA). The auditor assignment was made on October 30, 2020. This audit was scheduled for earlier in the year by a different auditor and was postponed due to the COVID-19 pandemic. On the date of assignment, the ACA provided Kentucky Correctional Institution for Women with PREA Audit notifications to post throughout the facility. Preliminary audit instructions had already been distributed by the previously assigned auditor and the Pre-Audit Questionnaire (PAQ) and document collection was already prepared prior to this auditor's assignment. After discussion with the agency's PREA Coordinator, it was decided to retain the audit period for document review purposes, and that the auditor would additionally review current incident data.

The facility received its last PREA audit April 17-18, 2017 with a final report issued on June 20, 2017. The previous PREA audit results found Kentucky Correctional Institution for Women exceeded 3 and met 40 of the 43 possible standards.

The official beginning of the current audit began with correspondence between the auditor and the agency's PREA Coordinator, Shannon Butrum, which occurred on October 30, 2020 shortly after the assignment was made. The PREA Pre-Audit Questionnaire and supporting documents were delivered to the lead auditor on a secured flash drive via postal delivery November 25, 2020. Once received, the auditor began reviewing the PAQ and documents using the PREA Compliance Audit Instrument and the Checklist of Policies/Procedures and other documents to create a log of additional information to be requested of the facility. As needed, written requests by email were submitted to the Kentucky Correctional Institution for Women PREA Compliance Manager for additional documents and/or clarification of the documents provided. All requests for additional information were responded to promptly and comprehensively. Additional correspondence occurred between the auditor and both the PREA Coordinator and the PREA Compliance Manager, up to the on-site portion of the audit and then after. A schedule of the on-site portion of the audit was established and travel arrangements were secured directly by the auditor. A plan for conducting interviews and for the facility tour was developed in advance. Further discussion included corrective action expectations for any non-compliance identified during the audit and timelines for after the site visit. Due to the COVID-19 pandemic, health and safety protocols were discussed, and it was agreed that the participants in the initial on-site in-briefing and subsequent tour would be kept to a minimum to limit contact among participants.

**Posting Notice of the Audit:** Audit notices were posted by the PREA Compliance Manager on November 1, 2020. Notices were printed and posted throughout the facility in all common areas of the facility to include the facility entry, inmate housing units, library, kitchen/dining area, education and programming areas, medical, administration building, industries building, intake, staff common areas, and recreational areas. These notices, posted in both English and Spanish, provided scheduled dates of the audit, purpose of the audit, name of the auditor, accurate contact information for the auditor and

an explicit and factually accurate statement regarding the confidentiality of any communication and limitations to that confidentiality pursuant to mandatory reporting laws, with the auditor and anyone who may respond to the notices.

**Reviewing Facility Policies, Procedures, and Supporting Documentation:** The auditor reviewed relevant documents provided by the facility and on the agency website in addition to the PAQ and supporting documents. Using the PREA Compliance Audit Instrument and the Checklist of Documents during review of the PAQ, a list was prepared for review during the on-site portion of the audit. A list of policies reviewed by the auditor is found in Phase 3 section. Other documents reviewed will be referenced in the narrative sections under each individual standard discussion.

**Correspondence Received:** No correspondence was received from inmates, employees, contractors, or other non-incarcerated persons.

**Mandatory Reporting Laws:** As documented through memorandum from the Kentucky Department of Human Resources (KDHR) to Kentucky Department of Corrections, KDHR has no authority to investigate complaints within the jurisdiction of Kentucky Department of Corrections under the Adult Protection Act, KRS 209.010-209.150; complaints of this nature will fall under the referral for criminal investigation. The Cabinet for Health and Family Services must be contacted when an allegation of sexual abuse is made by someone under the age of 18.

**Outreach to Advocacy Organizations and General Search:** Just Detention International (JDI) was contacted via e-mail to inquire if the organization had any information of concern for Kentucky Correctional Institution for Women. In response, JDI stated that they had received no correspondence regarding this facility in the last 36 months. The auditor contacted the Center for Women and Families, P.O. Box 2048, Louisville, KY 1-877-803-7577 who is listed as the designated rape crisis center servicing Kentucky Correctional Institution for Women. who reported there were no complaints or concerns reported for this facility in the past 12 months. A telephone interview was conducted with a Center for Women and Families counselor who confirmed inmates have 24/7 access to the telephone hotline and through written correspondence for emotional support services; on-site counseling is available by appointment when coordinated through the inmate victim's case manager; and a counselor will accompany during a forensic examination and/or investigative interviews upon request.

A web search revealed no information relevant to this audit, beyond an article related to the COVID-19 pandemic. No relevant litigation, no DOJ involvement, no federal consent decrees, nor local oversight were discovered during the search. Interviews with Shannon Butrum, PREA Coordinator and Commissioner Cookie Crews confirmed no consent decrees or oversight exists. Additionally, the auditor reviewed the last American Correctional Association (ACA) reaccreditation audit report for Kentucky Correctional Institution for Women conducted June 19-21, 2018.

The local hospital providing SAFE/SANE services is identified as University of Louisville Hospital This hospital is included in the facility's coordinated response plan as the provider for forensic medical examinations. The auditor's conversation with hospital staff confirmed that any inmate victim will be treated, and a forensic exam will be performed with consent of the victim, and that the hospital has SANE nurses on staff. In the event a SANE is not available, the exam will be performed by a trained RN.

Research was conducted by the auditor using the Kentucky Department of Corrections public website <https://corrections.ky.gov>. The website is intuitive and easily navigated; and includes the agency's zero-tolerance policy for sexual abuse, links to related policies, how to report abuse, annual reports, statistical reports, memorandum from Kentucky State Police regarding investigations, and final audit reports. The auditor reviewed the PREA annual reports, and the facility's last Final Audit Report.

The week prior to the on-site portion of the audit, the auditor requested from the PREA Compliance Manager documents to be made available on day one of the site visit including: a complete roster of inmates present on day one; a list of inmates identified with disabilities; a list of inmates with limited English proficiency (LEP); a list of inmates who identify as lesbian/bisexual/gay/transgender/intersex (LGBTI); a list of inmates assigned to isolated or segregated housing; a list of inmates who have reported prior sexual abuse; a list of inmates who have reported an allegation of sexual abuse at Kentucky Correctional Institution for Women; a list of all staff; a list of all contract employees; daily shift reports for specific dates; a list of all investigations for the audit period and up to the current date. This information was provided upon arrival to the facility along with a copy of the Inmate Handbook and other various facility information that the auditor found helpful.

## **PHASE TWO: ON-SITE AUDIT**

On January 18, 2021, the auditor was transported to the Kentucky Correctional Institution for Women by the agency's PREA Coordinator, Shannon Butrum. We arrived the facility around 8:30 a.m. and were greeted by Warden Vanessa Kennedy and members from her management team: Deputy Warden of Programs Joseph Woods, Classification and Treatment Officer (CTO)/PREA Compliance Manager Lori Holderman, Internal Affairs Captain Marc Blandford, and CTO/Back-up PREA Compliance Manager Lisa Wegner. Pamela Clayton from the agency's PREA Division was also present. We underwent a Rapid COVID-19 test and once cleared, convened in the multi-purpose room for a short in-briefing and introductions.

Because day one of the audit was an official State observed holiday, Martin Luther King, Jr. Day, certain administrative staff were not present at the facility. Upon recommendation by the Warden, and in agreement by the auditor, it was determined that the tour would be conducted on day two. The auditor proceeded with conducting interviews of both inmates and security staff on day one, as well as collecting needed documentation.

Day two consisted of the facility tour, inmate and staff interviews, and document gathering. Kentucky Correctional Institution for Women staff who participated in the tour of the facility included: Warden Vanessa Kennedy, Deputy Warden Joseph Woods, PREA Compliance Manager Lori Holderman, Back-up PREA Compliance Manager Lisa Wegner, and Internal Affairs marc Blandford. Additional participants included members from the agency's PREA Division: PREA Coordinator Shannon Butrum, and Justice Program Administrator Pamela Clayton. The auditor was informed that many of the normally scheduled activities were currently suspended due to the COVID-19 pandemic and that inmate movement was limited. A small number of inmates were on quarantine and the facility was anticipating relief from lock-down soon. In-person visitation and volunteer services had not resumed as of the site visit. The facility is not currently taking in new arrivals which contributes to the population being below the average daily population.

During the facility site review, all areas within the facility were inspected for sexual safety concerns to include the use of video cameras and security mirrors and identification of any blind spots. Bathrooms, showers, and other similar areas were inspected in the living units, inmate work areas to include the warehouse and industries building, recreation areas, programming, and administration areas. The auditor inspected for any secluded areas throughout the facility, on the walkways, and the yard. The auditor found stairwells and other low visibility areas were equipped with cameras. Areas where inmates are routinely strip searched were examined to ensure adequate measures are in place to prevent viewing by opposite gender staff. Areas toured included: Ridgeview/Substance Abuse Program; Challenges; Pine Bluff/PWP; Lonnie Watson Center; Medical; Recreation; Monarch Building/Mental Health; Education Center; Main Building/Assessment Center; Library/Legal Aide;

Maintenance; Chapel; Food Service; Special Management Unit; Industries; Warehouse; Minimum Security Unit; Intake Area, and Visitation.

The auditor placed test calls to the PREA hotline through the inmate phone system and notifications were routed back to the PREA Coordinator while we were still on the facility inspection. The auditor observed placements of PREA audit notices and found them to be posted conspicuously and prominently throughout the facility. In addition to the observations of appropriate posting of notices, the auditor confirmed through inmate interviews their awareness of the posted notices and through verbal notification by staff and other inmates. The auditor observed PREA informational posters throughout the facility and found that all inmates interviewed referenced PREA posters and the information they contained.

Inmate strip search areas were found to have appropriate physical barriers and/or curtains installed to prevent cross-gender viewing. Visitation area is equipped with cameras but separate rooms with doors are used for strip searches and there are no cameras present in the rooms. Video cameras present in the intake area were checked for viewing and found to be appropriate, allowing for no opposite gender viewing. Cameras were placed inside the bathroom areas in the Main Building for safety purposes; the auditor reviewed each of the camera views and confirmed that none were able to view an inmate's breasts, buttocks, or genitalia while taking a shower or using the restroom. Curtains were installed on every shower. Privacy screens were present in the medical examination rooms. Opposite gender announcements were made each time we entered a housing unit and documented, and the signs indicated "Male Working Post" were visible where male officers were assigned. Area logbooks were randomly reviewed throughout the tour and auditor observed documentation where supervisor rounds are made regularly. Areas toured were well-lit and cameras were plentiful and placed strategically throughout the facility. Several cameras were pointed that were recently installed upon recommendation of the Incident Review Team, Because of the COVID-19 pandemic, the facility is not currently taking in new inmates, so no intake occurred during the site visit to be observed, however, the intake officer provided a simulation of the process for the auditor.

Day three consisted of finalizing the document review and conducting the remaining staff interviews. The auditor conducted an out-briefing with the Warden and a small group of the management team and the PREA Coordinator. The auditor thanked the Warden and staff for their hospitality and cooperation during the site visit and explained the next phase expectations. The facility was not provided with the compliance findings during this meeting but was told that an analysis would be conducted of all the information collected to make a final determination. The facility was advised that additional correspondence and documentation may be necessary to aid in a comprehensive compliance review.

**Staff interviews** were based on guidance from the PREA Auditor Handbook page 54-57 and PREA Compliance Audit Instrument –Interview Guide for Agency Head, Interview Guide for Facility Director, Interview Guide for PREA Coordinators, Interview Guide for A Random Sample of Staff, and Interview Guide for Specialized Staff. Staff were selected to be interviewed using a variety of criteria to include their position, areas of assignment, shift assignment, length of service, incident data, and training records. The auditor was provided a quiet, comfortable, private area to conduct interviews with staff. Additional informal interviews were conducted with staff throughout the visit and during the tour.

At the time of the on-site portion of the audit, there were 163 staff employed by Kentucky Department of Corrections and 50 contract employees who may have contact with inmates. Kentucky Correctional Institution for Women has a contract with Aramark to provide food services (4-employees) and Keefe to provide canteen services (8 employees). Healthcare is provided through contract with WellPath for 33 employees; Seven Counties (1-physician); NOA Counseling (2-counselors. One Commonwealth Office of Technology (COT) network analyst is assigned to the facility. Based on the interview with the Volunteer Coordinator, all volunteers previously approved (266) have not been active since the onset of

the pandemic and will be required to update their training and backgrounds to be approved again before entry. Taking this information into consideration, the auditor elected to not contact any of the volunteers from the previous list since they are no longer considered active. For purposes of this section, the term employee(s) may refer to any status of the collective body of employees to include contractors. Interviews were conducted with specialized and random staff from both security and non-security and covering all shifts. Staff interviewed were actively on duty at the time of the audit to avoid any unnecessary hold overs and no employee was required to report to work solely for the purpose of this interview process.

A total of 31 interviews were conducted including Warden Vanessa Kennedy, PREA Compliance Manager Lori Holderman, ADA Coordinator Lisa Wegner, Training Coordinator Amanda Dees, and Chaplain David Webb. Staff were interviewed using the random staff questionnaire and 15 different specialized questionnaires (listed in the table below). The random staff interview questionnaire was used for 19 employees. A total of 42 specialized interview protocols were used during the interviews and multiple protocols were administered to certain staff due to the nature of their roles and responsibilities held at the facility. Interviews were also conducted by the auditor with agency representatives Commissioner Cookie Crews, PREA Compliance Manager Shannon Butrum, and Contracts Administrator Michael McKinney.

Staff Interviews	
Interview Protocol Title	Protocols Administered
Agency Head/Designee *	1*
Agency Contract Administrator *	1*
PREA Coordinator *	1*
PREA Compliance Manager	1
Warden/Facility Director/Superintendent/Designee	1
Intermediate/Higher Level Facility Staff	5
Medical and Mental Health Staff	4
Administrative/Human Resources Staff	1
Volunteers & Contractors	3
Investigative Staff	3
Staff who perform risk screening	4
Staff who supervise inmates in segregated housing	3
Staff on the sexual abuse incident review team	7
Designated staff responsible for monitoring retaliation	1
First responders/Security and Non-security	4
Intake staff	4
Staff who supervise youthful inmates	1
Education/Program staff who work with youthful offenders	1
Random Staff	19
*These protocols are not included in the narrative totals and are represented separately. These protocols are answered at the agency level and not by Kentucky Correctional Institution for Women	

Inmate interviews were based on guidance from the PREA Auditor Handbook page 52 and from the PREA Compliance Audit Instrument, Interview Guide for Inmates. Inmate interviews were conducted using the no-contact booth in visitation to limit face-to-face contact for COVID-19 precautions, except for one deaf inmate who preferred to communicate by reading lips and this interview was conducted in a private office while maintaining appropriate distance and using a clear portable barrier. All inmate interviews were conducted in private to ensure inmates felt comfortable to express any concerns they may have without prison staff being present. Interviews were conducted over the three days of the site visit. The official assigned population on the first day of the site visit was 565. The overall minimum number of inmate interviews required for this population size is 30, to include 15 randomly selected and

a minimum of 15 selected from targeted categories. Kentucky Correctional Institution for Women houses no inmates who meet the definition of youthful offender or limited English proficiency, and there were no inmates housed in segregated housing for the purpose of being at high risk for victimization to interview using these targeted protocols. The auditor selected five additional inmates from other targeted categories to compensate for the three categories where no inmates met the criteria.

The auditor was provided an inmate roster and several lists of inmates identified for the targeted categories which were generated on the first day of the site visit as previously mentioned in this report. Random inmates were selected from each of the housing units listed on the roster and from the targeted lists using a random number selection and taking into consideration factors such as housing locations, length of incarceration, race, and work assignments.

The auditor interviewed a total of 37 inmates including 15 random and 17 targeted. No inmates declined to participate in the interview. A total of 46 targeted protocols were administered. All 37 inmates were interviewed using the Inmate Interview Questionnaire and targeted inmates were asked additional questions using the corresponding questionnaire(s) for their targeted classification. During the interviews, if it became apparent that any person belonged to another subset of targeted inmates, then additional protocols were administered which explains the difference in number interviewed versus number of protocols administered

Interview Type	Number Required	Total Number Interviewed	Total Targeted Protocols Administered
Randomly Selected	15	15	
Youthful inmates†	3	0	0
Inmates with physical disability, blind, deaf, or hard of hearing	1	2	3
Inmates who are LEP†	1	0	0
Inmates with a cognitive disability	1	1	1
Inmates who identify as transgender or intersex	2	6	9
Inmates who identify as lesbian, gay, or bisexual	1	6	13
Inmates in segregated housing for high risk of sexual victimization†	1	0	0
Inmates who reported sexual abuse/harassment	3	2	6
Inmates who reported prior sexual abuse	2	5	14
Total	30	37	46

Every inmate interviewed was able to adequately convey to the auditor the facility's zero-tolerance policy and knew multiple ways to make a report of sexual abuse or sexual harassment. The inmates indicated they had seen the PREA video and were given a PREA pamphlet. All inmates but one remembered a staff member speaking with them about PREA during the orientation process. The auditor requested this inmate's file to review and found documented evidence that the PREA information was received by the inmate during orientation. Auditor's assessment of the collective interviews is that Kentucky Correctional Institution for Women staff are accessible and responsive to the needs of the inmates. The Unit Management staffing model allows the Unit Administrators (UA), Case Managers, and security staff time and access to become familiar with the inmates housed in their respective buildings. This seems to have a positive impact on the inmates' ability to access these staff members daily. Most every inmate interviewed said they would either use the hotline or tell their UA or counselor if they needed to report sexual abuse or sexual harassment. Inmates were aware of how to access services if, and when needed, and most of them recalled having heard about the community advocacy services, although no one stated having used the services. The facility informed the auditor that the intake procedures had been modified over the past year to maintain COVID-19 protocols and in some cases, inmates were quarantined prior to receiving the PREA training and orientation. Regardless, each inmate interviewed indicated they had been informed of the PREA and the file

reviews had documented evidence that the inmates received the Inmate Handbook and PREA training within an acceptable timeframe and that a risk screening was conducted.

