

PREA Facility Audit Report: Final

Name of Facility: Luther Lockett Correctional Complex

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 06/15/2021

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Sharon Ray Shaver	Date of Signature: 06/15/2021

AUDITOR INFORMATION	
Auditor name:	Shaver, Sharon
Email:	sharonrshaver@gmail.com
Start Date of On-Site Audit:	04/26/2021
End Date of On-Site Audit:	04/28/2021

FACILITY INFORMATION	
Facility name:	Luther Lockett Correctional Complex
Facility physical address:	1612 Dawkins Road, La Grange, Kentucky - 40031
Facility Phone	
Facility mailing address:	PO Box 6, LaGrange , Kentucky - 40031

Primary Contact	
Name:	Shannon Butrum
Email Address:	shannon.butrum@ky.gov
Telephone Number:	502-382-7245

Warden/Jail Administrator/Sheriff/Director	
Name:	Amy Robey
Email Address:	amyr.robey@ky.gov
Telephone Number:	502-222-0363

Facility PREA Compliance Manager	
Name:	Charles Allen
Email Address:	charlesh.allen@ky.gov
Telephone Number:	O: (502) 222-0363

Facility Health Service Administrator On-site	
Name:	Sarita Schoenbacler
Email Address:	sschoenbachler@ky.gov
Telephone Number:	502-222-0365

Facility Characteristics	
Designed facility capacity:	1204
Current population of facility:	977
Average daily population for the past 12 months:	979
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	19-86
Facility security levels/inmate custody levels:	Community, Minimum, Medium, Maximum
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	174
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	63
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	0

AGENCY INFORMATION	
Name of agency:	Kentucky Department of Corrections
Governing authority or parent agency (if applicable):	
Physical Address:	275 E Main Street, Frankfort, Kentucky - 40601
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
Name:	Cookie Crews
Email Address:	cookie.crews@ky.gov
Telephone Number:	502-782-2266

Agency-Wide PREA Coordinator Information			
Name:	Shannon Butrum	Email Address:	shannon.butrum@ky.gov

AUDIT FINDINGS

Narrative:

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-audit, on-site audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

The Prison Rape Elimination Act (PREA) site review of the Luther Lockett Correctional Complex was conducted April 26-28, 2021 by Sharon Ray Shaver, a Department of Justice (DOJ) certified PREA Auditor. Luther Lockett Correctional Complex is a medium/minimum facility housing adult male offenders. The prison is operated under the authority of the 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 and was postponed due to the COVID-19 pandemic. On the date of assignment, the ACA provided the Agency's PREA Coordinator notifications announcing the audit 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 were already prepared prior to this auditor's assignment. After discussion with the agency's PREA Coordinator, it was decided to update the audit period to include the prior 12 months from the new audit dates. The facility received its last PREA audit on April 19-20, 2017.

The official beginning of the audit began with a 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 Pre-Audit Questionnaire (PAQ) and supporting documentation were provided to the auditor through the Online Audits System (OAS). Once uploads were finalized by the agency 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. A schedule of the onsite portion of the audit was established, and travel arrangements were secured directly by the auditor. As needed, written requests by email were submitted to the facility 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 onsite portion of the audit and then after until the issuance of the final report.

Prior to the site visit, a plan for conducting interviews and for the facility tour was Developed between the PREA Coordinator and the auditor. 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 onsite in-briefing and the subsequent tour would be kept to a minimum to limit contact among participants. 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 Luther Luckett Correctional Complex; 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.

Posting Notice of the Audit: Audit notices were posted by the facility's PREA Compliance Manager on March 12, 2021. Verification was provided through email correspondence, dated photographs, interviews with inmates, and personal observation during the facility tour. Notices were printed and posted throughout the facility in all common areas of the facility to include the facility entry, inmate living units, library, kitchen/dining area, education and programming areas, maintenance, 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, the 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 the review of the PAQ, a list was prepared for review during the on-site portion of the audit. Other documents reviewed will be referenced in the narrative sections under each individual standard discussion. Throughout the audit, an extensive document review was conducted. Various policies, forms, contracts, and additional working documents were reviewed, 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. Included below is the list of governing Kentucky Department of Corrections Policies and Procedures (CPP) that will be referenced throughout the audit report and are annotated throughout the report using the corresponding abbreviation. This list is not intended to be exhaustive but outlines the core policy documents used in the evaluation process. Information obtained from these policies combined with the information provided with the PAQ and the observations, documentation and general information collected from the site visit was carefully evaluated and assessed against each of the elements of the standards.

- 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
- KOMS-Kentucky Offender Management System

Mandatory Reporting Laws: As documented through a memorandum from the Kentucky Department of Human Resources (KDHR) to the Kentucky Department of Corrections, KDHR has no authority to

investigate complaints within the jurisdiction of the 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 the Luther Lockett Correctional Complex. 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 Children listed as the designated rape crisis center servicing the facility who reported there were no complaints or concerns reported for this facility in the past 12 months. The Center did report that there were several contacts made by the facility regarding alleged victims who were taken to the hospital for a forensic medical examination. In-person contact was not requested. 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 (in person or virtual); a rape crisis counselor will accompany during a forensic examination and/or investigative interviews upon request. A web search revealed no information relevant to this audit. No relevant litigation, no DOJ involvement, no federal consent decrees, nor local oversight were discovered during the search. Interviews with the PREA Coordinator and the Agency Head confirmed no consent decrees or oversight exists. Additionally, the auditor reviewed the last American Correctional Association (ACA) Standards Compliance Reaccreditation Audit report for Luther Lockett Correctional Complex conducted October 2018 and found no concerns mentioned related to this audit. The local hospital providing SAFE/SANE services is identified as the University of Louisville. 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 the consent of the victim and that the hospital has two SANE nurses on staff. In the event a SANE is not available, the exam will be performed by other trained medical staff. 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. All inmate mail is subject to be inspected or read. Interview with mailroom staff confirmed that inmates would be allowed to correspond with the PREA auditor and the victim advocacy group without having the mail inspected unless the outgoing mail appears to be suspicious, in which case it would be treated as Privileged Correspondence which means it would be inspected in the presence of the inmate and logged. The auditor's interview with the mailroom staff confirmed no mail has been inspected of this nature in the past 12 months. The auditor received a letter from one inmate; no employees, contractors, or other non-incarcerated persons corresponded with the auditor.

SITE VISIT: On April 26, 2021, the auditor was transported to the Luther Lockett Correctional Complex by the agency's PREA Coordinator, Shannon Butrum, and was greeted by Warden Amy Robey and members of her management team. The auditor underwent a Rapid COVID-19 test and once cleared, all parties convened in the multi-purpose room for a short briefing and introductions. Immediately following the briefing, the facility tour began. The facility tour was led by Warden Amy Robey accompanied by Deputy Warden Patricia Gunter, Assistant Director Shannon Butrum, Program Administrator Pam Clayton, Captain Kevin Drake, Unit Administrator & PREA Compliance Manager Charles Allen, Unit Administrator and PREA Compliance Back-up Taylor Kapusta, and Procedures Development Specialist Sherri Grissinger. The auditor was informed that some of the normally scheduled activities were

currently suspended due to the COVID-19 pandemic, such as education, volunteer services, and some programming, and that inmate movement was limited. A small number of inmates were on quarantine in the Restrictive Housing Unit (RHU) Annex and that the facility was beginning preparation to resume some of their normal operations that had previously been suspended because of the pandemic. In-person visitation and volunteer services had not resumed as of the site visit. The facility has not been taking in new arrivals as a general rule which contributes to the population being below the average daily population. The facility did inform 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 and that a risk screening was conducted. Deviations had also been made to the normal housing procedures due to large numbers being quarantined at various times throughout the year, however, the facility continued to conduct the risk screening assessments and worked diligently to keep inmates separate who needed to be separated.

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. Areas on the tour schedule included: Visiting Area, RHU, Chapel, Medical, TAD (intake & processing), RHU Annex, Kitchen, Maintenance, Laundry, Training, Academic School/Legal Office, KCI Print Shop, Warehouse, Inmate Canteen, Vocational School, Gym, Re-Entry, Library, Dining Hall, Living Units Recreation Yard. Bathrooms, showers, and other similar areas were inspected in the living units, inmate work areas, recreation areas, programming, and administration areas. The auditor inspected for any secluded areas throughout the facility, on the walkways, and in the yard. All buildings are single level so there were no stairwells. The auditor found substantial camera coverage throughout the facility areas. Areas where inmates are routinely strip-searched, including the visitation area, which contains cameras were examined by the auditor to ensure adequate measures are in place to prevent viewing of the inmate's breasts, buttocks, or genitalia from the monitoring station. Zero-tolerance posters and pamphlets were observed in the intake area (TAD) to be presented to new arrivals. As mentioned previously, because of the COVID-19 pandemic, the facility is not currently taking in new inmates, so no intakes occurred during the site visit to be observed, however, the intake Lieutenant provided a simulation of the process for the auditor. The TAD strip area is equipped with a camera but is positioned to view the officer giving instructions to the inmate during the search. In inmate strip areas that do not contain cameras, facility policy requires that two staff (same gender) be present during the search. Strip searches are documented on the designated log which is maintained in the captain's office. The auditor reviewed other random 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 or doors were installed on every shower. The kitchen and residual food service storage areas were well equipped with video cameras. Inmate movement is restricted to areas where they are assigned to work and controlled by staff presence.