Investigation statistics for Kentucky Correctional Institution for Women for January 1, 2020 through December 31, 2020 were provided by the PREA Coordinator. A total of 9 allegations were reported for the period and the auditor reviewed the case files. There were 6 allegations of staff to offender sexual abuse and 1 allegation of staff to offender sexual harassment. Of these, the harassment allegation was unsubstantiated, and the abuse allegations were deemed: 3 unsubstantiated; 3 substantiated. The 3 staff on inmate abuse cases were all presented to the KSP and two of them are currently under criminal investigation by that agency. Of the two allegations of offender-to-offender abuse, both were unsubstantiated; there were no cases of offender-to-offender sexual harassment reported.

### **PHASE THREE: POST-ON-SITE AUDIT**

**Document Review:** An extensive document review was conducted as part of the audit process. Various policies, forms, contracts, and additional working documents were reviewed and evaluated and triangulated against information obtained from interviews and personal observations during the site visit which were instrumental in determining agency and facility compliance with the PREA Standards. This list is not intended to be exhaustive but outlines the core policy documents used in the evaluation process. The governing Kentucky Corrections Policies and Procedures (CPP) and Kentucky Correctional Institution for Women policies and procedures that will be referenced throughout the report are listed below and annotated in the report narratives by the indicated abbreviation:

- CPP/3.6, Background Investigations of Employees and Applicants for Promotion and Employment of Ex-Offenders
- CPP/3.1, Code of Ethics/Social Media Use
- CPP/3.22, Staff Sexual Offenses
- CPP/7.1, Construction, Renovation and Expansion Guidelines
- CPP/9.8, Search Policy
- CPP/14.6, Inmate Grievance Procedure
- CPP/14.7, Sexual Abuse Prevention and Intervention Programs
- CPP/14.8, Lesbian, Gay, Bisexual, Transgender, and Intersex Offenders
- CPP/15.2, Rule Violations and Penalties
- CPP/18.1, Classification of the Inmate
- CPP/18.15, Protective Custody
- CPP/18.3, Confinement of Youthful Offenders
- KCIW/18-05-02, Youthful Offender
- KCIW/18-05-03, Lesbian, Gay, Bisexual, Transgender, and Intersex (LGBTI)

Information obtained from these policies combined with the information provided with the PAQ and the information collected from the site visit was carefully evaluated and assessed against each of the elements of the standards.

During all phases of the auditing process the auditor experienced no barriers to completing a thorough evaluation of compliance. The auditor found agency and facility staff to be forthcoming with information and readily provided all documents requested. The auditor was allowed unfettered access to all areas of the facility. All staff and inmates willingly participated in the interview process.

## Facility Characteristics

The Kentucky Correctional Institution for Women is the only State operated prison and designated reception center in the Commonwealth of Kentucky for female offenders. The institution received its first offenders in 1938 as an extension of the Kentucky State Reformatory in LaGrange. The facility is located approximately 30 miles from Louisville in Shelby County, near the town of Pewee Valley. The facility contains 16 buildings located on 270 acres, of which 37 acres are inside the secure compound. The facility is multi-custody and meets the needs of females serving from one year to life, first offenders, minimum, medium, and maximum custody levels, death row, and the physically and mentally challenged. Kentucky Correctional Institution for Women is an ACA accredited facility.

Inmates shall be assigned to the different living areas for a variety of reason, including custody, levels of required supervision, and medical needs. Kentucky Correctional Institution for Women is divided into five living units. Each unit has a Unit Administrator (UA) and an Assistant Unit Administrator (AUA), and at least one Classification and Treatment Officer (CTO). The UA or AUA shall approve any bed changes. Under normal operations, movement is controlled through the use of a pass system during the hours of 8:30 a.m. to 11:00 a.m. and 12:30 p.m. to 3:00 p.m. In order to proceed from one location to another during these times, Inmates shall receive a pass from her work/program supervisor or living unit staff. Inmates are assigned identification tags of designated colors to indicate their assigned living areas.

The Main Building is an open dormitory style housing unit and has a total of 175 beds and houses general population inmates and those placed in Special Living Unit (SLU) which are 10 beds (single occupancy). Property, Intake, Legal Aid, and School is also located in the Main Building.

The Restrictive Housing Unit (RHU) consists of 44 cells designed to house inmates who require protective custody, disciplinary segregation, or administrative segregation. The RHU contains outdoor exercise bullpens and non-contact visiting areas.

Ridgeview Dormitory is a 192-bed housing unit featuring four separate wings (A, B, C, and D) and an administrative area. The Assessment Center is located in A Wing (48 beds), and is the housing area for all new arrivals; B Wing houses inmates in the Amends Program (24 beds), consisting of offenders who have completed substance abuse programming and allows them to continue focus on recovery, and Challenges Program (24 beds), a mental health program designed to specifically address the needs of the female offender. These programs involve participating in group sessions, scheduled recreation and other activities, and individual treatment plans, which are followed closely throughout participation in the program. C Wing consists of 48 offenders who have been classified into the COD SAP Therapeutic Community; D wing consists of 48 offenders who have been classified into the SAP Therapeutic Community.

Pine Bluff is a 200-bed dormitory with four wings on each floor with 15 rooms each, for a total of 120 rooms. Two wings on each floor are double bunked. There are also two small areas for offender housing, 10 beds each, on the first floor. The Pine Bluff Unit houses general population offenders and honor status offenders of all custody levels. This unit also has the Paws with Purpose program where offenders train assist dogs for individuals with disabilities. Due to the current pandemic, the program was temporarily suspended.

Lonnie Watson Center houses general population inmates. A Wing houses inmates who require medical observation/skilled nursing care; B/D/E Wings house general population inmates; C Wing is designated for administrative and/or disciplinary segregation.

The Minimum Security Unit houses 44 offenders of minimum and community custody level and those designated as Honor Status offenders. This building is outside of the main prison fence.

**Classification:** The Assessment Center Initial Classification Committee and the Unit Reclassification Committees comprise the two types of classification committees at the facility. An inmate shall meet the Assessment and Classification Center Committee shortly after she arrives at the facility. Inmates shall meet the Unit Reclassification Committee after they complete the initial Assessment and orientation process and have work and/or program and living unit assignments. Classification is an ongoing process of assessment, assignment, monitoring, and reassessment. Custody reviews are conducted at least once per year. The Unit Reclassification Committee may meet at other times when unit staff deem necessary or at the request of the inmate. The inmate is given a notice of 48 hours before her regularly scheduled review and before a staff-initiated review.

Classification and Treatment Programming includes: Bonding Visits, Pathfinders, Paws with Purpose, New Directions, Alcoholics Anonymous, Narcotics Anonymous, Pawsitive Puppy Pals Club, Shaken Baby Syndrome, Recreation Planning Committee, Reflections, and Moral Recognition Therapy. Some of these programs are administered by staff through voluntary participation.

**Health care services** are provided through a contract with WellPath and is staffed with an Administrative Director, 2-administrative assistants, 2-certified nursing assistants (CNA), 5-CMT, 3-LPN, 2-RN, 3-Licensed Psychologist Associates, 2-Optometrists, 1-APRN, 3-Physical Therapists; PRN staff consists of: 3-CAN, 1-CMT, 1-RN. WellPath subcontracts with Mid America to provide Dental Services with 2-Dentists, and 1-Dental Assistant and with Seven Counties for 1-Physician. The medical department provides comprehensive health care services including routine and emergency medical, dental, and mental health services. Access to medical services is provided seven days a week 24 hours a day. Open sick call is daily between 5:45 a.m. and 6:05 a.m. Inmates are charged a \$3.00 co-payment for medical service, unless it is ordered by medical staff. No inmate shall be denied health care or lack of funds at the time of the visit. There are two daily pill calls for inmates to receive prescription medications.

Mental Health Services are available for the inmate population. All inmates undergo a mental health screening and follow-up within fourteen days of admission to Kentucky Correctional Institution for Women. Mental health staff discuss treatment options with inmates at that time. Any time following admission, inmates may be referred to Mental health by contacting their Classification and Treatment Officer or signing up for Medical Sick Call. Mental Health programming includes Domestic Violence, Willow, Mindfulness Group, Challenges, Substance Abuse Program, and Seeking Safety. Any institutional staff may be contacted in case of a mental health emergency and appropriate referral will follow. Inmates may obtain a referral to the Sex Offender Treatment Program (SOTP) from their CTO. The Mental Health Area of the Ridgeview Unit houses an intensive mental health treatment program. This program addresses the gender-specific mental health needs of the female offender with a goal toward improvement of individual functioning. Those female offenders who meet certain criteria may be transferred voluntarily or involuntarily to this Unit for treatment. The duration of the program is at least seven months, and as participants progress through the program and demonstrate improved functioning, they are allowed greater privileges.

**Work Assignments:** All inmates are expected to have program or work assignments, Correctional Industries has operated at Kentucky Correctional Institution for Women for over 28 years and provides employment opportunities for offenders includes Bulk Mail Services, Braille Transcribing, Warehousing for CHFS & OET, and the Soap Plant.

**Educational opportunities** are available through literacy classes, ABE, GED, Horticulture, Electrical, and Microsoft office. AA and AS degree programs are available for qualified offenders.

**Substance Abuse Treatment:** The Therapeutic Community provides substance abuse treatment through programming that includes the disease concept of addiction, corrective thinking, relapse prevention, life skills, and twelve step programs. This program is a minimum of six months and divided into Phase, Senior Phase, and Steps 1-4. SAP programming and interventions are evidence-based for substance abuse treatment and is licensed by the Commonwealth of Kentucky Cabinet for health and Family Services. The Substance Abuse Unit consists of 48 beds and this is a voluntary program.

**Recreation:** The gym offers offenders a robust opportunity for exercise including treadmills, steppers, weight machines, and a variety of resistance machines. Other recreational activities available include billiards, ping-pong, cards, board games, video games, arts and crafts, and team sports. The recreation activities are supervised by three employees. The auditor learned that the gym was used as a staging area during the first outbreak of COVID-19 at the facility and was converted into a temporary open bay type living unit complete with a shower and bathroom facilities. Kiosk and JPay machines were installed. During the second outbreak, the kitchen workers were housed in the gym to keep them quarantined from the remainder of the population. Video monitoring is used in addition to direct staff supervision in this temporary housing area to keep offenders safe.

**Food Service** operations are provided through a contract with Aramark. The meals served meet or exceed the dietary allowances as stated in the Recommended Dietary Allowances and national Academy of Science. Three meals, two of which are hot are provided at regular meals times during each 24-hour period. Under normal operations inmates are paged by housing unit to the dining room at mealtimes, but due to the pandemic, meals are temporarily being delivered to each housing unit to minimize contact among the offender population.

**Visitation:** The inmate visitation room consists of several large, open visiting rooms equipped with small tables and an outdoor area. Under normal operation, visiting for general population is scheduled Saturday and Sunday between 8:30 a.m. and 2:30 p.m. Additional visitation for the minimum-security unit and those on honor dorm is available on Friday from 5:30 p.m. to 8:30 p.m. The facility has an outside lawn visiting area for Honor Status Inmates. Non-contact visiting for Restrictive Housing is scheduled separately by appointment on weekends.

**Mail service** is coordinated by two employees and is received and delivered five days per week. Indigent inmates may mail two free letters each week. Legal and privileged mail is opened in the presence of the inmate. Incoming mail is scanned prior to being issued to the inmate. The auditor interviewed mailroom staff and confirmed that outgoing mail to the PREA auditor and to the Center for Women and Families will be treated as privileged mail. Any incoming mail from an advocacy center will also be treated as privileged correspondence and opened only in the presence of the inmate for inspection. Outside visitors have not been allowed during the COVID-19 pandemic and the facility has expanded visitation options to video visitation.

**Telephone access** is available in each housing unit. Inmate calls are monitored, and inmates are made aware of this in orientation and written notification in the Inmate Handbook. PREA calls to the internal hotline are not monitored by facility staff and calls to the external hotline are not monitored by facility staff or Kentucky Department of Corrections. Confidential and private calls may be made to the Center for Women and Families from the telephone and unmonitored counseling sessions may be scheduled through the inmate's unit administrator or counselor.

**Legal Aid Services:** In order to assure each inmate's right of access to the courts, the institution maintains a Legal Aid Office. The Legal Aid office is located in the Main Building and is open during

program hours. A selection of legal books and materials as well as Nexus Lexus (an online legal research service) is available to inmates for their research needs. Legal Aides are available to serve as representatives in Adjustment Committee proceedings, Assigned Legal Aides are responsible for assisting inmates in legal matters and receive institutional pay. These Legal Aides complete a training course provided by the Department of Public Advocacy.

**Grievance Procedures** are designed to provide a method of resolving inmate complaints after all other efforts to resolve the problem have failed. Inmates are encouraged to attempt to resolve any complaints at the lowest level possible and through informal means as quickly and as fairly as possible. The Grievance Office is located in the Main Building and is open during program hours. Grievance forms may be obtained from the Grievance Office. Grievance Aides who have been trained in the grievance process are available to assist inmates with processing a grievance through the informal resolution, committee, and appeal process. Sexual abuse and sexual harassment allegations are not handled through the grievance process.

**Library Facilities** are available to all inmates and staff. Resources include books, interlibrary loan services, reference materials, magazines, newspapers, catalogs, and telephone books. The library is open according to a posted schedule and bookshelves containing reading material is also located in each living unit. Inmates may also participate in the 20/20 Book Club.

**Religious Services:** Certified Volunteers normally provide religious services, but since COVID-19, many of the religious services are inmate led and supervised by staff. In addition to the services held by the Chaplain, many area churches in the community normally conduct over 800 programs throughout the year. The Chapel provides opportunity for music, prayer, drama, and Praise Team and a variety of cultural learning opportunities. The Chaplain maintains a religious library containing over 3,000 books, compact discs and cassette tapes on various topics. Chaplaincy programs include: Aunt Mary's Reading Program, Bible Study, Bonding Visits, Choir, Girl Scouts Behind Bars, Grief Care, Pastoral Counseling, Residents Encounter Christ, Volunteer Visitors, and Worship Services.

## Summary of Audit Findings

Based on a triangulation of documented evidence provided before, during, and after the on-site visit, interviews with a variety of staff, inmates and service providers, and observations during site visit, the auditor found all provisions to be compliant with the exception of one provision in 115.41(f) as explained here and in more detail in the respective standard's narrative. Corrective Action was implemented immediately, and satisfactory evidence has been provided to the auditor to indicate the facility is in full compliance.

**115.41(f) Non-Compliance/Corrective Action:** During the documentation review while on-site it was discovered that in two of the twelve random files reviewed the reassessment screenings were found to have been conducted outside of the 30-day window. As a result, the PREA Coordinator immediately initiated a refresher training session for Deputy Wardens, Unit Administrators, Assistant Unit Administrators and Classification and Treatment Officers at Kentucky Correctional Institution for Women. This Risk Assessment Refresher training was delivered by the PREA Coordinator's office between January 27 and February 2, 2021 and reinforced the importance of conducting the risk reassessments within 30 days. The training records were provided to the auditor as evidence of completion. Additionally, the auditor requested a larger sample of records to review to ensure the delay in rescreening was not systemic. Because intakes have been suspended due to the pandemic, there were limited new arrival assigned to the facility. The auditor was provided screening documentation for the nine inmates who arrived between January 15 and February 15, 2021. The auditor's review indicated that all nine inmates received their initial risk screening within 24 hours of arrival and then were reassessed no later than 30 days from their initial screening. The documented initial screenings and reassessments for recent new arrivals provided to the auditor were found to be conducted within the required timeframe of this provision. The auditor accepted the corrective action as complete, and the non-compliance as resolved before the Final Report was issued.

The auditor wants to note that the Kentucky Correctional Institution for Women Inmate Handbook displays the Prison Rape Elimination Act information on pages 2 and 3 which suggests the important stance the facility takes on sexual safety at this facility. The auditor sensed a community environment present at Kentucky Correctional Institution for Women. The auditor's observations of interactions between inmates and staff at all levels and categories were from a place of respect. Staff were accessible to inmates during the tour. Staff displayed concern for the well-being of the individuals under their care and this was further evidenced by comments expressed by the inmates during their private interviews. Kentucky Correctional Institution for Women staff are professionals who take pride in keeping inmates and staff safe as they uphold the mission of the Kentucky Department of Corrections.

### Standards Exceeded

**Number of Standards Exceeded:** 8

**List of Standards Exceeded:**

115.11,115.15,115.16,115.31,115.32,115.34,115.53,115.86

### Standards Met

**Number of Standards Met:** 37

### Standards Not Met

**Number of Standards Not Met:** 0

**List of Standards Not Met:** [Click or tap here to enter text.](#)

## PREVENTION PLANNING

### Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

#### 115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?  Yes  No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?  Yes  No

#### 115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator?  Yes  No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy?  Yes  No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?  
 Yes  No

#### 115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)  Yes  No  NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)  
 Yes  No  NA

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

**115.11(a):** CPP/14.7 mandates zero-tolerance toward all forms of sexual abuse and sexual harassment and outlines the agency's approach to preventing, detecting, and responding to allegations. CPP/3.22 further declares a zero tolerance-policy toward sexual offenses specifically for employees, provides definitions of policy applicability to include employees, contractors, volunteers, interns, students, and consultants, and definitions of prohibited behaviors and acts. Auditor's review of the above referenced policies finds that they outline the

agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment, includes definitions and sanctions, and a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates.