The auditor placed test calls while on the facility tour to the PREA hotline (internal and external) through the inmate phone system on April 26, 2021, and notifications were routed back to the PREA Coordinator shortly after. 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. During the tour of the medical department, privacy screens were present in the medical examination rooms. Opposite gender announcements were made and documented each time a housing unit was entered, and the signs indicated the gender of the staff working housing unit

posts were visible where opposite gender officers were assigned. Area logbooks were randomly reviewed throughout the tour and the auditor observed documentation indicating supervisor rounds are made regularly. Areas toured were well-lit and cameras were plentiful and placed strategically throughout the facility. Areas were clean and organized and good visibility was achieved in all areas.

INTERVIEWS

Staff Interviews: Current staffing is 217, with 174 state employees and 43 contract staff. The agency contracts with WellPath to provide medical services, Keefe to provide inmate commissary services, Aramark to provide food services, the Office of Adult Institutions provides (11) contract counselors to deliver MRT, Ashland University provides college courses. Additionally, the Healthy Living Program is administered by Interns with Sullivan University. These contract staffs have contact with the inmate population and receive the same training as the state employees. The auditor interviewed a total of 40 facility staff and 3 agency representatives and administered a total of 58 formal interview protocols. Multiple protocols were administered to certain staff due to the nature of their roles and responsibilities held at the facility. Four of the required specialized staff interview protocols were not administered because they were not applicable to this facility: Line staff who supervise youthful inmates; Education and programs staff who work with youthful inmates; Non-medical staff involved in cross-gender strip or visual searches; SAFE/SANE staff.

Interviews with Specialized Staff and Leadership	Number of Interviews Conducted
Agency head	1
Warden	1
PREA coordinator	1
PREA compliance manager	1
Agency contract administrator	1
Intermediate or higher level staff who conduct rounds	6
Medical and mental health staff	4
Human resources staff	2
Volunteers and contractors who have contact with inmates	6
Investigative staff	4
Staff who perform screening for risk of victimization and abusiveness	5
Staff on the sexual abuse incident review team	3
Staff who supervise inmates in segregated housing	3
Designated staff member charged with monitoring retaliation	2
First responders, both security and non-security staff	3
Intake staff	3
Randomly selected staff, both security and non-security	12
Total	58

Inmate Interviews: Inmate interviews were based on guidance from the PREA Auditor Handbook page 52 and from the PREA Compliance Audit Instrument, Interview Guide for Inmates. The interviews were conducted using the no-contact booth in visitation to limit face-to-face contact for COVID-19 precautions, except for the inmates housed in Restricted Housing Unit who were interviewed within the unit in a private office while maintaining an appropriate distance and the LEP inmate where access to a telephone was needed. All inmate interviews were conducted in private to ensure inmates felt comfortable expressing any concerns they may have without prison staff being present. Interviews were conducted on days two and three of the site visit. The official assigned population on the first day of the site visit was 986. The overall minimum number of inmate interviews required for this population size is 30 (15 random/15 targeted) Luther Lockett Correctional Complex houses no inmates who meet the definition of Youthful Offender, no inmates met the criteria for having a cognitive disability, and there were no inmates who were or had been housed in segregated housing for the purpose of being at high risk for victimization to

interview using these targeted protocols.^ The auditor selected 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 (16) were selected from each of the housing units listed on the roster (A/9, B/7, C/7, D/4, E/4, RHU/4) and from the targeted lists (19) using a random number selection and taking into consideration factors such as housing locations, length of incarceration, race, and work assignments for a total of 35 to interview. The auditor interviewed a total of 35 inmates using the Inmate Interview Questionnaire and administered a total of 36 targeted surveys. Of the 35 inmates, multiple inmates qualified for one or more of the targeted population surveys, which explains the difference in the number interviewed and the number of protocols administered. It was evident that all inmates interviewed had a very good understanding of the facility's zero-tolerance policy and knew multiple methods for making a report of sexual abuse or sexual harassment. Most all inmates knew that there are victim advocacy services available and how to access although they didn't know many details about the services. The inmates indicated they had seen the PREA video and were given a PREA pamphlet. Inmates stated they have received the PREA education several times including while at other facilities and every time they transfer, including the reception center when they first came into the Kentucky Department of Corrections. Some of the inmates who had arrived within the past 12 months expressed that they were in quarantine for a while after their arrival due to COVID protocols so there may have been a departure from the normal schedule for delivery of the comprehensive education/orientation. The Unit Management staffing model allows the Unit Administrators (UA), Classification and Treatment Officers, 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. Inmates interviewed said they would feel comfortable using the hotline or telling a staff member if they needed to report sexual abuse or sexual harassment. Inmates stated that the staff takes PREA very seriously. Inmates expressed that staff is available to talk to, including the Warden and Deputy Wardens and that they address issues that are brought to their attention.

Targeted Inmate Interview Protocol	Number Required	Number Administered
Youthful Inmates^	3	0
Physical Disability	1	9
Limited English Proficient	1	1
Cognitive Disability^	1	0
Lesbian, Gay, Bisexual	1	2
Transgender/Intersex	2	9
In Segregated Housing for Risk of Sexual Victimization^	1	0
Reported Sexual Abuse	3	7
Reported Sexual Victimization During Screening	2	8

One letter was received from an inmate prior to the onsite visit who was interviewed by the auditor. The inmate's concern turned out to not be related to a PREA issue and he further expressed that staff had already talked with him about his complaint and it had been satisfactorily resolved.

Allegations/Investigations: Comprehensive PREA allegations data was provided to the auditor by the PREA Coordinator. A total of 35 allegations were reported between April 2020 through March 2021, and the auditor reviewed all investigation case files. Of these, 1 allegation was staff to offender sexual abuse and 22 allegations of inmate-to-inmate sexual abuse; the remaining 12 were sexual harassment allegations. All cases were closed administratively, twelve were forwarded to the KSP for criminal investigation but were declined, and one case was referred to for prosecution but was declined. Dispositions of these cases were 1-substantiated, 24-unsubstantiated, and 10-unfounded. In nine cases the inmate was taken out for a forensic medical examination and two declined after arrival to the hospital.

Conclusion: The auditor conducted a review of documents and interviews over the course of the three days during the visit and worked with the facility to ensure limited interruption to their operations. On the final day, 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 her staff for their hospitality and cooperation during the site visit and explained the next phase procedures. The auditor discussed the corrective action plan that was already in place for the issue found with inmate training records and outlined the evidence that would be needed to document that the procedure is well-implemented. 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.

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. The Warden and her management team were extremely accommodating and communicated directly to the auditor the importance these audits have on the overall operations of the facility in a positive way. They were receptive to any suggestions and recommendations that can make Luther Lockett Correctional Complex a safer institution.

AUDIT FINDINGS

Facility Characteristics:

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate or resident population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The Luther Luckett Correctional Complex (LLCC) is located in LaGrange Kentucky and sits on approximately 35 acres, 24 of which are inside the perimeter fence. LaGrange is approximately 30 miles northeast of Louisville. LLCC was the first secure institution to be built in Kentucky since the Kentucky State Reformatory in 1937. This complex was built in direct response to the Federal Consent Decree involving the Kentucky Department of Corrections. This facility is unique in that it houses two separate institutions, LLCC and the Kentucky Correctional Psychiatric Center (KCPC) operated by the Kentucky Cabinet for Health and Family Services. The KCPC, being a separate facility and under separate jurisdiction, is not included as part of this audit. The first inmates were received at LLCC in March 1981. Although the institution was designed to house 486, the institution double-bunked cells in 1990. Presently the institution has an operational capacity of 1204. The facility includes an 88-bed Restrictive Housing Unit and a 13-bed Restrictive Housing Unit Annex. The Mission of the LLCC, in accordance with the Department of Corrections, is twofold: To promote public safety, secure incarceration from the community; and to give felons the opportunities for the capability to contribute positively to society upon release through the use of constructive classification, programs, and work assignment.

LLCC has five living units (1102 beds), a Restrictive Housing Unit (88 beds), and a Restrictive Housing Unit Annex (14 beds). The current population is 986. General population inmates are housed in 7A (222), 7B (224), and 7C (224). Dormitory 7E (224) is designated as an Honor Dorm. The Healthy Lifestyles Program (18-26) and Dog Program participants are housed in 7D (208), which is also designated as an Honor Dorm. Inmates who have mental health and other special needs may be housed in any of the housing units as their classification deems appropriate. There are two points of egress into the compound. The front lobby is the entry point for all pedestrians. All visitors and staff are required to clear a metal detector prior to entering the Administration building. Facility visitors are required to sign in and out of a logbook maintained at the front desk by assigned staff. Staff and visitors must present identification before entering or exiting the secured perimeter. A checkpoint is located at the entrance of LLCC where identification must be shown before entry. The control center is staffed 24/7 and the officers are responsible for movement, identification of staff and inmates, and monitoring the telephones and cameras. There are a total of 586 cameras strategically located through the facility internally and externally.