**115.11(b):** Kentucky Department of Corrections has designated Shannon Butrum as the Assistant Director/PREA Office Coordinator for the agency. Assistant Director (AD) Butrum was promoted to this position November 13, 2019 and previously served as a facility PREA Compliance Manager. The agency PREA Coordinator is a full-time and dedicated position and reports to the Office of Adult Institutions Deputy Commissioner as documented by the Kentucky Department of Corrections Organizational Chart. AD Butrum has a direct line of communication to the Commissioner as evidenced by interviews with Commissioner Crews and AD Butrum. During auditor's interview, AD Butrum stated that she has adequate time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all its facilities. Auditor's observations of the PREA Coordinator's interactions with facility staff during the on-site portion of the audit supported a high-level engagement and respect for the authority of her role with the agency in this capacity. The PREA Coordinator has two Justice Program Administrators who have been allocated to assist the PREA Coordinator in managing the agency's efforts to comply with PREA standards and provide oversight and guidance to the Wardens and PREA Compliance Managers. This structure exceeds the requirements of this provision.

**115.11(c):** Each of the 13 facilities of Kentucky Department of Corrections has a designated PREA Compliance Manager and a backup as indicated by interview with the PREA Coordinator and review of the "Adult Institutions PREA Compliance Managers" Directory provided with the PAQ. The designated PREA Compliance Manager is Lori Holderman, and her back-up is Lisa Wegner. Auditor's interview with the Kentucky Correctional Institution for Women PREA Compliance Manager indicates she has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. Ms. Holderman also maintains a caseload at the facility and when asked how she is able to manage the duties of the PREA Compliance Manager and maintain a caseload she stated "because PREA safety is just something we do at this facility, it's built into our daily operations and everyone does their part". The Warden expressed during her interview that Ms. Holderman was offered to be relieved of her caseload but declined feeling that she has enough time to manage her cases as well as the Compliance Manager duties. The Warden further stated that the option remains open should the workload become too much in the future. The facility PREA Compliance Manager reports to the Deputy Warden of Programs but has a direct line to the Warden as confirmed by interview with PREA Compliance Manager, Deputy Warden of Programs, and Warden, and review of the Kentucky Correctional Institution for Women Organizational Chart. Interviews with all level of staff to include the Warden, investigators, programs and security staff and health services staff clearly indicate that zero tolerance for sexual abuse and sexual harassment is the standard. There is regular interaction and communication between staff and the PREA Compliance Manager and they are kept current on information related to agency and facility policies and procedures. The facility PREA Compliance Manager is consulted with on all matters that impact sexual abuse and sexual harassment prevention measures at the facility. Auditor found all inmates interviewed were able to name the PREA Compliance Manager and most of them mentioned recent interaction with her. Inmates who are identified as high risk indicated they have routine contact with the PREA Compliance Manager.

The auditor determines Kentucky Correctional Institution for Women meets all provisions of this standard based on policy and document reviews as noted in above narrative, and interviews with the Commissioner, PREA Coordinator, PREA Compliance Manager, random and specialized staff, and inmates. The agency is found to exceed requirements of this standard in that it designates two support staff to oversee the agency's efforts in addition to the required PREA Coordinator and facility PREA Compliance Manager and requires each facility to designate a back-up to the facility PREA Compliance Manager.

## **Standard 115.12: Contracting with other entities for the confinement of inmates**

### **115.12 (a)**

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's

obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)  Yes  No  NA

### 115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

**115.12(a)(b):** Kentucky Department of Corrections contracts with 30 separate Reentry Service Centers to provide housing for inmates transitioning from prison to the community. Auditor reviewed all 30 contracts and found language requiring the private entity to comply with the PREA. In addition, the contract is subject to announced or unannounced compliance monitoring that may include on-site monitoring visits. The contracted entity is required to be audited by a DOJ Certified PREA Auditor every three years and failure to meet these contractual requirements may result in termination of the contract. These facilities are audited, where required, under the Community Confinement Standards.

All facilities that are required to be audited have done so, except for one facility which is currently being monitored by the PREA Coordinator's office for compliance. Two facilities are newly under contract and are being monitored for compliance by the agency, pending a PREA audit once they are fully operational. Five facilities were due for audits in 2020 but had to postpone due to the COVID-19 pandemic. According to interview with the PREA Coordinator and the Agency Contracts Administrator, contracted entities exempt from 115.401(a) are still held to the PREA standards and are monitored directly by the PREA Coordinator's Office and that Annual Compliance Reviews are conducted at all contracted facilities. Auditor reviewed an example of a recent compliance review conducted at one of the centers and found it to be thorough, covering a review of all applicable standards.

Based on documented evidence provided with the PAQ, review of contracts, and interviews with the PREA Coordinator and Agency Contracts Administrator, Kentucky Department of Corrections meets all provisions of this standard.

## Standard 115.13: Supervision and monitoring

### 115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  Yes  No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?  Yes  No  NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?  Yes  No

### 115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)  Yes  No  NA

### 115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?  Yes  No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?  Yes  No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?  Yes  No

### 115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?  Yes  No
- Is this policy and practice implemented for night shifts as well as day shifts?  Yes  No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?  Yes  No

### Auditor Overall Compliance Determination

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

**115.13(a):** As directed by CPP/14.7, the agency requires each facility it operates to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring to protect inmates against abuse. Documented consideration was given to all elements of provision (a) of this standard in development of the facility's staffing plan. Since the facility's last PREA audit conducted April 17-18, 2017, the average daily number of inmates was 662 and the staffing plan was predicated on an average population of 662. Auditor reviewed the current staffing plan and found it to provide adequate coverage with relief factor for inmate supervision posts. The facility documented by memorandum the calculation formula used to identify the total number of staff required per shift which is the basis for development of the staffing plan. Auditor reviewed the facility schematics identifying locations of the 324 cameras located within the facility and these cameras were also observed during the facility tour. These cameras are monitored from the Control Centers by the assigned shift officer. In addition to monitoring by the Control Center Officer, cameras can be monitored from the Warden's office and from the offices of other designated management staff. Interviews with the Warden and PREA Compliance Manager confirmed that PREA data is evaluated when identifying locations and placements of cameras. Recommendations of the Incident Review Committee are taken under consideration and acted upon when justified and as funding is available. Interview with Warden and Deputy Wardens confirmed that camera outages are taken very seriously and are immediately reported to the Shift Supervisor who is to submit a work order which will be responded to by a technician as an emergency 24 hours/7 days per week.

**115.13(b):** When the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan. Interview with the Warden determined that the facility uses overtime when needed to ensure that designated posts are covered in accordance with the staffing plan. Auditor reviewed the current staffing plan which indicated the number of officers and supervisors required plus relief factor required for each shift. Security Shift Rosters list each Post Assignment designated by a priority listing of A, B, or C. A Posts must be covered the entire shift; B Posts may have the officer pulled a portion of the shift at the discretion of the shift supervisor; and C Posts may be vacated the entire shift. Interviews with multiple shift supervisors verified that decisions are made related to Post closures based on activities and needs of the facility to ensure adequate supervision is provided. In cases where the designated staffing plan is not complied with the Shift Supervisor notes this in the designated section on the Security Shift Roster. In addition, when a shift falls below the mandatory critical staffing requirements the facility is required to document this event on an Incident Report Summary. The facility provided a sample for this type of event as evidence of this practice. A review of samples of Security Shift Rosters for six random dates found that each shift documents staffing and adequately justifies any post closures or adjustments. Staff overtime and administrative staff assistance is utilized to supplement staff shortages when needed and is documented accordingly. The security staff at Kentucky Correctional Institution for Women is approximately 64% male/36% female. Staffing is allocated with a larger percentage of males during day shift (68% to 32%) because of the compliment of non-uniformed female staff onsite who can assist with supervision. It was widely expressed that non-uniformed female staff participate routinely to provide assistance with offender supervision when needed. The most common reasons for deviations from the staffing plan are callouts and assists with other facility shortages. Interviews with the Warden, Deputy Wardens, Captain, and Shift Supervisors verified that staffing is reviewed on a daily basis.

**115.13(c):** The facility, in collaboration with the PREA Coordinator, reviews the staffing plan to see whether adjustments are needed in the staffing plan, the deployment of monitoring technology, or the allocations of resources to commit to the staffing plan to ensure compliance with the staffing plan. Auditor reviewed meeting minutes from the PREA Supervision & Monitoring Meeting of September 26, 2019 confirming the management team reviewed the current staffing plan and evaluated individually all considerations required within this standard and the plan was found to be adequate with no changes recommended. The review noted no judicial findings of inadequacy, no findings of inadequacy from Federal investigative agencies or internal or external oversight bodies. The PREA Coordinator's input and review is documented through memorandum to the facility Warden annually. Auditor's assessment of the PREA Supervision & Monitoring Meeting minutes documented found it to be thorough and meaningful.

**115.13(d):** CPP/14.7 and CPP/3.22 requires supervisors to conduct and document unannounced rounds on all shifts to identify and deter staff sexual offenses and that staff shall not alert other staff if a supervisory round occurs unless such announcement is related to the legitimate operational functions of the institution. A sample General Post Order was provided for review which states that a staff member shall not alert other staff if a supervisory round occurs unless such announcement is related to the legitimate operational functions of the institution. The Warden explained that camera footage is randomly reviewed by the Internal Affairs Investigator, and this was confirmed through auditor's interview with the investigator. Auditor observed documentation of rounds in the Post Logs during the onsite tour, and through review of the Officer's Daily Activity Log sheets for six randomly selected areas on four randomly selected dates picked by the auditor. Review of these documents and interviews with offenders, officers, and security supervisors provided evidence that supervisor rounds occur regularly and according to the established requirements. Staff interviews confirmed their knowledge of the prohibition of alerting other staff of the unannounced rounds.

Auditor's analysis of information obtained from policy review, documentation review, and interviews with staff concludes Kentucky Correctional Institution for Women meets all provisions of this standard.

## Standard 115.14: Youthful inmates

### 115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other

common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA

#### 115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA

#### 115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA

#### Auditor Overall Compliance Determination

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

**115.14(a)(b)(c):** CPP/18.3 requires that all female youthful offenders ordered committed to the Department of Corrections shall be housed at the Kentucky Correctional Institution for Women in a housing unit designed by the Warden that meets all requirements set forth in 28 CFR SS 115.14. Local policy Kentucky Correctional Institution for Women 18-05-02 directs that a youthful offender shall not be placed in a housing unit in which the youthful offender will have sight, sound, or physical contact with any adult inmate through use of a shared dayroom or other common space, shower area, or sleeping quarters. Additionally, classification and program needs will be assessed by the Unit Management Team who will programming recommendations. A youthful offender shall not be denied any legally required special education services and shall have access to work opportunities to the extent possible. Further directed, a youthful offender shall be permitted to go to the recreation department for one (1) hour daily as scheduled by recreation staff and during this time adult inmates shall not be allowed to recreate or communicate with the youthful offender. A youthful offender shall be kept under direct staff supervision if outside of her housing area for any reason.

The PREA Compliance Manager verified that there have been no youthful offenders housed at Kentucky Correctional Institution for Women during the previous 23 months. She explained that if a youthful offender is

assigned to the facility then she would be housed in the C-wing area of the Lonnie Watson Center. C-wing is a secure wing with its own shower toilet area as well as dayroom area, and provides the require sight, sound, and physical separation of the youthful offender from the adult population. Auditor inspected this area and found it to meet the requirements of separation delineated in this standard. Auditor interviewed staff who are assigned to the building where a youthful offender would be housed, the education supervisor, and the PREA Compliance Manager and all explained that while there have been no youthful offenders housed at Kentucky Correctional Institution for Women, there is a plan in place if needed that would effectively keep them separated from adult offenders. The PREA Coordinator explained that a historical search was conducted to identify when the last youthful offender was housed at Kentucky Correctional Institution for Women and no records were found.

Based on the fact that the facility has not had a youthful offender since PREA implementation, and that the facility has a suitable protocol in place in preparation for the possibility a youthful offender is placed at Kentucky Correctional Institution for Women, the auditor finds the facility and agency meet the provisions of this standard.

## Standard 115.15: Limits to cross-gender viewing and searches

### 115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?  
 Yes  No

### 115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)  
 Yes  No  NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)  Yes  No  NA

### 115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?  Yes  No
- Does the facility document all cross-gender pat-down searches of female inmates? (N/A if the facility does not have female inmates.)  Yes  No  NA

### 115.15 (d)

- Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  Yes  No
- Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks,

or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  Yes  No

- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?  Yes  No

#### 115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?  Yes  No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?  Yes  No

#### 115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?  Yes  No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?  Yes  No

#### Auditor Overall Compliance Determination

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

**115.15(a)(c):** CPP/9.8 clearly defines the terminology used in the policy related to searches and requires that except in exigent circumstances, a strip search shall be conducted by a staff member of the same gender as the inmate. All searches are to be carried out in a dignified manner and under sanitary conditions and professionally. All cross-gender strip searches shall be logged and documented in the institutional strip search logbook. Any search of an inmate which requires probing of a body cavity, x-rays, or any medical procedure shall be conducted in private by an institutional medical professional. The facility reports that no cross-gender strip or cross-gender visual body cavity searches of inmates were conducted of inmates in the past 12 months. This was further confirmed through interviews with security staff. Medical staff confirmed that no body cavity searches have been conducted by the medical department during the audit period. Thirty-seven inmates were interviewed, and all reported they have never been strip-searched by a male officer at this facility. The Strip Search log was reviewed, and three inmates were searched in the past five months, all by female staff. The Body Cavity Search Log and statement of fact provided by the PREA Compliance Manager indicated none have occurred.

**115.15(b):** CPP/9.8 requires all cross-gender pat down or frisk searches of female inmates to be conducted only under exigent circumstances and documented. Interview with the PREA Compliance Manager confirmed that there has been no cross-gender pat down searches during the previous 12 months; nor has any inmate been restricted access to regularly available programming or out of cell opportunity in order to comply with this provision.

**115.15(d):** CPP/14.7 directs that offenders shall be provided facilities that enable them to shower, perform bodily functions and change clothing without staff of the opposite gender viewing their breasts, buttocks, or genitalia except in exigent circumstances or when such viewing is incidental due to routine cell checks. CPP/3.22 requires a staff member of the opposite gender from the offender in a housing unit to announce his or her presence before entering the unit as described by institution post orders or written guidelines. A sample of the general post order for Kentucky Correctional Institution for Women reviewed by auditor confirmed that officers are directed to make opposite gender announcements when entering a housing area or any area that an inmate may be changing clothes, showering, or using the restroom. Auditor reviewed 24 samples of completed Officer Daily Activity Logs and viewed logs on posts during the on-site tour and found documented cross-gender announcements. All inmates interviewed said that staff are consistent in making cross-gender announcements. Lonnie Watson Center and the Restrictive Housing Unit have observation cells equipped with cameras. These cameras are used to monitor inmates who are placed on suicide watch from the building's control room. The PREA Compliance Manager provided the auditor with a copy of a directive requiring the camera be turned off in these cells unless an inmate is actively on suicide watch. The facility utilizes trained inmate observers in addition to staff monitoring during suicide watches. Inmates on suicide watch are given a safety gown and when showering or changing clothes the inmate observer is replaced with a female staff member to observe both the showering/changing of clothes process in the shower area, not in the monitored cell. Additionally, the toilet area of the monitored cells is "blacked out" on the camera feed to ensure that when male staff are reviewing the cameras that they are not able to observe the inmate using the bathroom.

**115.15(e):** CPP/9.8 directs that a transgender or intersex inmate shall not be searched or physically examined for the sole purpose of determining the inmate's genital status. A medical exam may be performed as permitted by 28 CFR §115.15. Interview with the PREA Compliance Manager and interviews with other random staff confirmed no searches have been conducted for the sole purpose of determining an inmate's genital status.

**115.15(f):** Auditor reviewed curriculum for Pre-Service and Annual Inservice and found each covered a module on search procedures. All staff receive the PREA - Prison Rape Elimination Act Module in pre-service training upon hire and during annual in-service training each year thereafter. The facility reports 100% of all security staff received training on conducting cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs. Random staff interviews confirmed they have been trained on how to conduct proper searches. The auditor reviewed training records for a random sample of 22 employees confirming they have received training on searches during initial pre-service and annual in-service training. Auditor learned during interviews with nine inmates who identified as transgender that searches are conducted professionally and respectfully, and none had been searched for the purpose of determining one's sex.

Auditor's analysis of information collected through document review, policy review, and interviews with staff and inmates concludes the facility meets all provisions of this standard. In addition, training on searches is delivered to all staff (not only to security staff), and is delivered annually, which is found to exceed the requirements of this standard.

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

### **115.16 (a)**

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect,

and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?  Yes  No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)?  Yes  No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?  Yes  No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision?  Yes  No

## 115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?  Yes  No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No

### 115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?  Yes  No

### Auditor Overall Compliance Determination

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

**115.16(a):** The agency has established procedures to provide disabled inmates equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The facility provides offender education in formats accessible to all offenders including those who are deaf, visually impaired, or otherwise disabled, and for offenders who have limited reading skills. The PREA Compliance Manager and back-up PREA Compliance Manager are the designated individuals at the facility for resolving Americans with Disabilities Act accommodations for the facility. Based on interviews with the PREA Compliance Manager and facility ADA Coordinator, the facility utilizes Video Remote Interpretation (VRI) system which allows a hearing person and a deaf person who signs, who are next to each other, to communicate with each other. There has been no documented incident where the use of VRI has been required to address any PREA related issues; however, the auditor reviewed the VRI log and found that the system is regularly used by staff to communicate with offenders when there is a need. In addition, the facility provided documentation where VRI was used while conducting the risk screening of a deaf offender. The facility uses the "What You Need To Know" video from the PREA Resource Center website for inmate training which is available with subtitles. The facility maintains a copy of the English and Spanish Prison Rape Elimination Act Brochure published in Braille for both English and Spanish languages. The PREA Brochure is also available in Large Print. The auditor observed availability of all signage and brochures through information provided with the PAQ and during the tour onsite. Auditor interviewed two inmates identified as deaf or hard of hearing and found that they were provided the PREA information in a manner of their understanding. Interviews with programs and intake staff confirmed that inmates are provided the PREA training and information in multiple formats and that any special needs of each inmate will be identified quickly upon intake and addressed as needed to ensure communication is between the staff and inmate. The Auditor's interview with the Commissioner conveyed the importance of effective communication between inmates and staff and her expectation that all inmates have the ability to participate and benefit from these efforts.

**115.16(b):** The agency has established procedures to provide inmates with limited English proficiency (LEP) equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Based on interviews with the PREA Compliance Manager the

facility rarely receives an inmate who is LEP, however, they are prepared to provide interpreting services and/or translation if needed. The facility uses the "What You Need To Know" video from the PREA Resource Center website for inmate training which is available in English, Spanish, and Hmong. The PREA posters and brochure are published in English and Spanish. The facility utilizes the WellPath contract with Language Line Solutions. There has been no documented incident where a language interpreter has been necessary within the past 12 months for delivering PREA education or to address any PREA related issue. The facility handbook is available in both English and Spanish. The auditor observed prominent signage and brochures during the onsite tour and found information to be readily accessible to inmates. There were no inmates identified as LEP at the facility for the auditor to interview.

**115.16(c):** CPP/14.7 prohibits use of offender interpreters or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety. The facility reports no instances where inmate interpreters, inmate readers, or other types of inmate assistances involving sexual abuse or sexual harassment response in the audit period.

The auditor's review of the Adult Institution In-Service 2020 Agenda found it included a 2-hour module, Communicating with Deaf and Hard of Hearing providing evidence of the agency's efforts above and beyond the requirements of this standard to ensure effective communication between the inmate population and staff.

Analysis of the information obtained through interviews with staff and inmates, policy review and documentation review conclude the facility meets and exceeds the provisions of this standard.

## Standard 115.17: Hiring and promotion decisions

### 115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  Yes  No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No

#### 115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?  Yes  No
- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?  Yes  No

#### 115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency perform a criminal background records check?  Yes  No
- Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?  Yes  No

#### 115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?  Yes  No

#### 115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?  Yes  No

#### 115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?  Yes  No
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?  Yes  No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?  Yes  No

#### 115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?  Yes  No

## 115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

**115.17(a):** CPP/3.6 prohibits hiring or promoting anyone or enlisting the services of a contractor who may have contact with inmates and prohibits enlisting the services of any contractor who may have contact with inmates who: 1) has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; 2) has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or 3) has been civilly or administratively adjudicated to have engaged in the activity described in item (2) of this provision. The auditor's interview with the Human Resources Manager she confirmed that each applicant is asked these specified questions in addition to the criminal background investigation and that no one will be hired or promoted if found to have engaged in any of the listed activities.

**115.17(b):** CPP/3.6 provides consideration be given to any incident of sexual harassment in determining whether to hire or promote any employee or enlisting the services of any contractor who may have contact with offenders. Interview with the agency's Contract Administrator confirmed that all contracts include PREA language requiring compliance as a condition of the agreement. Interview with the Human Resources Manager confirmed that incidents of sexual harassment require review and approval by the Warden for hiring or promoting any employee or enlisting any contractor.

**115.17(c):** CPP/3.6 requires a background investigation be conducted on all prospective employees, prior to any new employee's starting date and best effort to contact all prior confinement facility employers to obtain and consider information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. The facility reports that 85 new employees were hired who may have contact with inmates who have had criminal records checks within the past 12 months. The auditor reviewed personnel records for eight randomly selected employees hired within the past 12 months as evidence that criminal history checks are conducted on all new employees prior to employment with the agency. In addition, the auditor reviewed files for four employee promotions and found background checks were performed prior to the promotion. The Human Resources Manager also presented a notebook containing her records requesting background investigations and explained that each time she completes a Request for Background Check form it is printed and placed in this book. She then notates on the form when the background check is completed and received. The auditor reviewed these records and found the process is systematic and well-implemented. The Human Resources Manager confirmed that the agency uses a form letter that is completed and sent to the prior employer of any applicant who reports to have previously worked at a confinement facility.

**115.17(d):** CPP/3.6 requires a background investigation be conducted on all contractors who may have contact with inmates before enlisting services. The facility reports there were six contracts where criminal record checks were conducted on all staff covered in the contract who might have contact with inmates. Auditor reviewed the

records for a service contractor randomly selected as evidence that criminal history checks are conducted on contractors prior to enlisted services with the agency. In addition, a records review for two contract staff (1-WellPath, 1-Aramark) was conducted by the auditor confirming that background checks are completed on contract employees prior to their hire.

**115.17(e):** CPP/3.6 requires all current employees and contractors who may have contact with inmates to have a background investigation conducted at least every five years. Interview with Human Resources (HR) Administrator confirmed January of each year she runs a report to identify employees and contractors who are at their five-year anniversary; this information is entered onto the Request for Criminal History/Background Check form and submitted to the designated central office contact. The results are returned to the facility and then the Human Resources Manager documents the results then presents for review any derogatory findings for the Warden's review and disposition. The auditor reviewed the Request for Background Checks records book and found a systematic implementation of this process and that these are conducted at the five-year anniversary year for all employees. Interview with the Human Resources Manager confirmed that an additional background check is conducted on employees prior to a promotion and the anniversary date for five-year background checks does not change when an employee is promoted to ensure that no one is missed.

**115.17(f):** CPP/3.1 requires an employee to report to his respective supervisor or facility contact as soon as possible any arrests, domestic violence orders, emergency protection orders or pending charges. In addition, the employee is required to report any civil or administrative adjudication where he has been found to have engaged in sexual activity facilitated by force, overt or implied threats of force or coercion if the victim did not consent or was unable to consent or refuse. A continuing duty to report any incidents outlined in this provision is imposed upon employees and contractors and is communicated through the PREA training curriculum and as part of the attestation on the employment application. The Authorization to Conduct Criminal Records Check Form includes the three questions required to be asked of all employees. This form must be completed and signed each time a criminal records search is conducted. The auditor's review of eighteen personnel files found the signed questionnaire had been completed. Employees are notified of the continuing duty to report any of the activity discussed in this standard during pre-service orientation and again annually during in-service.

**115.17(g):** CPP/3.6 states that material omissions regarding misconduct described in this provision, or providing materially false information, shall be grounds for termination. and is communicated through the PREA training curriculum and as part of the employment application. The agency's standard application form reviewed was reviewed by auditor confirms this requirement is present on the application.

**115.17(h):** According to documentation provided by the PREA Coordinator, Kentucky State has no law prohibiting the release of information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work and is provided by the Human Resources Manager when requested. This was confirmed during interview with the Human Resources Manager. There were no requests received within the audit period for auditor's review.

Analysis of the information obtained from policy review, review of personnel files, various hiring documents, and interviews with Human Resources Manager, Warden, PREA Compliance Manager, and PREA Coordinator concludes Kentucky Correctional Institution for Women meets all provisions of this standard.

## Standard 115.18: Upgrades to facilities and technologies

### 115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)  
 Yes    No    NA

## 115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)  
 Yes    No    NA

### Auditor Overall Compliance Determination

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

**115.18(a):** CPP/7.1 requires consideration be given to the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities. Kentucky Correctional Institution for Women has had no substantial expansions or modifications since their last audit on April 17-18, 2017. The agency has acquired a new facility and conducted modifications of existing facilities in other locations across the state, and based on auditor's interview with the PREA Coordinator, consideration is always given to the design, acquisition, expansion, or modification impact upon the agency's ability to protect inmates from sexual abuse and she is called in for consultation in these matters. This was further confirmed during the auditor's interview with the Kentucky Department of Corrections Commissioner.

**115.18(b):** CPP/7.1 requires consideration be given to how such technology may enhance the agency's ability to protect inmates from sexual abuse when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology. Since the last audit, Kentucky Correctional Institution for Women has made enhancements to their video monitoring systems by adding additional cameras in five additional locations to increase the facility's ability to monitor inmates for safety. Interviews with the Agency Head, PREA Coordinator, Warden and PREA Compliance Manager determined that video monitoring enhancement is an ongoing goal as needs are identified and budget permits. Review of the staffing plan indicates the video monitoring system is reviewed at least annually to ensure coverage enhances the ability to protect inmates from sexual abuse. The facility has upgraded equipment and increased the number of cameras monitoring from 251 to 324 since the last PREA audit in 2017. During the onsite tour, the auditor observed no areas that were not adequately covered by direct line of sight, mirrors, or video camera coverage.

Analysis of information obtained from document and policy reviews and interviews conducted with the Commissioner, the PREA Coordinator, and the Warden concludes Kentucky Department of Corrections and Kentucky Correctional Institution for Women meet provisions of this standard.

## RESPONSIVE PLANNING

### Standard 115.21: Evidence protocol and forensic medical examinations

### 115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  
 Yes  No  NA

### 115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes  No  NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes  No  NA

### 115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?  Yes  No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?  Yes  No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?  Yes  No
- Has the agency documented its efforts to provide SAFEs or SANEs?  Yes  No

### 115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  Yes  No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.)  Yes  No  NA
- Has the agency documented its efforts to secure services from rape crisis centers?  
 Yes  No

### 115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?  Yes  No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?  Yes  No

### 115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)  Yes  No  NA

### 115.21 (g)

- Auditor is not required to audit this provision.

### 115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

**115.21(a)(b):** The agency is responsible for conducting administrative investigations and the Kentucky State Police is responsible for conducting criminal investigations of allegations of sexual abuse; The agency follows the Kentucky State Police Forensic Laboratory Physical Evidence Collection Guide for evidence collection protocols which is a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. CPP/14.7 requires allegations of sexual abuse and sexual harassment be promptly, thoroughly, and objectively investigated and that evidence be preserved for any sexual abuse incident that is known to have occurred within the previous 96 hours. Based on the auditor's review of these protocols and the SANE/SAFE protocols are consistent with the Department of Justice's "A National Protocol for Sexual Assault Medical Forensic Examinations – Adults/Adolescents Second Edition. Kentucky Correctional Institution for Women is the designated facility to house female youthful offenders; however, the facility has no recorded admission of a youthful offender since PREA implementation. Auditor's interview with the Internal Affairs Investigator and the Sexual Assault Nurse Examiner (SANE) confirmed evidence collection

protocols are developmentally appropriate for youth. All case files reviewed indicate that the uniform evidence protocols were followed and well documented as part of the investigation.

**115.21(c):** CPP/14.7 directs the Medical Department to promptly arrange for the alleged victim to be transported to an outside facility for an examination that may include: collection of forensic evidence, testing for sexually transmitted diseases, prophylactic treatment, follow-up, and mental health assessment. In preparation of transporting the inmate to the hospital's emergency room, staff are responsible for collecting any potential forensic evidence according to the established guidelines. In coordination with the hospital, the Medical Department shall request the forensic medical examination be performed by a Sexual Assault Forensic Examiner (SAFE) or SANE at the University of Louisville Hospital. The examination shall be at no cost to the offender. Interview with the PREA Compliance Manager informs there have been no incidents in the past 12 months which have warranted a forensic medical examination.

**115.21(d):** CPP/14.7 directs the alleged victim be offered victim advocate services. If requested, the advocate service is to be contacted and given the appropriate information. The auditor reviewed the Memorandum of Understanding (MOU) with the Kentucky Association of Sexual Assault Programs, Inc. (KASAP) to provide confidential emotional support services to victims of sexual abuse. This agreement includes hospital accompaniment for an inmate victim during the forensic medical examination process, in-hospital investigatory interviews; referrals, and follow-up crisis counseling on request of the inmate victim. The local Rape Crisis Center for Kentucky Correctional Institution for Women is identified as the Center for Women and Families, P.O. Box 2048, Louisville, KY 1-877-803-7577. This information is made available to inmates through posters prominently displayed on the housing units and in the facility's inmate handbook. Auditor confirmed through interviews with the Investigators, PREA Compliance Manager, and inmates who reported an allegation that a victim advocate was offered during the initial interviews. The auditor placed a phone call to The Center for Women and Families and confirmed that the services outlined in the MOU are in place; the counselor stated that they have not received any requests from inmates or staff on behalf of an inmate for services in the past 12 months. Counselors are available 24/7 through the hotline for victims of sexual abuse. The auditor contacted the center and verified that these services are available to inmates at Kentucky Correctional Institution for Women and that they are free and confidential.

**115.21(f):** Once a case is turned over to the Kentucky State Police for criminal investigation a letter is prepared that serves as verification of the case referral and requests that the investigation be conducted in accordance with CFR §115.71/§115.21. Interview with the PREA Compliance Manager, Internal Affairs Investigator, PREA Coordinator and Warden confirm that the facility maintains a close working relationship with the KSP and communicate regularly when a case is under investigation. The facility has two cases currently under criminal investigation by the Kentucky State Police and interview with the Internal Investigator and PREA Coordinator confirmed that they are collaboratively working with the external agency.

**115.21(h):** The established MOU provides that the facility always makes a victim advocate from a rape crisis center available to victims.

Auditor's analysis of the information collected through policy and document review, review of the investigative files and interviews concludes Kentucky Correctional Institution for Women meets all provisions of this standard.

## Standard 115.22: Policies to ensure referrals of allegations for investigations

### 115.22 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?  Yes  No

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?  Yes  No

#### 115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?  Yes  No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?  Yes  No
- Does the agency document all such referrals?  Yes  No

#### 115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)  Yes  No  NA

#### 115.22 (d)

- Auditor is not required to audit this provision.

#### 115.22 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

**115.22(a)(b):** Kentucky Department of Corrections ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. CPP/14.7 directs notifications for the purpose of an investigation to be immediately made to the designated facility investigator upon having knowledge of a sexual abuse allegation and for all allegations to be promptly, thoroughly, and objectively investigated; all allegations that involve potentially criminal behavior shall be referred for criminal investigation to the Kentucky State Police. Based on interview with the Internal Affairs Investigator, an administrative investigation is conducted on every allegation and those that are referred to the Kentucky State Police for criminal investigation. He stated that he communicates regularly with the Kentucky State Police when a case is active and that they are very quick to respond when called. The agency publishes its policies on their public website as required at: [https://corrections.ky.gov/About/Pages/Prison-Rape-Elimination-Act-\(PREA\).aspx](https://corrections.ky.gov/About/Pages/Prison-Rape-Elimination-Act-(PREA).aspx). Both the Commissioner and PREA Coordinator emphasized the expectation and requirement for investigation of all allegations. Interviews with staff indicated a solid understanding that all allegations or suspicions of sexual abuse or harassment are to be

immediately reported and that they will be promptly investigated. The auditor's review of the nine allegations reported between January 1-December 31, 2020 found that a prompt, thorough, and objective administrative investigation was conducted for each allegation. Three of the cases appeared to be criminal in nature and were reported to the Kentucky State Police. Of these three, one did not contain sufficient evidence of a defined criminal act, so it was declined for criminal investigation by the Kentucky State Police and the other two are currently under criminal investigation.

**115.22(c):** CPP/14.7 and Kentucky Correctional Institution for Women PREA Action Plan define the responsibilities of the agency and the referral of criminal activity to KSP, to include the coordination of efforts between the two entities. The auditor reviewed the Kentucky State Police Policy, General Order OM-C-1, Criminal Investigations & Reports and found that it outlines the responsibilities of the investigating entity.

Auditor's analysis of the information obtained through interviews with all levels of staff, discussion with facility investigator and policy, website, and document review, concludes Kentucky Correctional Institution for Women and Kentucky Department of Corrections meet all provisions of this standard.

## TRAINING AND EDUCATION

### Standard 115.31: Employee training

#### 115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?  Yes  No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?  Yes  No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?  Yes  No

- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?  Yes  No

#### 115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility?  Yes  No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?  Yes  No

#### 115.31 (c)

- Have all current employees who may have contact with inmates received such training?  Yes  No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?  Yes  No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?  Yes  No

#### 115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?  Yes  No

#### Auditor Overall Compliance Determination

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

**115.31(a)(c):** CPP/14.7 outlines the agency's annual training requirements for employees on PREA. The auditor's review of the Institutional Pre-Service Academy: PREA Module curriculum found it to include instruction on all topics delineated in this standard to include: PREA standards, the agency's zero-tolerance policy, victims/aggressors characteristics, staff responsibilities, reporting guidelines, preventative measures, inmate rights, how to avoid inappropriate relationships with inmates, dynamics of sexual abuse/harassment in confinement, communicating effectively, and how to comply with the laws. It has been determined by the Kentucky Department for Human Resources (DHR) has no authority to investigate complaints within the jurisdiction of Kentucky Department of Corrections under the Adult Protection Act, KRS 209.010-209.150; complaints of this nature will fall under the referral for criminal investigation. Reported abuse of a youthful offender

will be reported by the agency's PREA Coordinator's Office to the Cabinet for Health and Family Services. The auditor's interview with the Training Coordinator confirmed that all Kentucky Correctional Institution for Women staff and contractors receive the PREA Module training initially upon hire, and annually thereafter; this instruction may be delivered in person or on a computer-based platform. New employee orientation includes a full review of the policy binder in addition to completion of assigned on-line modules which contains a test for the First Responder Basic Duties. Kentucky Department of Corrections requires contracted healthcare staff, commissary staff, and food service staff to receive the same in-service and PREA training as agency employees. Auditor reviewed training records for 12 randomly selected employees (two of them new hires) and found them compliant with this standard. This standard only requires refresher training every two years, so the facility is found to exceed the requirement.

**115.31(b):** CPP/14.7 requires training to be tailored to be gender specific to the facility of each staff member. The agency has created training flyers on working with male/female offenders for use in training employees transferring to work at a facility with a different gender; training is documented by employee signature on the standardized acknowledgement form. The auditor reviewed the training document "PREA Implementation: Female Offenders" and signed documentation of this training for the three employees who transferred to Kentucky Correctional Institution for Women from male facilities.

**115.31(d):** CPP/14.7 requires staff acknowledgement that they understand the training they have received through signature. The auditor's review of the 12 randomly selected employee training records found signed acknowledgement forms in each file indicating this process is well implemented. Interviews with all levels of staff confirmed clear knowledge and understanding of the agency's zero-tolerance policy for sexual abuse and sexual harassment; employees were able to discuss information from the training consistent with the curriculum.