The Executive Management Team consists of the Warden, (1) Deputy Warden of Programs and Support Services, (1) Deputy Warden of Security. The facility is staffed with 174 KDOC employees and 43 contract staff. Security staff is comprised of 1-Major, 6-Captains, 11-Lieutenants, 17-Sergeants, 57-Officers. The Training section is staffed with 2-Training Instructor/Coordinators, and they are responsible for ensuring that all employees receive training as required by the agency and institutional policies and procedures and delivers pre-service orientation, annual in-service training, and specialized training. A combination of Computer Based Training (CBT) and classroom instruction is used to deliver training to staff. Additional support staff includes 7-Administrative Specialists, 2-Administrative Secretaries, Fiscal Manager, 1-Human Resource Administrator, 2-Human Resource Specialists, 1-Offender Information Supervisor, 1-Offender Information Specialist, 2-Postal Technicians, 1-Procedures Development

Specialist II, 2-Property Officers, 3 Purchasing Officers, and 1-Safety Coordinator. Additional staff is identified below in the various areas discussed below.

Classification & Programs: The Classification Department consists of 12-Unit Administrators, 8-Classification & Treatment Officers (CTO), 4-Social Services Clinicians, and 1-Psychologist. The Classification Department functions as Teams assigned to each of the designated buildings manage caseloads, to assist with the overall management of the offender population, ensuring work. Staff offices are located in the respective living units. Services provided by this group include evaluation of custody level, coordination of transfers among institutions, review of Good Time awards, and the assessment of the inmate's education and program needs. The CTO's conduct the PREA Risk Screening Assessments on new intakes, the 30-day review, and semi-annual review and deliver the inmate orientation. Upon identification of the individual needs of an inmate, it is the responsibility of the Classification staff to make the appropriate referrals. Inmates may request the services of the Classification Staff at any time.

An individualized program is developed for each inmate arriving at LLCC by the inmate and his caseworker and as determined by the COMPAS risk and needs assessment tool. Programs offered include New Directions, New Directions Booster Class, Moral Reconciliation Therapy, Anger Management, Inside and Out Dads, Boundaries, Dave Ramsey-Financial Peace University, Substance Abuse Treatment, In-2-Work. The Healthy Lifestyles Program is sponsored and staffed by Spaulding University and is a reentry program for inmates between the ages of 18-26. LLCC also has a Sex Offender Treatment Program that can serve up to 250 inmates. The current enrollment is 186. This program is staffed with 1- Supervisor, (5) Clinicians, and an Administrative Secretary.

Inmate Work Opportunities: All inmates are required to work with the exception of those who for security educational, or medical reasons are unable to do so. Inmates may apply for assignments in the kitchen, maintenance, education, housekeeping, barbershop, laundry, landscaping, recreation, chaplaincy. The KCI Printing Plant is an on-the-job training program. The Paws Behind Bars dog training program has adopted out over 115 dogs since its inception. Inmates are paid for work when assigned work opportunities through the Classification Committee. Laundry Operations are handled by nine inmate workers, and five inmates work biohazard, all under the supervision of a Sergeant. The laundry runs from 5:30 a.m. until 4:00 p.m. seven days per week. Sanitation is a very high priority at the facility. The barbershop is also located in this building and has three barbers assigned who work Monday-Friday. The Warehouse is operated by a Supervisor with two inmates. KCI Printing Plant: Located on LLCC grounds, operates as a business and provides an on-the-job training program for inmates at LLCC. It is staffed with an Operations Manager, (4) Production Coordinators, (1) Office Coordinator, and (1) Correctional Officer and usually employs between 60-70 inmates. Due to the pandemic, current employment is at 40 inmates. The printing plant offers a wide variety of products and services including screen printing, digital press, and embroidery. The plant produces motor vehicle license stickers for the Commonwealth of Kentucky.

Academic and Vocational Programming: Education is staffed with 2-Education Specialists II, 1-Education Specialist, and 2-Vocational Instructors. Academic classes offered include Literacy, Adult Basic Education, GED, and Jefferson Community College's Associate Degree program. Technical classes are offered in carpentry, masonry, auto technology, and computer. Education is currently self-guided due to the pandemic. The Education Department is staffed with three teachers. College online classes are available for inmates who wish to earn their degree and tablets are utilized for independent studies. The facility normally has a robust vocational education department with instruction in Masonry, Autobody, Auto Mechanics, Welding, and Microsoft ICS but is currently shut down due to the pandemic.

Health Care Services: The Medical Department at LLCC provides medical, dental, and mental health

services, inclusive of emergency care, on a 24/7 basis and is staffed by a contract with WellPath. Radiology, phlebotomy, and pharmacy services are also available onsite. Medications are administered daily from a medication window, and cell to cell in the Restrictive Housing Unit. Sick call is provided through standard sick call slip practice with special requests accepted during pill line. The Medical Department is supervised by a Health Services Administrator and is staffed with a Nursing Supervisor, 12-nurses, 2-Psychologists, 1-Psychologist APRM, along with medical providers five days per week. 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 for lack of funds at the time of the visit.

Chaplain/Religious Services: One full-time chaplain oversees all volunteers and religious programming and is assisted by (5) inmate clerks. The chapel is a standalone building and includes space for offices and a religious library. The Chapel maintains a library of books for all faiths, bible teaching and sermons on cassette tape, and Christian music on CDs and videos. Prior to the Pandemic, bible studies and recovery programs were held regularly by volunteers from multiple ministries. The chaplain and religious volunteers are also involved in social services programs such as Shakespeare Behind Bars, Veterans Club, Alcoholics Anonymous, Narcotics Anonymous, Goodwill-Soft Skills, Celebrate Recovery, Men's Fraternity, SuRe (Successful ReEntry", Thoroughly Equipped: Discipleship Curriculum, Effective Parenting in a Defective World, House or Home: God's Blueprint of a Great Marriage, Marriage 101, Biblical Marriage 101, Measure of a Man, Maximized Manhood, New Life Behavior Ministries. Volunteer services have not yet resumed as of this audit date The Chapel is scheduled for use by a different dormitory per day and services are held for thirteen different religions daily.

Recreation Programs: The Recreation Program is staffed by a Supervisor and (5) Recreation Leaders and is designed to provide comprehensive indoor and outdoor recreational activities to meet the needs of all inmates. Programs are developed to promote physical and mental well-being and to ensure that wholesome and healthy activities are provided. The outdoor areas include basketball, volleyball, horseshoes, weights, handball, softball, and track. The recreation department is also responsible for supervising the arts and crafts program, annual holiday events, outside visiting athletic team events, the music program, and the institutional broadcast television station. LLCC has a full-service gymnasium is equipped with televisions, a video game room, board games, exercise equipment, a movie viewing area, pool tables, and corn hole. Recreation is open from 8:00 a.m. to 9:00 p.m. seven days per week.

Visitation: Both contact and non-contact visitation is allowed and is normally held on Friday evenings, and Saturdays, Sundays, and holidays. The visitation room seats approximately 130 and there is an outdoor visiting area available. Since March 2020 the facility has not received in-person visits due to the global pandemic and these visits have not resumed as of the date of the audit. The facility has implemented limited virtual visits in lieu of in-person visits in the interim. Visitation is supervised by security staff.

Inmate Correspondence: Constructive correspondence is encouraged between all inmates and their families and friends. Staff will open all incoming mail to inspect it for contraband as outlined in CPP/16.2. Outgoing mail (excluding 'Privileged') is subject to being opened, inspected, and read. E-mail messages are sent through the JPAY Kiosk that is located in each living unit. Listed staff may be contacted through e-mail at no cost to the inmate. Mailroom staff confirmed during an interview that inmate correspondence with the PREA Auditor is treated the same as privileged mail. Telephone access is available in each housing unit, and in an outdoor covered area. 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 the Kentucky Department of Corrections. Confidential and private calls may be made to the Center for

Women and Children from the telephone and unmonitored counseling sessions may be scheduled through the inmate's unit management team.

Canteen Services: The institution provides canteen services through a contract with Keefe. The canteen is staffed with a manager and (6) employees, and (7) inmate workers. Hours of operation are Monday-Friday, 8:00-4:00.

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 forms may be obtained from the Grievance Officer. 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: Library services are supervised under the direction of a Librarian with the assistance of (9) inmate clerks. The general and legal libraries are located in the Academic School area. The library participates in over 200 inter-library loan requests and participates in the 20/20 reading program. The library is open from 8:30 a.m. to 4:00 p.m.

Food Service: Aramark manages the food service operations under contract with the agency. This operation is staffed with a Director and (3) full-time staff plus an officer. A full-service kitchen operates providing three hot meals per day and is supported through inmates assigned to the work detail. Meals are prepared in a separate location and transported to a serving location where meals are plated and served to the inmate population at the dining hall. All doors required to be secured were found secure and cameras were observed throughout the food service areas, effectively eliminating blind spots. The use of concave mirrors was also observed to allow staff direct line of sight in areas that would otherwise not be visible.

Maintenance: The Maintenance Department is staffed with a Maintenance Branch Manager, 2-Maintenance Superintendent I, 1-Mechanical Maintenance & Operations Supervisor, 1-Mechanical Maintenance & Operations Technician, 1-Electrician Licensed Coordinator, 2-Electronic Technician III, 1-Electronic Technician Supervisor. The security of the facility is enhanced by proper maintenance of equipment and the replacement of obsolete and worn equipment for both institutional and farm operations. Vocational trades are taught within the maintenance department as on-the-job training and the shop employs a vocational instructor. Twenty-six inmates are assigned to the maintenance shop, and each work crew has 2-3 inmates assigned.

AUDIT FINDINGS

Summary of Audit Findings:

The OAS will automatically calculate the number of standards exceeded, number of standards met, and the number of standards not met based on the auditor's compliance determinations. If relevant, the auditor should provide the list of standards exceeded and/or the list of standards not met (e.g. Standards Exceeded: 115.xx, 115.xx..., Standards Not Met: 115.yy, 115.yy). Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:	6
Number of standards met:	39
Number of standards not met:	0

Based on the auditor's evaluation of documented evidence provided before, during, and after the site visit, interviews with a variety of staff, inmates, and service providers, and observations made during the site visit, the facility was found to meet or exceed all standards. Corrective action was required for one standard (115.33) where procedural inconsistencies were discovered. The auditor will explain briefly in this section below, and more information can be found in the specific standard's narrative.

115.33(b): Non-Compliance/Corrective Action: During the documentation, it was discovered that 16 of the 36 random inmate files reviewed had inconsistencies in documenting the comprehensive PREA education. Once identified, the facility immediately initiated a corrective action plan. The auditor accepted the corrective action as acceptable and complete, and the non-compliance was resolved before the Final Report was issued.

Standards Met: 115.12, 115.13, 115.14, 115.15, 115.18, 115.21, 115.22, 115.32, 115.33, 115.34, 115.41, 115.42, 115.43, 115.51, 115.52, 115.53, 115.54, 115.61, 115.62, 115.63, 115.64, 115.65, 115.66, 115.67, 115.68, 115.71, 115.72, 115.73, 115.76, 115.77, 115.78, 115.81, 115.82, 115.83, 115.87, 115.88, 115.89, 115.401, 115.403

Standards Exceeded: 115.11, 115.16, 115.17, 115.31, 115.35, 115.86

Standards Not Met: None

Standards

Auditor Overall Determination Definitions

- Exceeds Standard
(Substantially exceeds requirement of standard)
- Meets Standard
(substantial compliance; complies in all material ways with the stand for the relevant review period)
- Does Not Meet Standard
(requires corrective actions)

Auditor Discussion Instructions

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

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Evidence Reviewed by Auditor: CPP/14.7, CPP/3.22; Agency Organization Chart; PREA Office Organization Chart; Facility Organization Chart; List of Facility Compliance Managers; PREA Coordinator Press Release; Information Obtained from Interviews; Review of Agency's Website; Personal Observations During On-site Visit.</p> <p>115.11(a): Agency policy 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, and 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. The Auditor's review of the related 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. Interviews with all levels of staff from various disciplines clearly indicated that zero tolerance for sexual abuse and sexual harassment is the standard.</p> <p>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 on 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 the auditor's interview with AD Butrum, she stated that she has adequate time and authority to develop, implement, and oversee the agency's efforts to comply with the PREA standards. The Auditor's observations of the PREA Coordinator's interactions with facility leadership and staff during the on-site portion of the audit supported a high-level engagement and respect for the authority of her role within 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 to provide oversight and guidance to the Wardens and PREA Compliance Managers. This structure exceeds the requirements of this provision.</p> <p>115.11(c): Each of the 13 facilities of the Kentucky Department of Corrections has a designated PREA Compliance Manager and a backup as confirmed through an interview with the PREA Coordinator and auditor's review of the "Adult Institutions PREA Compliance Managers" Directory. The facility's designated PREA Compliance Manager is Charles Allen, and his backup is Taylor Kapusta. Auditor's interview with the facility's PREA Compliance Manager confirmed that he has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. He is fairly new in the position but has achieved a high level of competency in his position in a short time. The backup PREA Compliance Manager served in the Compliance Manager capacity at her prior facility before coming to Luther</p>

Luckett Correctional Complex and is instrumental in working with PCM Allen to oversee the PREA efforts at the facility. The facility's PREA Compliance Manager reports to the Warden as confirmed during interviews with the PREA Compliance Manager and the Warden, and a review of the Luther Luckett Correctional Complex Organizational Chart. The auditor observed engaging communication flow between the Compliance Manager, backup Compliance Manager, and facility staff. The auditor also observed conversations and interactions by the Compliance Manager and his backup with inmates during the tour which indicated they are both approachable and make themselves accessible to the inmate population.

The auditor determines the facility and agency meet all provisions of this standard based on the auditor's review of evidence referenced and explained in the above narrative.

Furthermore, the agency is found to exceed the requirements of this standard in that it designates two support staff in addition to the Coordinator to oversee the agency's PREA efforts and requires each facility to designate a back-up to the facility's Compliance Manager.

115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed by Auditor: 115.12 Amended 2021 Compliance Visit Schedule CCF; Contracts; Information Obtained from Interviews; PREA Audit Final Reports.</p> <p>115.12(a)(b): Kentucky Department of Corrections contracts with 28 separate Reentry Service Centers to provide housing for inmates transitioning from prison to the community and one private company to house inmates at one prison. The auditor reviewed all 29 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. Where applicable, the contracting 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.</p> <p>The PREA Coordinator’s Office tracks and monitors compliance with each facility’s audit status as evidenced by the auditor’s review of the 115.12 Amended 2021 Compliance Visit Schedule spreadsheet and interview with the Coordinator. All facilities but one meet the criteria for auditing by a DOJ Certified PREA Auditor. As of the date of this audit, all audits are either current, scheduled, or in process of scheduling. One facility is newly under contract and is 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 an 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 was provided a sample of a recent compliance review conducted at one of the centers and found it to assess compliance with the PREA standards.</p> <p>The auditor determines the agency meets all provisions of this standard based on the auditor’s review and triangulation of evidence referenced and explained in the above narrative.</p>

115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed by Auditor: CPP/14.7, CPP/3.22; Information Obtained from Interviews; Personal Observations During On-site Visit; Various Unit Daily Activity Logs; Various Shift Rosters; Staff Calculation Memorandum; Activities & Programs Schedule; Staffing Pattern 1st/2nd Shifts; Daily Camera Check; Staffing Deviations IRT; Monthly PREA Meeting Minutes; PREA Coordinator’s Staffing Input/Plan Review; Camera Location List; Unit Control Room Post Order.</p> <p>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. The auditor reviewed the current staffing plan and found it provides adequate coverage with relief-factor for inmate supervision posts. Documented consideration was given to all elements of provision (a) of this standard in the development of the facility’s staffing plan. Since the facility’s last PREA audit conducted April 19-20, 2017, the average daily number of inmates was 984 and the staffing plan was predicated on an average population of 984. The facility documented by memorandum the calculation formula used to identify the total number of staff required per shift which is the basis for the development of the staffing plan. Staff currently work 12-hour shifts, 5 days per week. The auditor’s onsite tour included observation of the cameras listed on the schedule provided with the PAQ. The facility has an extensive CCTV system including 568 cameras. Of the 568 cameras, only 6 are live view only. These cameras are monitored from the Control Centers by the assigned shift officer and as needed by designated/authorized staff. Interviews with the Warden, Deputy 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 reviewed by the Warden, given serious consideration, and acted upon when justified and as funding is available. Interview with the Warden confirmed that video monitoring is beneficial in the overall management of safety in the facility and is used extensively by Internal Affairs and Management Staff to monitor inmate activities for safety. Camera outages are responded to by a technician as an emergency 24 hours/7 days per week. A daily camera check is conducted by the electronic Technician Supervisor.</p> <p>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, Deputy Warden of Security, and Major confirmed and that the Captain is required to contact the Deputy Warden if any of the mandated posts are not filled, and that the facility uses overtime and assistance from administrative and programs staff 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 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</p>

cases where the designated staffing plan is not complied with the Shift Supervisor notes this in the designated section on the 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 auditor reviewed 17 shift rosters from randomly selected dates and found documentation of staffing and post adjustments to ensure the staffing plan was met. In addition, the auditor reviewed an example of the Incident Report Summary report that documents post closures and subsequent notifications of the events in accordance with the requirement to document deviations from the staffing plan. Staff overtime and administrative staff assistance are utilized to supplement staff shortages when needed and are documented accordingly. Based on interview with the Warden, LLCC continues to experience a high vacancy and turnover rate due to the proximity to Louisville, Kentucky and the corporate headquarters to several major businesses which severely affects recruitment and hiring. The Warden explained that the Staffing plan has been revised due to staff shortages and that program and administrative staff often work in security to ensure there is enough staff to adequately support the institution. Executive management and site-affiliated Kentucky Personnel Cabinet staff have partnered with Job Corps, intensified recruitment strategies at the several local universities, and increased the use of social and employment-related media to amplify staffing efforts. The most common reason for deviations from the staffing plan in the past 12 months is staff absences due to COVID-19. Interviews with the Warden, Deputy Warden, Major, and Shift Supervisors confirmed that staffing is reviewed daily.