Analysis of the information obtained through interviews, by review of documentation, training records, and related policy concludes Kentucky Correctional Institution for Women meets and exceeds provisions of this standard.

## Standard 115.32: Volunteer and contractor training

### 115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?  Yes  No

### 115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?  Yes  No

### 115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?  Yes  No

## Auditor Overall Compliance Determination

**Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

**115.32(a)(b)(c):** CPP/14.7 requires all volunteers and contractors who have contact with offenders to be trained annually on: the department's policy of zero-tolerance regarding sexual abuse and sexual harassment and how to report such incidents; and their responsibilities under the department's sexual abuse and sexual harassment prevention, detention, and response policies and procedures. The agency maintains documentation confirming that volunteers and contractors understand the training they have received through signature on the PREA Training Acknowledgement form. Interview with the agency's Contract Administrator confirmed that all contracts include PREA compliance language as a condition of the agreement. Service contractors who do not have contact with inmates and who are under escort by a staff member at all times are provided the Kentucky Department of Corrections Volunteer and Contractor Zero-Tolerance Information and Acknowledgement Form for review and signature prior to entering facility. The auditor reviewed signed contractor Acknowledgement Statements for four recent contractors who performed service at the facility and found them properly executed.

Interviews with the Warden, PREA Compliance Manager, Training Coordinator, and staff confirms that contracted staff are required to receive the same training as indicated for employees as explained in auditor's 115.31 narrative; auditor's review of contract staff's training records found them consistent with this requirement and to meet all requirements set forth in 115.31. Interviews with contracted staff found them to be knowledgeable on the department's zero-tolerance policy and the overall PREA curriculum used during in-service. This requirement is above and beyond the requirement of this standard.

The auditor's review of the Volunteer Service Orientation/citizen Involvement Training curriculum found the Orientation Module to contain all required elements. Training records were reviewed for three randomly selected volunteers and were found to meet all requirements of this standard, to include documented evidence of training through signature on the PREA Training Acknowledgement form.

Analysis of information obtained through interviews, review of policies, training curriculum, and training records concludes Kentucky Correctional Institution for Women meets and exceeds provisions of this standard.

## Standard 115.33: Inmate education

### 115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?  Yes  No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?  Yes  No

### 115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?  Yes  No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?  Yes  No

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?  Yes  No

### 115.33 (c)

- Have all inmates received the comprehensive education referenced in 115.33(b)?  Yes  No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?  Yes  No

### 115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?  Yes  No

### 115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions?  Yes  No

### 115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (*Requires Corrective Action*)

**115.33(a)(b):** CPP/14.7 requires during orientation at the assessment and classification center of each institution, and offender shall receive oral and written information about the department's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. In addition, each facility shall educate each offender about: a) prevention of sexual abuse; b) self-protection from being abused; and c) receiving treatment and counseling. The policy requires within 30 days of intake, comprehensive education to be provided, either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents and regarding policies and procedures for responding to such incidents. Upon arrival, all inmates receive the "Understanding the Prison Rape Elimination (PREA) for Offenders" brochure (available in English and Spanish) which includes the agency's zero-tolerance policy and an explanation on how to report incidents or suspicions of sexual abuse or sexual harassment. In addition to the brochure, each inmate is given a facility handbook that contains written information regarding the Kentucky Correctional Institution for Women's zero-tolerance policy, how to report an incident, prevention of sexual abuse, self-protection, and receiving treatment and counseling. The facility reports that all inmates who are admitted to Kentucky Correctional Institution for Women receive the PREA information at intake and the comprehensive education within 30 days. Inmates who transfer from another facility receive the same intake orientation and comprehensive education as inmates who are newly admitted. Interviews with the PREA Compliance Manager, Unit Administrators, Assistant Unit Administrators and Classification and Treatment Officer's confirm that the PREA education is delivered according to the requirement outlined and is available in formats accessible to all inmates, including those who are LEP, deaf, visually impaired, or limited in their reading skills; the material is readily available in Spanish, but will be translated into other languages on an as-need basis. The PREA Compliance Manager also explained that as other situations present that require accommodation to ensure effective convey the zero-tolerance message and PREA education, that these needs will be met. The facility provided a mandatory attendance comprehensive PREA education to the inmate population between September 9-13, 2013 during the agency's PREA implementation roll-out, therefore any inmate who was housed at Kentucky Correctional Institution for Women prior to this date, has received the education. Three of the inmates interviewed had been incarcerated at Kentucky Correctional Institution for Women since prior to the PREA implementation and recalled participating in the initial training. Of the other 34 inmates, all but one stated they received a brochure, a facility handbook, and the comprehensive training. The auditor reviewed this inmate's training documents and found where she signed receiving the PREA information and comprehensive training. The auditor reviewed 11 additional files and found documentation to support the PREA information and comprehensive training is provided according to the requirements outlined in this narrative.

**115.33(c):** The auditor's review of (12) inmate files found documentation where each inmate had received this training prescribed above in section (b). The "PREA What You Need To Know" video is shown to all inmates within 30 days of arrival to any new facility. During orientation, the facilitator reads the PREA brochure to each inmate.

**115.33(d):** CPP/14.7 requires each facility to provide offender education in formats accessible to all offenders, including those who are LEP, deaf, visually impaired, or otherwise disabled, and for offenders who have limited reading skills. Auditor reviewed extensive literature and the tools available to the facility to ensure that any offender with special needs can be accommodated. This information is explained in detail in the auditor's narrative for 115.16. The auditor reviewed the Video Relay Interpretation (VRI) log and found that the system is regularly used by staff to communicate with offenders when there is a need. In addition, the facility provided documentation where VRI was used while conducting the risk screening of a deaf offender. The auditor's interview with this inmate confirmed that she was provided education in an appropriate manner in which she understood, and that staff utilizes the VRI when needed to communicate. The PREA education video has the capacity to be displayed using closed caption for the hearing impaired.

**115.33(e):** CPP/14.7 requires each facility maintain documentation of participation in offender education. The auditor's review of inmate files found documentation of inmate's receipt of the facility handbook including PREA education through the PREA acknowledgement statement, and their attendance at orientation.

**115.33(f):** CPP/14.7 requires each facility to ensure that key information is continuously and readily available or visible to offenders. The auditor observed PREA posters, and victim advocacy brochures, prominently posted on bulletin boards. The agency publishes three different posters to convey the message and that are found throughout the facility and on all housing units: “End the Silence”, “No Means No”, and “Know Your Rights”. These posters are printed in vivid color and provide constant reminders of the zero-tolerance policy for sexual abuse and sexual harassment. PREA brochures were found on each of the officer’s stations and readily available for inmate access. Interviews with inmates confirmed their awareness of these posters and the information they contain for prevention of sexual abuse and conveyance of the zero-tolerance message.

Analysis of the information obtained through documentation review, policy review, training records, and interviews concludes Kentucky Correctional Institution for Women meets provisions of this standard.

## Standard 115.34: Specialized training: Investigations

### 115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA

### 115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA
- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA

### 115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA

### 115.34 (d)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

**115.34(a)(b):** CPP/14.7 requires all employees who conduct sexual abuse investigations to receive specialized training in conducting investigations in confinement settings. The auditor’s review of the “Specialized Training: Investigating Sexual Abuse in Correctional Settings” 2-day training found it to include a module on each of the required topics delineated in section (b) of this standard. Each of the nine cases investigated were completed by one of the specially trained investigators from the approved list. The auditor interviewed three facility investigators and found them to be knowledgeable on investigative procedures and who confirmed that they have received the required specialized training.

**115.34(c):** The facility provided a list of 17 facility investigators and evidence of the required specialized training for each of the designated investigators.

The auditor reviewed a memorandum issued from Kentucky State Police to the Kentucky Department of Corrections stating that the Kentucky State Police investigates allegations of criminal sexual abuse when requested by Kentucky Department of Corrections facilities; that all Kentucky State Police troopers receive training in sexual abuse investigations during basic training at the State Policy Academy including techniques for interviewing sexual abuse victims, proper use of Miranda warnings, sexual abuse evidence collection at the crime scenes including confinement settings, and the criteria and evidence required to substantiate a case for prosecution referral. This is above and beyond the requirements of this standard. As this is a separate entity, this speaks to the working relationship between the two agencies and guarantee of coordination of efforts between the two.

The agency has 335 trained investigators statewide, with 17 of them employed at Kentucky Correctional Institution for Women,

Analysis of the information obtained through documentation review, policy review, training records, and interviews concludes Kentucky Correctional Institution for Women meets and exceeds provisions of this standard.

## Standard 115.35: Specialized training: Medical and mental health care

### 115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of

sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA

#### 115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)  Yes  No  NA

#### 115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA

#### 115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)  Yes  No  NA
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)  Yes  No  NA

#### Auditor Overall Compliance Determination

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

**115.35(a):** CPP/14.7 requires all full and part-time medical and mental health care practitioners who work regularly in the facility to receive specialized training on: how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. The auditor reviewed the computer based Medical & Mental Health PREA training module and found it to include all elements required of this standard for specialized training; this training is an annual requirement for all healthcare staff which exceeds the requirement for this standard.

**115.35(b):** Medical staff interviewed confirmed that they do not conduct forensic examinations. This is not within the scope of services provided by Kentucky Correctional Institution for Women Medical Department.

**115.35(c):** CPP/14.7 requires staff members completing the specialized training to sign a document acknowledging that they understand the training they have received. Auditor reviewed training roster for the 33 medical and mental health staff who are required to have the training and found documented evidence training was completed. The auditor's interview with healthcare staff confirmed they have received the specialized training for medical and mental health staff and found them to have a thorough knowledge in policies and procedures and in their responsibilities related to PREA

**115.35(d):** Medical and mental health practitioners are required to receive the same basic PREA training as all employees as discussed in auditor's narrative in 115.31; contracted providers comply with requirements of 115.32. Training curriculum for medical and mental health staff includes the basic training topics as well as specialized for this class of employees. Interviews with the Training Coordinator, the Health Services Administrator, and other medical and mental health staff confirmed they have received this training; in addition, randomly selected staff training records were reviewed by auditor to confirm the basic course was documented.

Analysis of information obtained from review of training curriculum, policy review, training records, and interviews with staff concludes provisions of this standard have been met by Kentucky Correctional Institution for Women.

## SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

### Standard 115.41: Screening for risk of victimization and abusiveness

#### 115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?  Yes  No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?  Yes  No

#### 115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?  
 Yes  No

#### 115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?  
 Yes  No

#### 115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?  Yes  No

#### 115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior acts of sexual abuse?  Yes  No

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior convictions for violent offenses?  Yes  No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, history of prior institutional violence or sexual abuse?  Yes  No

#### 115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?  Yes  No

#### 115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a referral?  Yes  No
- Does the facility reassess an inmate's risk level when warranted due to a request?  Yes  No
- Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?  Yes  No
- Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?  Yes  No

#### 115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?  Yes  No

#### 115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates?  Yes  No

#### Auditor Overall Compliance Determination

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

**115.41(a):** CPP/14.7 requires the facility to assess each offender during intake screening within 72 hours of arrival at the Assessment and Classification Center and upon each transfer to a facility. Each screening is to include a review of any history of sexual abuse victimization or sexually predatory behavior and is completed using the PREA Risk Assessment tool. Housing concerns are to be documented on the screening form.

**115.41(b):** The auditor's review of 12 inmate files found that the intake screening was conducted within 24 hours in all cases.

**115.41(c)(d)(f):** The auditor's review of the PREA Risk Assessment tool found it to be objective and consistent with best practices observed within other correctional systems. Each of the first nine considerations delineated in provision (d), are included as part of the risk screening instrument; Kentucky Department of Corrections does not detain inmates solely for civil immigration purposes therefore, the tenth element is not included. The instrument provides consideration of known prior acts of sexual abuse, known prior convictions for violent offenses, and known history of prior institutional violence or sexual abuse in an effort to assess an inmate's risk of being sexually abusive.

**115.41(f)(g):** CPP/14.7 requires the facility to reassess the offender's risk level based upon any additional information received since the intake screening. A reassessment may occur at any time when warranted. Assessment information is tracked within the computer-based system (KOMS). Auditor's interviews with Unit Administrators, Assistant Unit Administrators, and Classification and Treatment Officer's confirmed that reassessments are conducted within 30 days of the intake screening and documented in the case notes. The auditor observed documented evidence that new information is evaluated for reassessment within 30 days of the inmate's original assessment. Two records of the 12 reviewed were found to have been conducted just a few days outside the 30-day window. As a result, the PREA Coordinator initiated a training session for Deputy Wardens, Unit Administrators, Assistant Unit Administrators and Classification and Treatment Officer's at Kentucky Correctional Institution for Women. This Risk Assessment Refresher Training delivered by the agency's PREA Coordinator's office between January 27 and February 2, 2021, reinforced the importance of conducting the risk reassessments within 30 days. Training records were provided to the Auditor as evidence of completion. Inmate behavior and activity is monitored closely among the Unit Management Team and when warranted, new assessments will be conducted. Upon notification of an allegation, a reassessment is conducted of both victim and aggressor, as warranted, to document the need for any changes in monitoring, housing placement, or other assignment. This was confirmed through interviews with members of the Unit Management Team. The auditor reviewed an example of a reassessment conducted due to additional information being presented, an example of a reassessment after an allegation of sexual abuse was reported, and a reassessment completed after a referral.

**115.41(h):** CPP/14.7 directs offenders shall not be disciplined for refusal or nondisclosure of complete information in response to questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this standard. This was confirmed through interviews with staff who conduct screening assessments and the PREA Compliance Manager. No inmate interviewed expressed having been disciplined for refusal or nondisclosure of information related to the PREA Risk Screening.

**115.41(i):** CPP/14.7 requires the dissemination of information related to and resulting from the assessment to be controlled and limited to staff necessary to inform treatment plans and make security and management decisions regarding housing, beds, work, education, and program assignment. All inmates interviewed stated the risk screening was conducted in a professional manner and privately. The PREA Coordinator, during her interview, explained that a list of inmates who are considered to be at high risk for victimization and those at high risk for aggressive sexual behavior is distributed to management staff weekly so that these inmates can be monitored accordingly while in programming, on work assignment, or on their housing unit. She further confirmed that KOMS rights are handled at the central office level and she must approve any requests for PREA access, thereby maintaining the information collected is accessed by only those parties who need to know.

Auditor's analysis of information collected from the interviews, document & policy review, and inmate file reviews concludes Kentucky Correctional Institution for Women meets all provisions of this standard.

## **Standard 115.42: Use of screening information**

#### 115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?  Yes  No

#### 115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate?  Yes  No

#### 115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the **agency** consider, on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?  Yes  No
- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?  Yes  No

#### 115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?  Yes  No

#### 115.42 (e)

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?  Yes  No

#### 115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates?  Yes  No

#### 115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)  Yes  No  NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)  Yes  No  NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)  Yes  No  NA

#### Auditor Overall Compliance Determination

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

**115.42(a)(b):** CPP/14.7 directs the information gleaned from the intake screening to be used to make housing, bed, program, and work assignment decisions with the goal of keeping separate those offenders who are prone to sexual victimization from those who are prone to sexual aggression. The result of this screening is disseminated to staff necessary to inform treatment plans and in making security and management decisions regarding the individual. Interviews with Unit Management Team and work area managers confirm that the results from the

screening information are used, along with other classification information collected, and evaluation of inmate needs, to assign housing, work, and programs. No inmate identified as high risk for sexual abuse will be housed with an inmate who is identified as high risk for aggressive sexual behavior. In addition, Kentucky Correctional Institution for Women/18-05-03 directs classification staff to use the information from the risk screening required in CPP/14.7 to determine housing, bed, work, education, and program assignments with the goal of keeping separate LGBTI inmates at high risk of being sexually victimized from those at high risk of being sexual abusive; to make individualized determinations on how to ensure the safety of each inmate. Auditor reviewed a memorandum from the Deputy Warden for Programs that outlines the guidelines that are to be followed when assigning housing for an inmate that has been determined to be at high risk for victimization or abusiveness. As explained by the bed move coordinator and the PREA Compliance Manager, the computer-based inmate management system flags these identifications and will not allow a placement to occur, in addition, staff monitor any bed moves and ensure inmates at risk are kept separate from known risk aggressors. The Classification Committee is charged with checking the precautions of every inmate as they are reviewed for program and work assignments to ensure that an inmate determined to be at high risk for victimization is not placed in job areas with little to no supervision with an inmate that has been determined to be high risk for abusiveness. Staff who supervise inmate work details or programs are informed when inmates are not to be allowed to work in unsupervised areas with certain other inmates. This list is updated weekly and is not disseminated any more widely among staff to the extent of managing inmate safety. The auditor reviewed properly executed classification forms for each of the 12 inmates whose records were reviewed and found them to be thorough and to have utilized screening information obtained as part of the consideration process for assigning the inmates to programs and work assignments.

**115.42(c)(d):** CPP/14.7 requires placement decisions regarding transgender, intersex, lesbian, gay, and bisexual offenders to be made in accordance with 28 CFR §115.42. CPP.14.8 directs that an assessment to determine the facility a transgender or intersex inmate shall be assigned to shall be made on a case-by-case basis via an individualized assessment of the inmate by the Therapeutic Level of Care (TLOC) committee, which includes input from medical and mental health staff, in consultation with the Director of Classification. A determination is not to be made on genital status alone and consideration is to be given to the inmate's health and safety and if the placement would present management or security problems. Placement considerations include: a) classification's housing decision; b) the offender's documented choice of whether a male or female facility is safest for him or her; c) the inmate's physical characteristics; d) whether the inmate identified as male or female; e) the offender's prior institutional history, to include incidents and grievances; f) the offender's physical appearance, age, and physical build; h) any relevant information obtained about the offender from security, medical or mental health staff since arrival; i) the ability of security staff to house and supervise the offender to ensure his or her safety in each environment; j) any management problems that can be identified in each facility; and k) any other relevant information about the offender's ability to positively or negatively manage his or herself in each type of environment. The Auditor's interviews with the Warden, PREA Compliance Manager, and PREA Coordinator confirmed that no requests have been made from a transgender male inmate to transfer from Kentucky Correctional Institution for Women to a male facility during the audit period, but that if a request is received it will be presented to and taken into consideration by the TLOC committee in accordance with the procedures outlined in agency policy. Of the six transgender inmates interviewed, none expressed concerns with their placement at Kentucky Correctional Institution for Women and all six indicated they have an acceptable and accessible forum to express any concerns.