115.13(c): The facility has documented an annual review, completed 11/18/2020, of the staffing plan which has indicated consideration of all provisions of this standard as delineated in section (a). The PREA Coordinator has documented her review of the staffing plan to include 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. The review noted no judicial findings of inadequacy, no findings of inadequacy from Federal investigative agencies or internal or external oversight bodies.

115.13(d): CPP/14.7 and CPP/3.22 require 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. The Warden explained that camera footage is randomly reviewed by herself, the Deputy Warden, Major, and the Internal Affairs Investigator, and this was confirmed through the auditor's interviews with said staff. The Daily Post Logs include a section for Supervisor's Tours to be documented and identified as announced or unannounced. The auditor's review of the Unit Control Room Post Orders and interviews with officers working the posts indicates that unannounced supervisor rounds are logged in the Control Room Log. The auditor observed documentation of rounds in the Post Logs during the onsite tour and a through a review of a sampling of 100 Unit Daily Activity Logs for randomly selected dates for all housing units selected by the auditor. A review of these documents and interviews with offenders, officers, and security supervisors provided evidence that supervisor rounds, both announced and unannounced, occur regularly and according to the established requirements. Staff interviews confirmed widespread knowledge of the prohibition of alerting other staff of the unannounced rounds. Requirements for rounds were modified and limited since the onset of the pandemic to minimize exposure and limit spread among inmates and staff. During the times of reduced supervisory rounds, non-supervisory rounds were increased, and additional electronic monitoring was utilized. Current documentation reviewed by the auditor indicates regular supervisory rounds have resumed

and support compliance with requirements of this provision in areas that were previously under quarantine.

The auditor determines the agency and facility meet all provisions of this standard based on the auditor's review and triangulation of evidence referenced and explained in the above narrative.

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed by Auditor: CPP/18.3; No Youthful Offender Memorandum; Information Obtained from Interviews; Inmate Roster. 115.14(a)(b)(c): CPP/18.3 identifies specific housing locations for both male and female youthful offenders under the age of 18. The policy requires that male youthful offenders ordered committed to the Department of Corrections be housed at the Kentucky State Reformatory and female youthful offenders ordered committed to the Department of Corrections be housed at the Kentucky Correctional Institution for Women. At both designated facilities, these youthful offenders are to be housed in a housing unit designated by the Warden that meets all requirements set forth in 28 CFR SS 115.14. Luther Lockett Correctional Complex is not one of the designated facilities and therefore this standard is not applicable to this facility.</p> <p>The PREA Compliance Manager confirmed during an interview that there have been no youthful offenders housed at Luther Lockett Correctional Complex and a review of the current inmate roster indicates all inmates are at least 18 years of age.</p> <p>The auditor determines the agency meets all provisions of this standard based on the auditor’s review and triangulation of evidence referenced and explained in the above narrative and that the agency meets the standard by compliance and the facility meets requirements through non-applicability.</p>

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed by Auditor: CPP/9.8; CPP/3.22; CPP/14.7; Body Search Techniques Training Curriculum; Unit Control Room Post Order; Inmate Strip/Body Cavity Search Log; Cross-Gender Pat Down Form/Log; Cross-Gender Searches Statement of Fact; Information Obtained from Interviews; Memorandum on Transgender/Intersex Searches; Camera Procedures/Restrictions Memorandum; and Employee Training Records.</p> <p>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 and that this type of search would only occur under exigent circumstances. This was further confirmed through interviews with security staff. Interviews with medical personnel confirmed that no body cavity searches have been conducted by the medical department during the audit period. Thirty-five inmates were interviewed, and all reported they have never been strip-searched by a staff of opposite gender at this facility. The Inmate Strip Search/Body Cavity logs were reviewed indicating 46 inmates were searched for non-routine purposes in the past twelve months and all were prior approved, and conducted by a male officer. Routine searches such as those involving inmates entering or exiting an institution, entering or exiting the visiting area, or entering or exiting a controlled area, are considered routine, and are conducted by male officers. The Inmate Strip/Body Cavity Search Log, interviews with medical personnel, and statement of fact provided by the PREA Compliance Manager indicated no body cavity searches have occurred.</p> <p>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. Luther Lockett Correctional Complex houses male inmates only. This standard is not applicable to this facility.</p> <p>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. Unit Control Room Post Order directs that any time a female staff member is assigned to the unit, completing relief breaks or carrying out rounds in a living unit, an announcement of “Female Staff On Duty” shall be made throughout the unit and the “Female On Duty” sign shall be placed where it may be viewed by anyone entering or exiting the unit. The auditor reviewed 100 samples of completed Dorm Post Logs for randomly selected dates and found consistent documentation of log entries recording the announcements and observed recording of these</p>

announcements being made while during the facility tour. Additionally, the auditor observed the "Female On Duty" signs conspicuously posted on housing units where a female officer was working. All inmates interviewed said that the opposite-gender announcements are consistently made, either by the officer directly, or the control room officer over the PA system.

Showers are equipped with either doors or shower curtains and toilets are enclosed and have doors for privacy. The auditor's inspection of the bathroom areas found that inmates are able to shower, use the restroom, and change clothes without being observed by opposite-gender staff. Of the 35 inmates interviewed, all indicated that they are never naked in full view of opposite-gender staff.

The facility has an extensive CCTV system including 568 cameras. Of the 568 cameras, only 6 are live view only. These cameras are monitored from the Control Centers by the assigned shift officer and as needed by designated/authorized staff. The list of staff authorized for viewing is limited, need-based restricted, and based on the employee's management area and position responsibilities. Authorization for access to viewing cameras is granted by the Warden. Cameras inside the Restrictive Housing Unit cells which are monitored with live viewing are marked with privacy masks covering the toilet areas with the exception of four cells where the system does not allow this feature. The Warden has issued Camera Procedures/Restrictions by memorandum to address the restricted use of cameras in these four cells which directs that the cell cameras are to be activated by a supervisor if the inmate is placed on mental health/behavior watch or if determined necessary by executive staff. Live view and recorded view access is permitted for specified executive staff. Twelve of the cells do not allow for this privacy masking and no live view is available. Cameras located in the general population bathrooms are not monitored under live view, and the toilet areas are marked with privacy masks. The Restrictive Housing Unit Annex Cells are used for inmates with a documented history of significant self-harm, destabilized mental health, or severe assaultive actions; this Unit has increased supervision including full-time video monitoring, increased staff supervision, and easy access to the medical department designed for the preservation of life. Live view and recorded view access is permitted for designated staff.

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, supported by a statement of fact, and interviews with other random staff, and medical personnel confirmed no searches have been nor ever would be conducted for the sole purpose of determining an inmate's genital status. All staff interviewed confirmed they have received training on how to conduct cross-gender searches and searches of transgender and intersex inmates in a professional and respectful manner when they attended their initial academy training and then a refresher every year during in-service.

115.15(f): The auditor reviewed the curriculum for Pre-Service and Annual Inservice and found each covered a module on search procedures. All staff receives 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 reports from 2020 provided by the Training Coordinator and found that all facility staff attended the annual in-service training which includes the module on searches. The auditor learned during interviews with nine inmates who identified as transgender that searches are conducted professionally and respectfully.

The auditor determines the agency and facility meet all provisions of this standard based on the auditor's review and triangulation of evidence referenced and explained in the above narrative.

115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Evidence Reviewed by Auditor: CPP/14.7; Brochure in Braille; Brochure in Large Print; English & Spanish Awareness Brochures; English & Spanish PREA Posters; Inmate Training Records; Information Collected During Interviews; Interpreter Contract; PREA Documents in Spanish; Inmate Interpreters Memorandum; InterpreTalk Service Instructions; Communicating with Deaf and Hard of Hearing Training Curriculum for Staff; Staff Training Records; 2020 Institutional Inservice Agenda.</p> <p>115.16(a): The agency has established procedures to provide disabled inmates 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. 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 works closely with the staff member designated to coordinate Americans with Disabilities Act (ADA) accommodations for the facility to ensure any special needs can be met when needed. Based on interviews with the PREA Compliance Manager and facility ADA Coordinator, the facility has access to 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. Additional resources available include access to ASL Interpreting Services at http://www.aslinterpretingservices.com or 502-594-5109. There has been no documented incident where the use of ASL services has been requested. A notification from the ADA Coordinator is posted on the bulletin boards of each housing unit explaining the availability and how to access the VRI and Video Relay Service (VRS). 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 and the PREA Brochure is available in Large Print. The auditor observed the availability of all signage and brochures posted during the onsite tour. 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 effective between the staff and each inmate. The facility reported a total of 177 inmates had a hearing disability and each of these inmates are provided an Inmate ID Alert Card to notify staff or others having regular contact with them they may need accommodations for their hearing impairment. The auditor interviewed 5 inmates from this list and found each inmate was able to communicate well with the use of either a hearing aid or combination of hearing and lip-reading and declined the assistance of an interpreter. The auditor also interviewed one inmate with a visual disability and three with a mobility physical disability. All nine inmates interviewed stated they were provided the PREA information in a manner that was understood and accommodations were offered and/or made available where needed, which was further documented in their institutional file.</p> <p>115.16(b): The agency has established procedures to provide inmates with limited English proficiency (LEP) 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.</p>

Based on interviews with the PREA Compliance Manager the facility houses very few inmates who are LEP, however, the facility is prepared to provide interpreting services and/or translation when 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 brochures are published in English and Spanish. The facility utilizes the WellPath contract with LanguageLine 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 the information to be readily accessible to inmates. There were two inmates identified as LEP at the facility during the onsite visit and one was available for interview, while the second was housed on a quarantined unit. The auditor's interviews with LEP inmates were conducted using the InterpreTalk service. The facility has published a step-by-step instructional sheet for staff to use when accessing this system. The auditor's review of two LEP inmate's files indicated the zero-tolerance notification and the PREA education was provided, but only one of the two was documented as having been delivered in Spanish. However, the inmate told the auditor during his interview that he was given the brochure in Spanish and the video was in Spanish. The auditor recommended to the facility staff that specific documentation be made in the inmate files when information is delivered in a language other than English.

115.16(c): CPP/14.7 prohibits the 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. Interview with the PREA Compliance Manager confirms that there have been no requests for an interpreter related to a PREA allegation, education, or responses in the past 12 months, although the service is available should a request be received. 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. Staff interviewed were aware of the interpreting services available and were also aware that inmates cannot be used to interpret for other inmates in matters related to PREA. 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.

The auditor determines the agency and facility meet all provisions of this standard based on the auditor's review and triangulation of evidence referenced and explained in the above narrative; in addition, the agency provides specific training to staff on communicating with the deaf and hard of hearing population annually, which is found to exceed the requirements of this standard.

115.17	Hiring and promotion decisions
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Evidence Reviewed by Auditor: CPP/3.6; CPP/3.1; Background Check Authorization Forms; Employee Applications; Directive on Providing Substantiated Allegations of Former Employee; Personnel Records; Information Obtained from Interviews.</p> <p>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 Human Resources Manager confirmed during her interview that each applicant is asked these specified questions directly during the interview process and the applicant completes the required form including their signature. A criminal background investigation and prior employment checks are conducted prior to being employed and no one will be hired or promoted if found to have engaged in any of the listed activities.</p> <p>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 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. Interview with the agency’s Contract Administrator confirmed that all contracts include PREA language requiring compliance as a condition of the agreement.</p> <p>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 63 new employees were hired who may have contact with inmates and who have had criminal records checks. The auditor reviewed personnel records for 18 randomly selected employees, 12 of them hired or promoted within the past 12 months, as evidence that criminal history checks are conducted on all new employees prior to employment with the agency and on existing employees prior to promotion. For new hires, background checks are done through the Administrative Office of the Courts, NCIC, and FBI and are initiated locally during the application process. The Human Resources Manager also explained her process for tracking requests for all background checks to include new hires, contractors, and existing employees. Promotions are checked as an interim measure at the time of the promotion which does not change the established tracking procedure which is based on the original hire date of the employee. The auditor reviewed the NCIC tracking spreadsheet provided for years 2019-2021 and found it contained the information as described by both the Human Resources Manager and the Internal Affairs Investigator. The</p>

Human Resources Manager confirmed that prior institutional employers are contacted directly to inquire about any prior investigations, terminations, or resignations during an investigation for prospective employees or transfers. Records were reviewed for two employees who worked at a confinement facility prior to employment at LLCC.

115.17(d): CPP/3.6 requires a background investigation to be conducted on all contractors who may have contact with inmates before enlisting services. The facility reports there were five 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 two service contractors randomly selected as evidence that criminal history checks are conducted on contractors prior to enlisted services with the agency, although service contractors are never left unescorted while on the premises. A records review for 11 contract staff (4-WellPath, 1-Aramark, 4-Keefe, 1-Office of Adult Institutions; 1-Ashland University) was conducted by the auditor confirming that background checks are completed on contract employees prior to enlisting their services at the facility.

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 informed that each month a report is run by birth month and all employees and contractors with a birthday in that given month will be submitted to the Internal Affairs Investigator who runs an updated background check. The auditor reviewed the NCIC tracking spreadsheet provided for years 2019-2021 and found it contained recorded checks conducted annually for employees and contractors. Once conducted, the Warden will review any derogatory findings.

115.17(f): CPP/3.1 requires an employee to report to his or her 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 a 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. The 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 29 personnel records 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. Interviews with random staff indicated employees and employee contractors are aware of this duty to report.

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 contains this attestation.

115.17(h): According to the documentation provided by the PREA Coordinator and subsequent interview with her, there is no Kentucky State 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. The Human Resources Manager provided evidence where she responded to a request from a prospective employer about a prior LLCC employee. During interviews with the Human Resources Manager and the Internal Affairs Investigator, it was confirmed that these inquiries are answered upon request as a joint effort between the two of them.

The auditor determines the agency and facility meet all provisions of this standard based on the auditor's review and triangulation of evidence referenced and explained in the above narrative. Additionally, because the facility conducts annual background checks on all employees and contractors, this practice is found to exceed the requirement.

115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed by Auditor: CPP/7.1; PREA Final Report from April 19-20, 2017; Memorandum from PCM; Facility Tour; Information Obtained from Interviews; Listing of Facility's Video Monitoring Cameras.</p> <p>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. Luther Lockett Correctional Complex has had no substantial expansions or modifications since their last audit on April 19-20, 2017. The agency has acquired a new facility and conducted modifications of existing facilities in other locations across the state, and based on the 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 Agency Head.</p> <p>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, Luther Lockett Correctional Complex has made enhancements to its video monitoring systems by adding additional cameras in multiple 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. A 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 352 to 586 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.</p> <p>The auditor determines the agency and facility meet all provisions of this standard based on the auditor's review and triangulation of evidence referenced and explained in the above narrative.</p>

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed by Auditor: CPP/14.7; KSP Evidence Guide; KSP Evidence Protocol Youth; Agency SAFE SANE Availability; Memorandum SAFE/SANE Exams PCM; KSAP MOU 2020-2022; KASAP Regional Map; KASAP and Institutions; Investigations of Sexual Abuse Allegations Statement of Fact.</p> <p>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 and is developmentally appropriate for youth. 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. SANE/SAFE protocols are consistent with the Department of Justice's "A National Protocol for Sexual Assault Medical Forensic Examinations – Adults/Adolescents Second Edition". Luther Luckett Correctional Complex does not house youthful offenders. Auditor's interviews with random staff confirmed they have been trained on protocols for preserving evidence. The auditor's interview with the Internal Affairs Investigator and review of the one investigation case file indicated that uniform evidence protocols are followed and well documented during a sexual abuse investigation.</p> <p>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 the following: 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 Sexual Assault Nurse Examiner (SANE) at the University of Louisville. The examination shall be at no cost to the offender. Interview with the PREA Compliance Manager informs there have been no incidents where inmates have been taken to the University of Louisville Hospital for a forensic exam in the past 12 months.</p> <p>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 Blackburn Correctional Complex is identified as The Center for Women and Families, Louisville 1-844-237-2331. Inmates are informed that these services are available during orientation and through pamphlets, posters prominently displayed on the</p>

housing units and in the facility's inmate handbook. The 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. Investigation case files indicated inmate victims are consistently provided the victim advocacy flyer either by the PREA Compliance Manager or the Internal Affairs Investigator. The auditor found documentation where the inmate victim was provided the Center for Women and Families flyer by the PCM. The auditor placed a phone call to the advocacy group and confirmed that the services outlined in the MOU are in place. Counselors are available 24/7 through the hotline for victims of sexual abuse.

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 communicates regularly when a case is under investigation. There has only been one investigation at the facility that involved KSP, and the case file was documented where the KSP was contacted and assisted with the investigation which is still pending prosecution.

115.21(h): The established MOU provides that the facility always makes a victim advocate from a rape crisis center available to victims, therefore this provision is not applicable.