The PREA Compliance Manager explained during her interview with the auditor that the Transgender Committee meets twice a year. Housing and programming reviews for transgender and intersex inmates are conducted twice per year and coincide with the inmate's classification month. The housing reviews are sent to the PREA Compliance Manager who sends them in to the PREA Coordinator with her monthly PREA report. The Transgender Committee is comprised of the Warden, Deputy Wardens, Major, and PREA Compliance Manager, who meets with each transgender inmate to see if they have concerns or questions. The inmate is notified by letter delivered through the prison mail system to tell them when to attend. It is to the inmate's discretion if they want to attend or not. The PREA Coordinator further explained that this committee was implemented as a way to ensure the transgender population has a method to bring concerns/questions directly to facility leadership. As the transgender population grew at Kentucky Correctional Institution for Women it allowed the staff to address things such as allowing more frequent haircuts or male hygiene items being added to the canteen on a more informal basis than requiring the inmate to file grievances or address through a more formal mechanism. The auditor's interviews with (6) transgender inmates confirmed that they meet with the Transgender Committee twice every

year for a review of their health and well-being, and assessment of their housing, programming, and work assignments. Auditor's assessment of the information collected during the interviews confirmed that they have access to the PREA Compliance Manager and that their housing assignments are safe and appropriate. The auditor reviewed an example of the Transgender Committee notification letter and two Housing/Program Review forms. Based on interviews with staff, it is apparent that the inmate's safety concerns are considered important and taken seriously by staff at all levels at Kentucky Correctional Institution for Women.

**115.42(f):** Kentucky Correctional Institution for Women is designed that every inmate is afforded the opportunity to shower separately from other inmates. The auditor observed shower curtains and/or doors installed on every shower within the facility.

**115.42(g):** Kentucky Correctional Institution for Women has no dedicated units or wings solely for inmates identified and confirmed by observation of the auditor during on-site tour and review of the inmate roster by housing unit. Interviews with 12 inmates who identified as LGBTI confirmed they are well integrated into general population and experiencing no safety or health problems related to their placement.

Analysis of information obtained during inmate interviews, staff interviews, policy and document review, and personal observations during on-site tour concludes Kentucky Correctional Institution for Women and Kentucky Department of Corrections meet provisions of this standard.

## Standard 115.43: Protective Custody

### 115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?  Yes  No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?  Yes  No

### 115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?  Yes  No
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.)  Yes  No  NA

- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.)  Yes  No  NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.)  Yes  No  NA

#### 115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?  Yes  No
- Does such an assignment not ordinarily exceed a period of 30 days?  Yes  No

#### 115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the basis for the facility's concern for the inmate's safety?  Yes  No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the reason why no alternative means of separation can be arranged?  Yes  No

#### 115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?  Yes  No

#### Auditor Overall Compliance Determination

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

**115.43(a):** The agency has a policy prohibiting the placement of inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. CPP/14.7, CPP/14.8, and CPP/10.2 allows for placement of an inmate who is presently at high risk for sexual victimization and may need separation from likely abuser pending an alternative housing assessment; however, this temporary assignment is to only occur if the assessment cannot be immediately completed and, in such cases, shall be completed within 24 hours and in accordance with 28 CRF §115.43. Of the inmates interviewed, four were currently housed in segregated housing but none were there for protection from sexual victimization, all were self-disclosed disciplinary related.

**115.43(b):** CPP/10.2 directs special management programs will provide living conditions similar to those provided the general population as physical facilities and resources allow, but which maintain the degree of security and control the program and inmates concerned require.

**115.43(c):** Kentucky Correctional Institution for Women has not placed an inmate in involuntary segregated housing within the audit reporting period as documented by memorandum from the PREA Compliance Manager provided with the PAQ. The auditor's assessment during interviews with staff who work segregated/restrictive housing, security supervisors, the Warden, PREA Compliance Manager, and programs staff, is that staff make every effort to provide safe housing for inmates at high risk without the use of involuntary segregated housing. High-risk inmates interviewed confirmed they had never been placed in segregation to keep separate from likely abusers against their will.

**115.43(d)(e):** CPP/10.2 requires the facility's Classification Committee to conduct an administrative review of an inmate assigned to administrative segregation every seven days. There were no inmates placed in involuntary segregation for the audit period for high risk of victimization; therefore, there was no documentation for the auditor to review. Interviews with the Warden and PREA Compliance Manager confirm that if an inmate were to be placed in involuntary segregation for purposes of separating from likely abusers, the facility would clearly document the basis of the safety concern and why no alternative means of separation can be arranged.

Analysis of information obtained from interviews and policy review concludes Kentucky Correctional Institution for Women and Kentucky Department of Corrections meet provisions of this standard.

## REPORTING

### Standard 115.51: Inmate reporting

#### 115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment?  Yes  No
- Does the agency provide multiple internal ways for inmates to privately report retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency provide multiple internal ways for inmates to privately report staff neglect or violation of responsibilities that may have contributed to such incidents?  Yes  No

#### 115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?  Yes  No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?  Yes  No
- Does that private entity or office allow the inmate to remain anonymous upon request?  
 Yes  No

- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes)  
 Yes  No  NA

#### 115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?  Yes  No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment?  
 Yes  No

#### 115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?  Yes  No

#### Auditor Overall Compliance Determination

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

**115.51(a)(b)(c):** CPP/14.7 directs multiple ways for inmates to privately report sexual abuse, sexual harassment, staff neglect or violation of responsibility, and retaliation; and outlines staff first responder duties upon receipt of a report. Auditor's review of the inmate handbook, PREA brochures, orientation video, and posters, clearly communicate to inmates the various ways to report incidents or suspicions of incidents to internal and external entities not part of the agency. Staff interviewed were aware to accept reports of sexual abuse and harassment if made verbally, in writing, anonymously, or by a third party. Inmates are informed through the various mediums described above that they may remain anonymous in their report if they so choose. The telephone hotline number does not require an inmate to enter her pin. Interviews with inmates and staff verify awareness of the multiple ways to make a report which include a) through the PREA hotline 1-833-362-PREA or \*7732 speed dial no pin required; b) call \*5532 speed dial for outside DOC; c) have a family member report on behalf of the inmate; d) write to Justice and Public Safety Cabinet, Internal Investigation Branch. The PREA Hotline Phone Card containing instructions for accessing the internal and external hotline is printed and posted next to each inmate phone. Investigative reports reviewed by the auditor indicate that reports of sexual abuse and harassment were received through a variety of methods, although none were made to an external party, and regardless of the method received, were handled investigations were initiated on the date staff were made aware. Test calls made by the auditor to the hotline from the inmate phone system were forwarded to the agency's PREA Coordinator within a short time on the same day after the call was made.

**115.51(d):** CPP/3.22 affords staff the option of contacting the hotline listed on the department's website established to privately report a sexual offense involving an offender 1-833-362-7732. This hotline is monitored by the Kentucky Justice & Publish Safety Cabinet's Internal Investigations Branch. Staff are provided this information during pre-service orientation and annual in-service training, in policy, and posters on staff bulletin boards throughout the facility. Interviews with staff confirmed they are aware of this hotline as a means of making a private report. Analysis of the information obtained through interviews, policy and document review, and personal

observations concludes Kentucky Correctional Institution for Women and Kentucky Department of Corrections meet the provisions of this standard.

## Standard 115.52: Exhaustion of administrative remedies

### 115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.  Yes  No

### 115.52 (b)

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

### 115.52 (c)

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

### 115.52 (d)

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

inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.52 (e)

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

#### 115.52 (f)

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

#### 115.52 (g)

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

### Auditor Overall Compliance Determination

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

**115.52(a-g):** CPP/14.6 exempts a report of sexual abuse to be handled through the established grievance process, although inmates are not prohibited from submitting a report through the system. No time limit is imposed on when a grievant may submit a grievance of an allegation of sexual abuse. The auditor's interview with the Grievance Coordinator confirmed that the grievance system is not utilized for processing reports of sexual abuse and sexual harassment; if an inmate submits a complaint through the grievance system the complaint is forwarded immediately upon receipt to the Warden and subsequently to the PREA Compliance Manager to initiate an investigation. This process was further confirmed through interview with the PREA Compliance Manager. Grievance Activity Logs for 2019/2020 provided by the Grievance Coordinator indicate two allegations were received on the grievance form related to incidents of sexual abuse or sexual harassment and both were forwarded directly to the PREA Compliance Manager and were investigated through the PREA investigation process.

Analysis of information obtained through policy review, document review, and interviews concludes Kentucky Correctional Institution for Women meets requirements of this standard.

### Standard 115.53: Inmate access to outside confidential support services

#### 115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?  Yes  No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.)  Yes  No  NA
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?  Yes  No

#### 115.53 (b)

- Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?  Yes  No

### 115.53 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?  Yes  No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?  Yes  No

### Auditor Overall Compliance Determination

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

**115.53(a)(b)(c):** CPP/14.7 establishes that outside victim advocate services will be made available to inmates. The Kentucky Department of Corrections has a Memorandum of Understanding with the Kentucky Association of Sexual Assault Programs, Inc. (KASAP) to provide emotional support services to inmates. The Center for Women & Families is the local service provider for Kentucky Correctional Institution for Women. This agreement provides that sufficient confidentiality will be maintained pursuant to KRS 211.608. Inmates are provided the mailing address to The Center for Women & Families, P.O. Box 2048, Louisville, KY 40201, and the 24-hour confidential crisis line at 1-844-237-2331 through the inmate handbook, during orientation as part of the PREA training, by availability of KASAP flyers, and through posters of the KASAP notification posters on bulletin boards in the living units. The KASAP flyer has been incorporated into the orientation lesson plan and orientation packet provided to every inmate who is newly assigned to the facility and the inmate signs for receipt of the information of how to contact the Center for Women & Families for advocacy services on the designated acknowledgement form. The posters explain that services are available for hospital accompaniment during a forensic medical exam and emotional support services. This information is published in both English and Spanish. Inmates can call the crisis line to talk to a counselor 24/7 and if they wish to access scheduled emotional support counseling, inmates are instructed to contact their case manager, shift supervisor or facility director who will facilitate the appointment. The auditor spoke with a counselor at the Center for Women & Families who confirmed the service availability and stated that no services had been requested within the past 12 months Kentucky Correctional Institution for Women, but the service is available for anyone who has a need. The auditor was also informed that the Center for Women & Families has expanded their services to include virtual sessions. This flyer has been distributed to the inmate population through notifications posted to the bulletin boards. Interviews with staff indicated they are aware these services are available for inmates. Interview with the PREA Compliance Manager determined there have been no reports or incidents where an inmate requested access or an appointment for victim counseling services. Interviews with the PREA Compliance Manager and Investigators confirmed that all inmates are offered these confidential support services and given the information during every investigation by the investigator or PREA Compliance Manager.

Interviews with 37 inmates found that most everyone was aware that these services are available and those who had been involved in an investigation confirmed they received the flyer and were offered services directly. No one interviewed expressed use of the services.

The auditor's analysis of the information collected from interviews with staff, inmates, and a representative from the Center for Women & Families concludes Kentucky Correctional Institution for Women and Kentucky Department of Corrections meets all provisions of this standard; the facility's efforts to notify all inmates about the KASAP services during orientation is above the requirements of this standard and found to exceed.

## Standard 115.54: Third-party reporting

### 115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?  Yes  No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?  Yes  No

### Auditor Overall Compliance Determination

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

The agency has established a method to receive third-party reports of sexual abuse and sexual harassment by providing a tollfree PREA Hotline 1-855-362--PREA (7732). Callers may remain anonymous. This information is posted on the agency's public website. Posters containing this information is posted throughout the facility in areas where inmates and visitors have access and is published in both English and Spanish. Interviews with inmates confirmed their knowledge that they can have a family member or friend report sexual abuse, sexual harassment, or retaliation on their behalf.

Analysis of the information obtained during interviews and review of the documentation and public website concludes Kentucky Correctional Institution for Women and Kentucky Department of Corrections meet the provisions of this standard.

## OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

## Standard 115.61: Staff and agency reporting duties

### 115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?  Yes  No

#### 115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?  Yes  No

#### 115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?  Yes  No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?  Yes  No

#### 115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?  Yes  No

#### 115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?  Yes  No

#### Auditor Overall Compliance Determination

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

**115.61(a):** CPP/14.7 establishes the requirement for all staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment, or retaliation, or staff neglect or violation of responsibilities contributing to an incident, that occurred at a facility. All staff interviewed acknowledged their understanding of this requirement and the auditor determined immediate reporting is the standard at Kentucky Correctional Institution for Women after review of the investigative files. In one harassment case the inmate stated she had already spoken to another staff member about the incident. The staff member was interviewed about their knowledge of the incident and stated the inmate was evasive about her complaint and at the time it did not appear to be a PREA allegation. This staff member was counselled on the importance of following through when an inmate reports any type of harassment. Auditor finds the documented actions supports enforcement of the agency's requirement for staff to report incident information immediately.

**115.61(b):** CPP/3.22 directs all information in a report or investigation of a sexual offense to be kept confidential except to the extent necessary to report to an appropriate supervisor, adequately investigate the incident, provide treatment, or make security or management decisions. An individual interviewed in the course of resolving the complaint shall be cautioned to treat the information as confidential. Breach of this confidentiality is grounds for disciplinary action. Auditor's interview with staff indicated they understand this requirement.

**115.61(c):** Medical and mental health staff interviewed by auditor confirmed that the mandatory reporting of incidents of sexual abuse and sexual harassment that occur during incarceration is a requirement and is not affected by any Federal, State, or local law to be withheld for confidentiality purposes. Upon arrival, inmates sign a consent form that includes notification of the limitations of confidentiality and the inmates are further advised of these limitations verbally at the time of treatment.

**115.61(d):** It has been determined that the Kentucky Department of Human Services (DHR) has no authority to investigate complaints within the jurisdiction of Kentucky Department of Corrections under the Adult Protection Act, KRS 209.010-209.150, as documented by memorandum from DHR; complaints of this nature will fall under the referral for criminal investigation. This facility may house youthful offenders, however, there have been none admitted within the audit period. Auditor's interview with the PREA Coordinator confirmed that her office would provide guidance to the facility to ensure that The Cabinet for Health and Family Services was contacted if a sexual abuse incident occurred involving an offender under the age 18. A review of the nine completed investigations found no victims who qualified as a vulnerable adult or youthful offender.

**115.61(e):** Interviews with staff, PREA Compliance Manager, Warden, and the facility investigators confirmed that all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, are reported to the facility's designated investigators. Two of the nine cases investigated were reported directly to staff by a 3<sup>rd</sup> party reporter. The auditor's review of the investigative files documented this process is well-implemented, and 3<sup>rd</sup> party reports received were referred promptly for investigation in accordance with the established policies

Analysis of the information obtained from document reviews, policy review and interviews with staff concludes Kentucky Correctional Institution for Women and Kentucky Department of Corrections meet provisions of this standard.

## Standard 115.62: Agency protection duties

### 115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?  Yes  No

### Auditor Overall Compliance Determination

**Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

CPP/14.7 establishes that if at any time it is learned that an offender is subject to a substantial risk of imminent sexual abuse, immediate action shall be taken to protect the offender. Interviews with staff at all levels in both security and non-security positions confirmed that it is within their responsibility and authority to ensure the safety of any inmate who is at substantial risk of imminent sexual abuse. The auditor's review of case files confirmed staff actions were consistent with this requirement. The auditor's review of the nine completed investigation files found that in all cases, the alleged victim and alleged perpetrator were immediately separated to ensure protection of the victim. None of the cases reviewed involved an allegation of a threat of imminent sexual abuse. During the interview with the Commissioner, she explained that staff are authorized and expected to take any necessary means immediately to protect an inmate who is subject to a substantial risk of imminent sexual abuse. Interviews with inmates confirmed that they believe the facility staff take sexual safety very seriously and it was conveyed to the auditor that if they reported a problem, to include a threat of sexual abuse, that staff would take immediate action to protect them.

Analysis of the information obtained from incident reviews, policy review, and interviews with staff concludes Kentucky Correctional Institution for Women and Kentucky Department of Corrections meets provisions of this standard.

## Standard 115.63: Reporting to other confinement facilities

### 115.63 (a)

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?  Yes  No

### 115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?  Yes  No

### 115.63 (c)

- Does the agency document that it has provided such notification?  Yes  No

### 115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?  Yes  No

### Auditor Overall Compliance Determination

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

**115.63(a)(b)(c):** CPP/14.7 requires the Warden to notify the Head of the facility where an alleged incident occurred while confined at another facility within 72 hours of receiving that allegation and to document such notification. Review of the one allegation received by an inmate that allegedly occurred at another facility confirmed that notification was made directly to the Warden at the facility where the alleged incident occurred on the same day that Kentucky Correctional Institution for Women received the complaint. This notification was made by the Internal Affairs Investigator on behalf of the Warden in her absence. Interviews with the Warden, PREA Compliance Manager, and Internal Affairs Investigator confirmed that all know the protocols required when an allegation is received about an incident that occurred at another facility. Interview with the Commissioner confirmed her expectation that all Wardens follow this procedure.

**115.63(d):** CPP/14.7 requires the facility to investigate all allegations received from other facilities. Based on interviews with the PREA Compliance Manager and the Internal Affairs Investigator, there were no allegation of sexual abuse received from another facility to have occurred while an offender was housed at Kentucky Correctional Institution for Women in the past 12 months; however, the facility provided the auditor with a case reported by another facility of an incident allegedly to have occurred at Kentucky Correctional Institution for Women beyond the 12-month period. Documentation in this closed case provided evidence the allegation was promptly, thoroughly, and objectively investigated.