After analysis and evaluation of the stated evidence, the auditor finds the agency and facility meet all provisions of this standard.

115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed by Auditor: CPP/14.7; PREA Monthly Report Sample; Investigation Case Files; KDOC Website; LLCC Sexual Assault Action Plan; Agency’s Public Website; KSP General Order OM-C-1.</p> <p>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 a criminal investigation to the Kentucky State Police. Based on the auditor’s 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. There are no currently pending cases with the KSP but when a case is referred to the KSP the investigation case files are documented well to indicate a criminal case has been referred and any subsequent correspondence between the agency and the facility. The Kentucky Department of Corrections publishes its policies on their public website as required which can be found at https://corrections.ky.gov/About/Pages/Prison-Rape-Elimination-Act-(PREA). Both the Commissioner and PREA Coordinator emphasized the expectation and requirement for investigating all allegations. Interviews with random staff revealed a clear understanding that all allegations or suspicions of sexual abuse or harassment are to be immediately reported and promptly investigated and investigation files indicated that once staff was made aware they acted promptly and according to the established protocols. The auditor’s review of the 35 allegations reported between May 2020 and April 2021 found that a prompt, thorough, and objective administrative investigation was conducted for each allegation. Administratively all cases were closed as follows: 1-Substantiated, 24-Unsubstantiated, 10-Unfounded. Ten of these cases were referred to KSP for criminal investigation and all were declined.</p> <p>115.22(c): CPP/14.7 and the Luther Lockett Correctional Complex PREA Action Plan collectively define the responsibilities of the agency and the referral of criminal activity to Kentucky State Police (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.</p> <p>The auditor determines the agency and facility meet all provisions of this standard based on the auditor’s review and triangulation of evidence referenced and explained in the above narrative.</p>

115.31	Employee training
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Evidence Reviewed by Auditor: CPP/14.7; Annual Institutional Inservice Curriculum; Institutional Pre-Service Academy Curriculum; Gender Responsiveness Training for Transferred Employees Flyers; Employee Training Records; Information Obtained from Interviews.</p> <p>115.31(a)(c): CPP/14.7 outlines the agency’s training requirements for its employees' Sexual Abuse Prevention and Intervention Programs. All employees must attend Pre-Service Orientation and then Annual In-service every year thereafter. Applicability of this requirement includes full and part-time employees, interim employees, interns, students, volunteers, and contractors. The auditor’s review of the Institutional Pre-Service Academy/AIIS: 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. The auditor’s interview with the Training Coordinator confirmed that all staff and contractors receive the PREA Module training initially upon hire, and annually thereafter; the facility uses a combination of computer-based training and in-person training to deliver this education. New employee orientation includes a full review of the policy binder in addition to completion of assigned online 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.</p> <p>The Training Coordinator provided evidence of rosters and database printouts, as well as a spreadsheet from 2017-2021 confirming that all employees complete in-service training each year and confirmed through interview her method of tracking exceptions. Samples of email correspondence from the Training Coordinator to facility supervisors were provided for review which documented her efforts in identifying employee training needs. The auditor reviewed training records for 29 randomly selected employees (18 staff/11 contract) and found documented evidence training occurs as outlined in the agency policy. This standard only requires refresher training every two years, so the facility is found to exceed the requirement.</p> <p>115.31(b): CPP/14.7 requires training to be tailored to be gender-specific to the facility of each staff member. Luther Lockett Correctional Complex is a male facility, and employees who transfer in from another facility housing a different gender population receive training which is documented by employee signature on the standardized acknowledgment form. The auditor reviewed the Gender Responsive Strategies Training, “PREA Implementation Male Offenders” Flyer, and found the information meets the requirement of this standard. There were no employees who transferred into the facility from a female facility during this audit period.</p> <p>115.31(d): CPP/14.7 requires staff acknowledgment that they understand the training they have received through signature. The auditor’s review of the 29 randomly selected employee training records found signed acknowledgment forms in each file indicating this process is well implemented. Staff interviews conveyed a solid understanding of the agency’s zero-tolerance</p>

policy for sexual abuse and sexual harassment and their first responder duty requirements. They effectively explained the elements contained in the PREA training module consistent with the curriculum reviewed by the auditor. The Training Coordinator is responsible for maintaining training records and tracks both computer-based and classroom training hours through rosters, employee training applications, and spreadsheets.

The auditor determines the agency meets all provisions of this standard based on the auditor's review and triangulation of evidence referenced and explained in the above narrative and the agency exceeds this standard in that refresher training is conducted annually while it is only required every two years.

115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed by Auditor: CPP14.7; Certified Volunteer Training Curriculum; PREA Information for Non-Certified Volunteers & Service Providers; Training Records; Information Obtained from Interviews; Tracking Chart for Health Living Interns; Tracking Chart for Medical & Mental Health.</p> <p>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. As noted in standard 115.31 narrative section Keefe, WellPath, and Aramark contract staff are required to attend the same training as the KDOC employees, and those training records were reviewed and documented within that standard. The Training Coordinator maintains a spreadsheet to track training for contractors has been completed. 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 while in the facility are provided the Kentucky Department of Corrections Volunteer and Contractor Zero-Tolerance Information and Acknowledgement Form for review and signature prior to entering the facility. The auditor reviewed the signed contractor Acknowledgement Statement for two contractors who had recently performed work at the facility. The auditor’s review of the Volunteer Service Orientation/Citizen Involvement Training curriculum found the Orientation Module to contain the agency’s zero-tolerance policy, how to report incidents, professionalism, and facility-specific procedures. Training records were reviewed for two randomly selected volunteers and were found to meet all requirements of this standard, including documented evidence of training through signature on the PREA Training Acknowledgement form. Auditor’s interview with the Chaplain, who is the designated Volunteer Coordinator confirmed that certified volunteers must take the Certified Volunteer Training. This training is delivered at set times throughout the year when needed based on the number of applicants and is delivered by the Chaplain and Training Coordinator. Non-certified volunteers may be approved for entry under special event circumstances, but they are always under the supervision of a staff member or a Certified Volunteer and must complete the Acknowledgement Form indicating they have been informed of the zero-tolerance policy. Due to the current pandemic, there have been no active community volunteers allowed inside the facility and no new community volunteers approved or trained since last March. All community volunteers will be required to update their training once these services resume. The Healthy Lifestyles Program is delivered by nine interns and a supervising instructor as volunteers from Sullivan University and this program in progress and currently active. The auditor was provided with documentation that these volunteers have attended the computer-based PREA Module and signed the required acknowledgment.</p> <p>The auditor determines the agency meets all provisions of this standard based on the</p>

auditor's review and triangulation of evidence referenced and explained in the above narrative.

115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed by Auditor: CPP/14.7; Inmate Training Records/Signed Acknowledgment Forms; Information Obtained from Interviews with Inmates and Intake Staff; PREA Educational Posters (7); Telephone Instructions for PREA Posting; PREA Education Script; Understanding the PREA for Offenders Brochure; Inmate PREA Acknowledgement Forms; LLCC Inmate Handbook 2021-2022; Transfer Movement Memorandums; Comprehensive Training Log.</p> <p>115.33(a)(b): CPP/14.7 requires during orientation at the assessment and classification center of each institution, an 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 is required to 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 are provided 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 Luther Lockett Correctional Complex’s zero-tolerance policy, how to report an incident, prevention of sexual abuse, self-protection, and receiving treatment and counseling. The facility reports that 435 inmates were admitted within the past 12 months, and they all received the Understanding PREA brochure upon arrival and the comprehensive education within 30 days of arrival. The comprehensive training includes showing the “PREA What You Need To Know” video and a facilitator script that is presented by the CTO. Interviews with the PREA Compliance Manager, Unit Administrators, Assistant Unit Administrators, and Classification & Treatment Officers (CTO), confirmed 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 the facility is prepared to accommodate inmates with special needs, and he works closely with the facility’s ADA Coordinator to accommodate any identified needs as situations arise. Of the 35 inmates interviewed, all inmates stated they had received information about PREA.</p> <p>The auditor reviewed 36 inmate training records randomly selected and found that 15 of the 36 reflected inconsistencies with documenting that the inmates had received the comprehensive training within 30 days. Once this issue was identified, the Warden and PREA Compliance Manager immediately implemented a corrective action plan in collaboration with the PREA Coordinator and presented it to the auditor. The plan included: 1) issuance of PREA brochures to all inmates who did not have documentation of their education, 2) delivery of the</p>

PREA comprehensive training video to the entire population, and 3) implementation of a system for tracking all the training required to be provided to the inmate upon and after arrival including the due dates and dates delivered. Since new intakes were just beginning to start the next week, the auditor requested that the facility provide documentation of the inmate training to the new inmates who arrive between the period of April 28 through May 7, 2021.