Analysis of the information obtained during interviews, policy review, and document review concludes Kentucky Correctional Institution for Women meets provisions of this standard.

## Standard 115.64: Staff first responder duties

### 115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?  
 Yes  No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?  Yes  No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No

### 115.64 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?  Yes  No

## Auditor Overall Compliance Determination

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

**115.64(a)(b):** CPP/14.7 requires any staff member, upon learning that an offender was sexually abused, to immediately ensure the safety of the alleged victim while reporting the information to the shift supervisor who will ensure the following steps have been taken: a) separation of the alleged victim and perpetrator; b) the crime scene has been secured and protected, or collected if scene cannot be secured; c) if within 96 hours of the incident, instruct the alleged victim and alleged perpetrator to not take actions that could destroy physical evidence including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. Interviews with security and non-security staff confirm a thorough knowledge of the required first responder duties. All staff are provided with a first responder pocket card as a reminder of the steps to follow. The auditor asked the First Responder questions to random staff (security and non-security) during interviews, and everyone was proficient in their knowledge of their responsibilities as First Responders. Several staff members pulled their 1<sup>st</sup> Responder Pocket Card to show the auditor. Of the nine closed investigations, none met the criteria to initiate protocols for a forensic examination.

In the past 12 months the facility received eight allegations that an inmate was sexual abused. First Responders for seven cases were security staff and the remainder was a non-security staff. Protocols were followed according to the facility and agency's requirements in all eight cases.

Analysis of the information obtained through interviews, investigative files, and policy review concludes Kentucky Correctional Institution for Women meets provisions of this standard.

## Standard 115.65: Coordinated response

### 115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?  Yes  No

## Auditor Overall Compliance Determination

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

**115.65(a):** The auditor was provided a copy of the facility's "Prison Rape Elimination Act (PREA) Action Plan" that provides step-by-step instructions for coordinating actions among staff first responders, Shift Supervisor, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse. The plan further ensures preservation of the crime scene (if applicable) and any other usable evidence. The plan listed University of Louisville Hospital as the designated location for a forensic medical exam to be

performed. The plan also lists the Center for Women and Families as the contact if the inmate requests an advocate. Interviews with staff acknowledged their understanding of the steps outlined within the coordinated response plan and they were able to explain their specific responsibilities in response to a sexual abuse incident. Auditor's interview with University of Louisville Hospital confirmed their capacity to receive and treat inmate victims of sexual abuse from Kentucky Correctional Institution for Women and that the hospital has SANE on staff.

Analysis of documentation and information obtained from interviews concludes Kentucky Correctional Institution for Women meets this standard.

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

### 115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?  Yes  No

### 115.66 (b)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

Based on Kentucky Department of Corrections having no collective bargaining power and having no limitations in their ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome to an investigation or a determination of whether and to what extent discipline is warranted, Kentucky Correctional Institution for Women meets provisions of this standard. CPP/3.22 establishes that during the course of an investigation, the accused staff may be temporarily re-assigned and or placed on special investigative leave. Compliance with this standard was confirmed during interviews with the Commissioner and PREA Coordinator.

## Standard 115.67: Agency protection against retaliation

### 115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?  Yes  No

- Has the agency designated which staff members or departments are charged with monitoring retaliation?  Yes  No

#### 115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services, for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?  Yes  No

#### 115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?  Yes  No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  Yes  No

### 115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks?  
 Yes  No

### 115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?  
 Yes  No

### 115.67 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

**115.67(a-e):** The agency has established policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff through CPP/14.7 and CPP/3.22. Retaliation by or against any party involved in a complaint is strictly prohibited and is grounds for disciplinary action. The PREA Compliance Manager is the designated staff member charged with monitoring retaliation at Kentucky Correctional Institution for Women. Interview with the PREA Compliance Manager confirmed that monitoring begins the date the allegation is reported and continues for at least 90 days following the incident. This monitoring includes periodic status checks on inmates. Monitoring efforts are documented on the "Protection Against Retaliation" form which is maintained by the PREA Compliance Manager in a separate file. Protection measures employed may include housing unit change, facility transfer, removal of alleged staff or inmate abuser from contact with the victim, emotional support services, and any other means necessary. Monitoring efforts include review of any disciplinary reports, housing unit changes, program changes, work assignments or negative reports, and any other activity deemed relevant by the PREA Compliance Manager. Retaliation monitoring was conducted for inmate victims and those who made a third-party report of an incident. There were no staff members who required retaliation monitoring during the reporting period. Based on interview with the PREA Compliance Manager she stated there have been no instances of protective measures needing to be taken due to retaliation during the audit period nor were any extended beyond the 90-day monitoring period; it was evident to the auditor that monitoring for retaliation is taken seriously and any suspicion of retaliation would be addressed and remedied immediately. The auditor's review of 16 completed Protection Against Retaliation forms confirmed a thorough review is done during monitoring activities. Based on interview with the Commissioner, the agency has a zero-tolerance for any retaliation and when it is suspected or confirmed, appropriate and swift action will be taken.

Analysis of the information obtained through auditor's review of policy, review of investigative files, and interviews conclude Kentucky Correctional Institution for Women meets all provisions of this standard.

### Standard 115.68: Post-allegation protective custody

#### 115.68 (a)

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

### Auditor Overall Compliance Determination

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

Based on interview with the Warden and the PREA Compliance Manager, there have been no incidents at Kentucky Correctional Institution for Women during the audit period of an alleged victim being placed in segregated housing for protection. Victims of sexual abuse are not placed in segregated housing unless requested by the inmate. This was further confirmed through interviews with facility investigators and staff who are assigned to work the Restrictive Housing Unit. Auditor’s analysis of information as explained in the §115.43 narrative of this report along with review of the nine investigative files and results of related interviews concludes Kentucky Correctional Institution for Women complies with this standard.

## INVESTIGATIONS

### Standard 115.71: Criminal and administrative agency investigations

#### 115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).]  Yes  No  NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).]  Yes  No  NA

#### 115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?  Yes  No

#### 115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?  Yes  No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?  
 Yes  No

- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?  Yes  No

#### 115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?  Yes  No

#### 115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?  Yes  No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?  Yes  No

#### 115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?  Yes  No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?  Yes  No

#### 115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?  Yes  No

#### 115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?  Yes  No

#### 115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?  Yes  No

#### 115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?  Yes  No

## 115.71 (k)

- Auditor is not required to audit this provision.

## 115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA

### Auditor Overall Compliance Determination

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

**115.71(a)(c):** CPP/14.7 establishes the requirement for allegations of sexual abuse and sexual harassment to be promptly, thoroughly, and objectively investigated. Auditor's review of the nine investigative files found investigations were conducted promptly, thoroughly, and objectively. The investigators documented detailed information related to each case to include evidence collected, information obtained during victim, perpetrator, and witness interviews, and reviews of any prior reports or complaints. During interviews conducted with facility investigators the auditor found each to be knowledgeable of sexual abuse investigation protocols, evidence collection and evaluation, and the importance of being prompt, thorough, and objective in the investigation. All investigators spoke to the importance of confidentiality and acting with professionalism. The auditor understood through these interviews that the quality of the investigation is not impacted based on the reporting method or the individual's status as an inmate or staff.

**115.71(b):** CPP/14.7 establishes the requirement for all investigations to be conducted by specially trained investigators as defined in §115.34. The auditor verified that all nine investigations were conducted by an investigator who has been trained in sexual abuse investigations. Criminal investigations are conducted by the Kentucky State Police. The facility provided a Memorandum from Kentucky State Police confirming all Troopers receive training in sexual abuse investigations during basic training, which are consistent with the requirements of §115.34.

**115.71(d):** Internal Affairs Investigators are trained in Garrity but only uses in consultation with the Kentucky State Police once a case has been determined criminal. This was confirmed during auditor's interviews with facility investigators and based on documentation reviewed in the investigative files

**115.71(e):** CPP/14.7 requires the credibility of an alleged victim, suspect, or witness to be assessed on an individual basis and to not be determined by the individual's status as an offender or staff member. An offender who alleges sexual abuse will not be required to submit to a polygraph examination or other truth-telling device as a condition to proceed with the sexual abuse investigation. The nine investigative files reviewed indicated no truth-telling devices were used during the investigation and this was further confirmed through interviews with facility investigators.

**115.71(f)(g):** CPP/14.7 establishes the requirement for investigations to be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Administrative investigations that result in a substantiated case of sexual abuse is

to include an effort to determine whether staff actions or failures to act contributed to the abuse. The auditor's review of nine investigative files found them to be thoroughly documented as required by provision (f) and (g).

**115.71(h):** Investigative files reviewed clearly document potentially criminal acts as being referred for criminal investigation. Referrals for prosecution will be pursued as a joint effort between the Kentucky State Police and Kentucky Correctional Institution for Women where supporting evidence is obtained. Currently there are two investigations that are pending a decision to refer for prosecution based on the outcome of the criminal investigation. Auditor's interviews with the Warden, Internal Affairs Investigator, and PREA Coordinator confirmed eligible cases are presented for prosecution.

**115.71(i):** The auditor's review of State Agency Records Retention Schedule for PREA investigative files determined the requirement for retention to be for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. This was further confirmed through interview with the PREA Coordinator.

**115.71(j):** CPP/14.7 establishes that the departure of the alleged perpetrator or victim from the employment or control of the facility or department shall not provide a basis for terminating an investigation. Interviews with the Warden and the Internal Affairs Investigator confirmed their knowledge and adherence to this requirement. In three of the investigative files, the alleged staff perpetrator resigned prior to being terminated, yet the investigations continued. Two of the three cases were taken over by the Kentucky State Police and are currently active criminal cases. There were no cases that involved a victim or an inmate perpetrator who left the facility prior to completion of the investigation, however, interviews with facility investigators confirm that the investigation would continue regardless.

**115.71(l):** The auditor's review of the investigation files found clearly documented cooperative efforts between Kentucky Correctional Institution for Women and external investigators and status updates to remain informed about the progress of the investigation; further confirmation was obtained during interviews with the Warden and Internal Affairs Investigator. Auditor's interview with the PREA Coordinator confirmed that the Internal Affairs Investigator is the Kentucky Correctional Institution for Women contact person for the criminal investigator and works closely with them throughout that process. The PREA Coordinator's office monitors the progress of all investigations on a continuous basis.

Auditor's analysis of the information obtained from interviews, investigative file reviews, policy review, concludes Kentucky Correctional Institution for Women meets provisions of this standard.

## Standard 115.72: Evidentiary standard for administrative investigations

### 115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?  Yes  No

### Auditor Overall Compliance Determination

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

CPP/14.7 establishes the requirement of no standard higher than a preponderance of the evidence to be imposed in determining whether allegations of sexual abuse or sexual harassment are substantiated for administrative

investigations. The auditor's review of nine investigation files found the investigative summaries were clearly documented to support a process of preponderance of the evidence was used to determine the disposition for each investigation. Interviews with facility investigators confirmed this is the standard used. Based on analysis of information obtained through policy review, file review and interviews the auditor finds Kentucky Correctional Institution for Women meets the requirement of this standard.

## Standard 115.73: Reporting to inmates

### 115.73 (a)

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?  Yes  No

### 115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)  Yes  No  NA

### 115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer posted within the inmate's unit?  Yes  No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer employed at the facility?  Yes  No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?  Yes  No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?  Yes  No

### 115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the

alleged abuser has been indicted on a charge related to sexual abuse within the facility?

Yes  No

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?

Yes  No

#### 115.73 (e)

- Does the agency document all such notifications or attempted notifications?  Yes  No

#### 115.73 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

**Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

**Does Not Meet Standard** (*Requires Corrective Action*)

**115.73(a-e):** CPP/14.7 requires that following an investigation where the alleged victim has reported a case of sexual abuse, the alleged victim shall be informed and it shall be documented when the: a) allegation has been determined to be substantiated, unsubstantiated or unfounded; b) alleged perpetrator is no longer posted within the offender's unit; c) alleged perpetrator is no longer employed; d) alleged perpetrator has been indicted or convicted on a charge related to sexual abuse. When the case has been referred for investigation by an external entity, the facility will remain updated on the status of the case and will make required notifications as information is available from the external entity. These notifications are made using the "Offender Notification" form. The auditor's interview with the PREA Compliance Manager confirmed that Kentucky Correctional Institution for Women had no instances that required the request of relevant information from an outside investigative agency in order to inform an inmate during the audit period. During the audit period, no inmate or staff was prosecuted, nor has any staff been terminated as a result of a sexual abuse allegation. In three of the cases the alleged staff perpetrator resigned prior to termination and in all cases the victim was notified that the employee no longer worked at the facility. The auditor observed completed notification forms advising the alleged victim of the disposition of the case and confirmed through interview with the PREA Compliance Manager that the inmate is notified upon completion of the investigation.

Analysis of the information obtained from policy review, document review, and interviews concludes Kentucky Correctional Institution for Women meets the provisions of this standard.

## DISCIPLINE

### Standard 115.76: Disciplinary sanctions for staff

#### 115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?  Yes  No

#### 115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?  Yes  No

#### 115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?  Yes  No

#### 115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)?  Yes  No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?  Yes  No

#### Auditor Overall Compliance Determination

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

**115.76(a-d):** CPP/3.22 establishes staff members found to have violated the staff sexual abuse policy are subject to disciplinary action up to and including dismissal, based upon the findings of the investigation. Disciplinary action will be commensurate with the nature and circumstances of the violation. Any staff member found to have engaged in sexual abuse based upon the findings of the investigation may be terminated. All terminations related to criminal activity, including resignations that would have resulting in termination if not for the resignation, shall be reported to the Kentucky State Police. Interviews with the PREA Coordinator and Internal Affairs investigator confirmed that the investigation will be completed and forwarded for prosecution even if the employee resigns or is terminated. Additionally, the PREA Coordinator's Office monitors substantiated cases and will provide notification to any relevant licensing body, where necessary. If the findings are inconclusive but the investigation reveals potentially problematic conduct, preventive action shall be taken. The accused shall be reminded of Corrections' policy and further preventive measures may be taken including additional training to avoid a further recurrence or permanent reassignment. Three cases involving alleged staff perpetrators were referred to Kentucky State Police, two were accepted for criminal investigation and one declined after not meeting the criteria for a criminal case. In all cases, the staff member resigned prior to termination. Interviews with the Warden, PREA Compliance Manager, and Human Resources Manager confirmed no staff have received disciplinary action for violation of these policies within the past 12 months.

Analysis of information obtained from policy review, investigative files review, and interviews concludes Kentucky Correctional Institution for Women and Kentucky Department of Corrections meet the provisions of this standard.

## Standard 115.77: Corrective action for contractors and volunteers

### 115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?  Yes  No

### 115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?  Yes  No

### Auditor Overall Compliance Determination

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

CPP/3.22 establishes the same requirements as employees documented in §115.76 narrative and any contractor or volunteer who engages in sexual abuse is prohibited from contact with inmates and will be reported to the Kentucky State Police if the activity was deemed criminal. Interview with the Warden confirmed that she has the authority to remove a contractor or volunteer from contact with inmates upon cause or suspicion. Additionally, the PREA Coordinator's Office monitors substantiated cases and will provide notification to any relevant licensing body, where necessary, as confirmed during interview.

Analysis of information obtained from policy review, investigative file review, and interviews concludes Kentucky Correctional Institution for Women and Kentucky Department of Corrections meet provisions of this standard.

## Standard 115.78: Disciplinary sanctions for inmates

### 115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?  Yes  No

#### 115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?  Yes  No

#### 115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?  Yes  No

#### 115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?  Yes  No

#### 115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?  Yes  No

#### 115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?  Yes  No

#### 115.78 (g)

- If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)  Yes  No  NA

#### Auditor Overall Compliance Determination

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

**115.78(a)(b):** CPP/15.2 establishes sanctions for inmates found guilty of sexual abuse after due process through the disciplinary procedures. For this violation sanctions imposed can be loss of up to four years non-restorable good time and assignment to disciplinary segregation for a maximum of 30 days for each offense. Based on statement of fact from PREA Compliance Manager, and further confirmed through interview, Kentucky

Correctional Institution for Women has had no confirmed incidents of sexual assault where an inmate received disciplinary action during the audit period.

**115.78(c):** CPP/14.7 requires the facility to consider whether the offender’s mental disabilities or mental illness contributed to her behavior when determining what level of sanction, if any, will be imposed when pending disciplinary sanctions for sexual abuse charges. The Disciplinary Report Form includes an option for “no penalty imposed at recommendation of mental Health”, to indicate when an evaluation identifies that the offender’s mental disabilities or mental illness may have contributed to her behavior for the infraction. Interviews with the disciplinary hearing officer and mental health staff confirm this consideration is weighed when sanctions are determined. One case was provided for the auditor’s review where the inmate was found guilty of sexual abuse against a staff member, but upon recommendation of Mental Health, no penalty was imposed.

**115.78(d):** Kentucky Correctional Institution for Women offers therapy, counseling, substance abuse treatment, and other intervention programs. Inmates with a positive administrative or criminal finding that they perpetrated inmate-on-inmate sexual abuse will undergo an evaluation by a qualified mental health professional in order to determine the appropriate intervention to assist in correcting the underlying reason or motivation for the abuse. Inmate participation in and completion of these recommended treatment options is voluntary and is not a condition that would preclude involvement in other institutional programming or benefits. The auditor’s interview with the Psychologist confirmed that known abusers will be evaluated and offered treatment options where indicated. Interviews with Unit Administrators and Counselors confirmed that inmates are encouraged to pursue avenues to address and correct underlying reasons or motivations for abusive behavior.

**115.78(e):** CPP/14.7 establishes offenders may not be disciplined for sexual abuse of a staff member if the staff member consented. Interviews with the PREA Compliance Manager and Internal Affairs Investigator confirmed that one inmate received a Disciplinary Report for sexual abuse of a staff member after investigation concluded that the inmate’s actions was unsolicited and unwanted by the staff member.

**115.78(f):** CPP/14.7 establishes an offender may be disciplined for reporting a false allegation of sexual abuse or sexual harassment only where the facility can demonstrate the false allegation was knowingly made in bad faith. A report made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute a false report or lying even if an investigation does not establish evidence sufficient to substantiate the allegations. Interview with PREA Compliance Manager confirmed that no inmate has received a received disciplinary action for making a false allegation during the audit period.

**115.78(g):** Consensual sex between inmates is prohibited at Kentucky Correctional Institution for Women and both parties are subject to disciplinary action if found to engage in this activity. The auditor was provided a copy of a Disciplinary Report Form issued to both inmates for inappropriate sexual behavior for a finding of guilt after due process.

Analysis of information obtained from policy review, investigative file review, and interviews concludes Kentucky Correctional Institution for Women meets provisions of this standard.

## MEDICAL AND MENTAL CARE

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

#### 115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health

practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)

Yes  No  NA

#### 115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)  Yes  No  NA

#### 115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?  Yes  No

#### 115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?  Yes  No

#### 115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?  Yes  No

#### Auditor Overall Compliance Determination

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

**115.81(a)(b)(c):** CPP/14.7 requires when a risk assessment indicates an offender has experienced victimization or previously been a perpetrator, staff shall ensure the offender has been offered a follow-up for counseling and monitoring with the appropriate medical or mental health professional within 14 days of the assessment. The auditor reviewed one documented referral to mental health practitioner for an inmate who reported prior sexual abuse; a referral to mental health was made and the inmate received an appraisal by the mental health professional in 10 days. Interviews with mental health professionals confirmed inmates are seen within 14 days after receiving a referral by staff. There is no documented disclosure by an inmate of perpetrated sexual abuse during the intake screening within the audit period according to the PREA Compliance Manager.

**115.81(d):** CPP/14.7 requires the dissemination of information related to and resulting from the assessment to be controlled and limited to staff necessary to inform treatment plans and to make security and management decisions regarding housing, beds, work, education, and program assignments. This policy further directs that all information in an intake screening, incident report or investigation of a sexual offense is to be kept confidential except to the extent necessary to report to an appropriate supervisor, adequately investigate, provide treatment, or make security or management decisions. The information collected for the risk assessment is entered into the inmate management database system which is restricted to those employees who participate in classification and security management decisions. User access is granted through a need to access basis and is controlled by position level rights. This information was confirmed through interviews with the Warden and PREA Compliance Manager. Information obtained during an assessment or delivery of treatment by a mental health or medical practitioner related to sexual abuse or sexual harassment will be shared with other staff only to the extent of meeting reporting requirements and to inform treatment plans, housing, bed, work, education, and program assignments. The auditor's interview with the Psychologist, Health Services Administrator, and other medical staff confirmed strict confidentiality is observed in accordance with the requirements of this policy with the exception of the mandatory requirement to report an incident.

**115.81(e):** CPP/14.7 requires medical and mental health professionals to obtain informed consent from the offender prior to reporting information related to a prior sexual victimization that did not occur in a facility. The auditor's interview with the Psychologist, Health Services Administrator, and other medical staff confirmed that informed consent from inmates is required and obtained before reporting information about prior sexual victimization that did not occur in an institutional setting.

Analysis of information obtained from interviews, documentation review, and policy review concludes Kentucky Correctional Institution for Women meets the provisions of this standard.

## **Standard 115.82: Access to emergency medical and mental health services**

### **115.82 (a)**

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?  
 Yes  No

### **115.82 (b)**

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?  Yes  No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners?  Yes  No

### **115.82 (c)**

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?  Yes  No

### **115.82 (d)**

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  
 Yes    No

### Auditor Overall Compliance Determination

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

**115.82(a):** CPP/14.7 requires inmate victims of sexual abuse to receive timely, unimpeded access to emergency medical treatment and crisis intervention services. In accordance with the Sexual Assault Action Plan, discussed in §115.65, inmate victims of sexual assault will be immediately escorted by a supervisor to the Kentucky Correctional Institution for Women Medical Department for the necessary examination, treatment, and evaluation by medical and mental health staff. If mental health staff are not on institutional grounds, the Shift Supervisor shall contact the on-call Psychologist. Should the Medical Department determine the inmate should be sent for further outside medical examination and treatment by a SAFE or SANE, the inmate will be transported to the University of Louisville Hospital. The on duty medical staff will contact the on-call Provider for further instructions and approval. Interviews with the Health Services Administrator and medical staff confirmed that these services will be provided immediately, and in a manner consistent with community standards of care. They further confirmed that the decision on whether an inmate needs to be referred to the hospital is made by the Medical Department.

**115.82(b):** Kentucky Correctional Institution for Women has 24/7 medical coverage. Inmate victims are separated from the alleged perpetrator and all inmates involved in the incident will be kept under constant observation and a psychological referral will be submitted to the institutional Psychologist by the Shift Supervisor with details of the incident. Auditor's review of the nine investigative files document immediate separation of alleged victim from the perpetrator upon learning of an allegation.

**115.82(c):** CPP/14.7 requires inmate victims of sexual abuse to be offered timely information about and access to sexually transmitted infections prophylaxis as deemed appropriate by the medical practitioner. The auditor's interview with the PREA Compliance Manager and review of the investigative files confirms that Kentucky Correctional Institution for Women has had no inmate victims of sexual abuse that required access to emergency medical treatment, crisis intervention, emergency contraception or sexually transmitted infections prophylaxis during the audit period.

**115.82(d):** CPP/14.7 requires current and previous victims of sexual abuse to receive any medical and mental health services related to the sexual abuse at no cost to the offender. The Health Services Administrator confirmed inmates are not charged for treatment services related to sexual abuse.

Interviews with medical staff and mental health practitioners and the Health Service Administrator confirmed there have been no incidents requiring a forensic medical exam in the past 12 months; all staff interviewed were thoroughly familiar with the protocols used in responding to an incident of sexual abuse. Of the nine allegations which have been reported within the past 12 months 8 were abuse and 1 harassment, and in each case, the inmate received a medical and mental health evaluation and referral for any continuing treatment deemed necessary.

Analysis of the information obtained from interviews and policy and document review concludes Kentucky Correctional Institution for Women meets the provisions of this standard.

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

### 115.83 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?  Yes  No

### 115.83 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?  Yes  No

### 115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care?  Yes  No

### 115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*)  Yes  No  NA

### 115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*)  Yes  No  NA

### 115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?  Yes  No

### 115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  Yes  No

### 115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)  
 Yes    No    NA

**Auditor Overall Compliance Determination**

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

**115.83(a)(b)(c)(f):** CPP/14.7 requires the facility to offer medical and mental health evaluation and treatment as deemed appropriate, for all offenders who have been victims of sexual abuse in any correctional facility. This treatment includes follow-up services, treatment plans, and when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. Victims of sexual assault will be offered testing for sexually transmitted infections as deemed appropriate by the medical practitioner. All services provided by the Kentucky Correctional Institution for Women Medical Department is consistent with the community level of care. Interviews with the Psychologist, Health Services Administrator, and medical staff confirms that treatment is offered to all offenders who have been victims of sexual abuse in any facility; the inmate has the right to participate or refuse treatment. Interviews with the PREA Compliance Manager and Health Services Administrator confirm that Kentucky Correctional Institution for Women has had no investigations involving inmate victims of sexual abuse that required access to emergency medical and mental health services during the audit period.

**115.83(d)(e):** CPP/14.7 requires that all offenders who have been victims of sexual abuse in any correctional facility shall be offered any necessary treatment related to the sexual abuse, to include timely and comprehensive information about lawful pregnancy-related medical services. Based on interviews with the PREA Compliance Manager and the Health Services Administrator, Kentucky Correctional Institution for Women has had no instances of pregnancy resulting from sexually abusive vaginal penetration during the audit period.

**115.83(g):** CPP/14.7 requires current and previous victims of sexual abuse to receive any medical and mental health treatment services related to the sexual abuse at no cost to the offender. In addition to services provided by Kentucky Correctional Institution for Women staff, inmates are eligible to received follow-up crisis counseling by phone and three in-person sessions with the Center for Women and Families under the MOU established with KASAP. Inmates who were seen by medical for an evaluation after an allegation of sexual abuse/harassment were not charged for services.

**115.83(h):** CPP/14.7 requires mental health practitioners to attempt to conduct an evaluation on all known offender-on-offender perpetrators within 60 days of learning of such abuse and provide treatment as deemed appropriate. Interview with the PREA Compliance Manager and auditor’s review of the investigative files confirms that Kentucky Correctional Institution for Women has had no inmate-on-inmate abusers identified during the audit period. The auditor’s interview with the Psychologist confirmed that known perpetrators are referred for an evaluation; if treatment needs are indicated, this will be offered to the inmate who may accept or refuse treatment.

Interviews with medical staff and mental health practitioner and the Health Service Administrator confirmed there have been no incidents requiring a forensic medical exam in the past 12 months; all staff interviewed were thoroughly familiar with the protocols used in responding to an incident of sexual abuse. Of the nine allegations which have been reported within the past 12 months 8 were abuse and 1 harassment, and in each case, the inmate received a medical and mental health evaluation and referral for any continuing treatment deemed

necessary. If an inmate is transferred or released, they will be provided with a treatment plan that follows to their next facility or they will be provided community information for continuation of care.

Analysis of the information obtained from interviews and policy and document review concludes Kentucky Correctional Institution for Women meets the provisions of this standard.

## DATA COLLECTION AND REVIEW

### Standard 115.86: Sexual abuse incident reviews

#### 115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?  Yes  No

#### 115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation?  Yes  No

#### 115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?  Yes  No

#### 115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?  Yes  No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?  Yes  No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?  Yes  No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  Yes  No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  Yes  No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?  Yes  No

## 115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so?  Yes  No

### Auditor Overall Compliance Determination

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

**115.86(a)(b):** CPP/14.7 directs all facilities to conduct a review within 30 days of the conclusion of every sexual abuse investigation unless the allegation was determined to be unfounded. Interview with the PREA Compliance Manager confirmed that she initiates an incident review upon completion of the investigation. The auditor's review of the closed investigative files found the Incident Reviews were conducted well within thirty days.

**115.86(c):** The Kentucky Correctional Institution for Women review team consists of the PREA Compliance Manager, line supervisors, medical and/or mental health staff, investigators, and deputy wardens. The auditor interviewed seven incident review team members and found them to be knowledgeable about the process. The team members expressed meaningful participation in the incident review process. Interview with the Warden confirmed that she takes any recommendations made by this team seriously.

**115.86(d)(e):** Considerations of the review include: a) whether the allegation or investigation indicated a need to revise policies or practices to better prevent, detect or respond to sexual abuse; b) whether the incident or allegation was motivated by race, ethnicity, gender identity, LGBTI identification, gang affiliation, or was motivated or otherwise caused by other group dynamics at the facility; c) examination of the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; d) assessment of adequacy of staffing levels in that area during different shifts; e) assessment of monitoring technology deployment or as staff augmentation. The incident review is documented on the Sexual Abuse Incident Review Report form, CPP14.7, Attachment III and lists any recommended improvements. This review is submitted to the Warden for review and implementation of any approved recommendations. The facility documents implementation of these recommendations or its reasons for not doing so. The form is submitted to the agency's PREA Coordinator upon completion.

The standardization of the process by the agency's PREA Coordinator's Office through implementation of the Sexual Abuse Incident Review Report form, CPP14.7, Attachment III is above the requirements of this standard; in addition, the PREA Coordinator's Office tracks the due date for completion of each incident review and requires the facility to provide a copy of the form upon completion for their review.

Analysis of the information obtained from interviews, completed incident reviews, and policy review concludes Kentucky Correctional Institution for Women and Kentucky Department of Corrections meet and exceed provisions of this standard.

## Standard 115.87: Data collection

### 115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?  Yes  No

### 115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?  
 Yes  No

### 115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?  Yes  No

### 115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?  
 Yes  No

### 115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)  Yes  No  NA

### 115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)  
 Yes  No  NA

### Auditor Overall Compliance Determination

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

**115.87(a):** The agency collects accurate, uniform data for every allegation of sexual abuse at all facilities using a standardized instrument and set of definitions using their computer-based offender management system (KOMS). CPP/14.7 requires each facility to provide allegations and dispositions of sexual offenses on a monthly report. The PREA Compliance Manager provided a copy of the report submitted to the PREA Coordinator's office monthly.

**115.87(b)(d)(e):** The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews, to include those from private facilities with which it contracts. The agency aggregates the incident-based sexual abuse data at least annually and publishes an annual report. The last published report available is 2019.

**115.87(c)(f):** The incident-based data includes the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice (DOJ). Information is provided to the DOJ upon request. The last data requested was in 2019.

The agency's PREA Coordinator is responsible for collecting and managing this data and publishing the related reports. She confirmed during interview with the auditor that the PREA data collected is maintained in a network drive that has limited access, and that she is very knowledgeable about the data collection requirements and has a good system in place for incident reviews.

Auditor finds the Kentucky Department of Corrections and Kentucky Correctional Institution for Women meet the requirements of this standard based on observation of data collection methods, handling of incidents, review of related reports and interviews conducted with PREA Coordinator and her staff.

## Standard 115.88: Data review for corrective action

### 115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?  Yes  No

### 115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?  Yes  No

### 115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?  Yes  No

### 115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (*Requires Corrective Action*)

**115.88(a):** The agency's PREA Coordinator is responsible for reviewing data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies practices and training by identifying problem areas, taking corrective action on an ongoing basis, and preparing an annual report of findings and corrective actions for each facility as well as the agency. Interview with the PREA Coordinator confirms that she and her team make regular use of the incidence data collected and is in constant motion for improving the agency's PREA programs. She meets with the PREA Compliance Managers monthly virtually to discuss any problem areas and to provide on-going training. The KOMS provides a mechanism for regular data analysis from multiple perspectives on a micro and macro basis.

**115.88(b)(c)(d):** The PREA Coordinator compiles and publishes an annual report for the agency which includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the agency's progress in addressing sexual abuse. The most current report published is for 2019. The Kentucky Department of Corrections Commissioner approves the annual report. This report is published to the agency's public website. This public report contains no information that would present a clear and specific threat to the safety and security of a facility therefore, redacting is unnecessary.

Analysis of the information obtained through document review and interviews with the PREA Coordinator, and the Commissioner concludes Kentucky Department of Corrections, and Kentucky Correctional Institution for Women, meet all provisions of this standard.

## Standard 115.89: Data storage, publication, and destruction

### 115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?  
 Yes  No

### 115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?  Yes  No

### 115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?  Yes  No

### 115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?  Yes  No

## Auditor Overall Compliance Determination

**Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

**Does Not Meet Standard** (*Requires Corrective Action*)

**115.89(a):** CPP/14.7 requires all case records associated with claims of sexual offenses, including incident reports, investigation reports, offender information, case disposition, and medical and counseling evaluation findings and recommendations for post-release treatment or counseling, to be retained securely and in accordance with the records retention schedule. User access to KOMS database is highly restricted and access is issued by approval of the PREA Coordinator.

**115.89(b)(c):** Aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts, is made readily available to the public annually through its public website. The PREA Coordinator compiles and publishes this annual report, as noted in §115.88, The most current report published is 2019. This report is published to the agency's public website. This public report contains no information that requires redacting.

**115.89(d):** The agency maintains sexual abuse data collected pursuant to §115.87 for at least 10 years after the date of the initial collection as required by the State Agency Records Retention Schedule for Corrections/Adult Institutions.

Analysis of the information obtained through document review and interviews with the PREA Coordinator and Commissioner concludes Kentucky Department of Corrections and Kentucky Correctional Institution for Women, meet all provisions of this standard.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

#### 115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*)  Yes  No

#### 115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*)  Yes  No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.)  Yes  No  NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency,

were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.)  Yes  No  NA

#### 115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?  
 Yes  No

#### 115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?  Yes  No

#### 115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?  
 Yes  No

#### 115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?  Yes  No

#### Auditor Overall Compliance Determination

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

**115.401(b):** Kentucky Department of Corrections is in the second year of the current audit cycle. During interview with the agency's PREA Coordinator, the auditor confirmed that audits were scheduled in accordance with the requirements of §115.401, to include those entities under contract with the agency. However, due to the COVID-19 pandemic over the past year, some of those audits that were scheduled were unable to be conducted. The PREA Coordinator continues to monitor PREA compliance in all facilities and is working to secure scheduling of these audits at their earliest possible date. A review of the agency's website and prior PREA audit reports found the agency to be consistent and systematic with ensuring audits are completed and posted to their public website timely.

**115.401(h)(i):** The auditor was allowed access to all areas of the facility and had the ability to observe all process. There were no limitations beyond restrictions implemented for COVID-19 safety protocols and none of these protocols inhibited the auditor's ability to conduct a thorough and comprehensive audit of the Kentucky Correctional Institution for Women. All documentation and information requested was provided to the auditor in either paper or electronic format promptly.

**115.401(n):** The auditor observed during the on-site tour the required notifications posted prominently and conspicuously in areas accessed by inmates and staff. Mailroom staff interviewed confirmed that outgoing mail to the PREA Auditor or ACA would be treated as privileged correspondence and would not be opened, unless in the

presence of the inmate, and only should it appear suspicious. No letters were received by the auditor or by ACA on behalf of the auditor as of issuance of this report.

Based on interviews with the Commissioner and the PREA Coordinator, observations during the site visit, review of agency's website, and receipt of requested documentation the auditor finds Kentucky Correctional Institution for Women and Kentucky Department of Corrections meet all provisions of this standard.

## Standard 115.403: Audit contents and findings

### 115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

The auditor's review of the agency's public website finds the Final Audit Reports have been published in accordance with §115.403.

## AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

### Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.<sup>1</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Sharon R. Shaver

03/05/2021

**Auditor Signature**

**Date**

<sup>1</sup> See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

<sup>2</sup> See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.