The facility provided the auditor with documentation of training for the 16 inmates whose files were missing documentation of training. The facility also provided training records for 28 inmates (new arrivals) providing evidence they each received the Understanding the Prison Rape Elimination (PREA) for Offenders brochure and the facility handbook within 24 hours of arrival to the facility and 22 of those had received comprehensive education within 30 days. The remaining six had just arrived and were scheduled for comprehensive education within 30 days as documented on the newly implemented tracking log.

115.33(c): As noted in provisions (b) above, the initial review of inmate files reviewed by the auditor indicated inconsistencies with documenting the inmate's receipt of the comprehensive training. Based on interviews with staff and inmates it was evident that the procedures were in place, however, file documentation was weak for providing the needed evidence. To ensure all inmates have received comprehensive training, the PREA comprehensive training video was successfully delivered to the entire population by May 14, 2021. The PREA Coordinator confirmed that a review of each inmate's file has been conducted to ensure that all files have been documented with evidence of the comprehensive education. The orientation tracking log is now in place and maintained by the PREA Compliance Manager and his backup to ensure timeliness of delivery of the required training information.

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. There were no documented Video Relay Interpretation (VRI) logs to review for use by staff to communicate with inmates. Auditor's interview with the ADA Coordinator revealed there was no inmate currently housed at the facility who uses ASL, therefore there has been no need to use the VRI. The PREA education video has the capacity to be displayed using a closed caption for the hearing impaired. Auditor's interviews with inmates identified as hearing impaired and LEP indicated that they were provided the PREA information in a manner they were able to understand.

115.33(e): CPP/14.7 requires each facility to maintain documentation of participation in offender education. The auditor's review of inmate files found documented evidence of inmate's receipt of the facility handbook and PREA pamphlet through the PREA acknowledgment statement and comprehensive education.

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 the agency's PREA posters, and victim advocacy flyers, prominently posted on bulletin boards, as well as detailed instructions beside the inmate telephones on calling both the internal and external PREA hotline. The agency publishes seven different posters to convey the message which was observed by the auditor throughout the facility and on all housing units. These posters are printed in vivid color and provide constant reminders of the zero-tolerance policy for sexual abuse and sexual

harassment. Interviews with inmates confirmed their awareness of these posters and the information they contain for the prevention of sexual abuse and conveyance of the zero-tolerance message.

The auditor determines the agency and facility meet all provisions of this standard based on the auditor's review and triangulation of evidence referenced and explained in the above narrative.

115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed by Auditor: CPP/14.7; PREA Investigator Training Agenda; Employee Training Records; Agency Trained Investigator Master List; KSP Training Memo; Information Obtained from Interviews.</p> <p>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 35 cases investigated was found to be conducted by a specially trained investigator from the approved list. The auditor interviewed five facility investigators, including the Internal Affairs Investigator, and found all to be knowledgeable on investigative procedures. Each facility has an assigned Internal Affairs Investigator who is designated as the primary investigator.</p> <p>115.34(c): The PREA Coordinator’s office maintains a list of specially trained investigators for the agency. The list indicated there are 22 employees at Luther Lockett Correctional Complex who have received specialized training for conducting sexual abuse investigations in confinement settings. The auditor reviewed training records for the seven investigators who had conducted investigations in the audit period and confirmed that the</p> <p>investigators identified in the investigative files had received the specialized training. Additionally, interviews with five employees identified as trained investigators indicated a thorough knowledge of the investigative procedures and confirmed they received the specialized training, The auditor reviewed a memorandum issued from Kentucky State Police to the Kentucky Department of Corrections confirming 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 guarantees coordination of efforts between the two. The agency has 335 trained investigators statewide, with 22 of them employed at Luther Lockett Correctional Complex.</p> <p>The auditor determines the agency and facility meet all provisions of this standard and exceeds based on the auditor’s review and triangulation of evidence referenced and explained in the above narrative.</p>

115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Evidence Reviewed by Auditor: CPP/14.7; PREA for Medical and MH Training Module; Training Records; Information Obtained from Interviews.</p> <p>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. The training roster was provided to the auditor for evidence of specialized training completion by medical and mental health staff. The facility reports there are 19 medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy.</p> <p>115.35(b): This is not within the scope of services provided by the Luther Lockett Correctional Complex Medical Department. Medical staff interviewed confirmed that they do not conduct forensic examinations.</p> <p>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. Signed acknowledgment forms for all staff indicating the training was completed were presented to the auditor for review. Only one staff has not completed the training due to being on extended leave and the Training Coordinator provided the auditor with documentation showing where the employee is scheduled to complete the training immediately upon return to work. The auditor's interviews with healthcare staff confirmed they have received the specialized training for medical and mental health staff and found them to have a thorough knowledge of policies and procedures and in their responsibilities related to PREA.</p> <p>115.35(d): Medical and mental health practitioners are required to receive the same basic PREA training as all employees as discussed in the 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, the Mental Health Provider, and other medical staff confirmed they have received this training; in addition, randomly selected staff training records were reviewed by the auditor to confirm the basic course was documented.</p> <p>The auditor determines the agency meets all provisions of this standard based on the auditor's review and triangulation of evidence referenced and explained in the above narrative; in addition, this standard is exceeded because the specialized training is conducted annually where the standard only requires it be completed once.</p>

115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed by Auditor: CPP/14.7; KOMS PREA Risk Assessment Blank Form; Samples of Completed Risk Screening Assessment Forms; Inmate Records; Investigation Case Files; Information Obtained from Interviews; Observations during Facility Tour.</p> <p>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. The auditor’s review of 37 inmate files indicated comprehensive documentation to provide evidence the screening is conducted systematically for all inmates arriving at the facility. The auditor’s observations during the site visit indicated that inmates are housed appropriately according to the facility’s risk screening and classification procedures.</p> <p>115.41(b): The auditor’s review of 37 randomly selected inmate files found that the screenings were conducted for 29 inmates within 24 hours, 5 inmates within 72 hours, 2 inmates within 96 hours, and 1 was conducted around the time the PREA Assessment screening process was implemented. The auditor’s observations conclude the initial screening procedures are well implemented. Auditor’s interviews with multiple Classification and Treatment Officers confirmed that the risk screening is usually completed on the first day of the inmate’s arrival but at least no later than 72 hours from arrival. Inmate interviews indicated that the risk screening was conducted shortly after their arrival unless there are unusual circumstances such as the inmate being in a mental health crisis, or displaying violent/uncooperative behavior.</p> <p>115.41(c)(d)(e): 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 form; the 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. Auditor’s interviews with multiple Classification and Treatment Officers and Unit Administrators confirmed that each of the questions listed on the Risk Assessment is evaluated through a combination of direct conversation with the inmate and a review of the inmate’s prior history and institutional record.</p> <p>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. The assessment information is tracked within the computer-based system (KOMS). The auditor’s interviews with Unit Administrators, and Classification and Treatment Officers confirmed that reassessments are conducted within 30 days of the intake screening and documented in the case notes. The auditor’s review of 37 inmate records found documentation of 36 reassessment reviews within 30 days and only one was beyond. The auditor observed documentation indicating the inmate’s risk level is reassessed when</p>

warranted due to a referral, request, incident of sexual abuse, or receipt of additional information bears on the inmate's risk of sexual victimization or abusiveness. Interviews with the PREA Compliance Manager, Classification and Treatment Officers, and Unit Administrators confirmed that at a minimum, all inmates receive a six-month review of their risk level and then any time that new information is available including after an incident of sexual abuse.

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. No inmate has been disciplined for nondisclosure during the screening process. Interviews with staff who conduct risk screening assessments are aware an inmate cannot be discipline for this reason.

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. Inmates interviewed stated the risk screening was conducted in a professional manner and privately. The PREA Compliance Manager advised the auditor that weekly a list of inmates is distributed to management staff to identify those who are at risk for sexual victimization or aggressive sexual behavior so that the work area supervisor can make assignments accordingly and ensure that inmates are appropriately kept separate during programming and education and on their living units. The auditor's interviews with area supervisors indicated that these lists are published and that they are kept confidential and used only for making work assignments. The PREA Coordinator confirmed that Kentucky Offender Management System (KOMS) access rights are handled at the central office level and she must approve any requests for PREA access, thereby protecting sensitive information and ensuring it is able to be accessed only by those parties who need to know. At this facility, access is granted to the PREA Compliance Manager, Unit Administrators, Classification and Treatment Officers, and the Internal Affairs Investigator.

The auditor determines the agency and facility meets all provisions of this standard based on the auditor's review and triangulation of evidence referenced and explained in the above narrative.

115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed by Auditor: CPP/14.7; CPP/14.8; Housing Program Review Forms; PREA High-Risk Inmates Report; Controlled Work Assignment Report; Kentucky Offender Management System (KOMS) Printouts; Memorandum from PCM Use of Screening Information; Memorandum from PCM High-Risk Housing Assignments; Memorandum from PCM Transfer Request; Housing/Program Review Form; Information Obtained from Interviews; Observations during Facility Tour.</p> <p>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. The PREA Compliance Manager explained that when an inmate is determined to be high risk for victimization or high risk for abusiveness, it is the responsibility of the staff member conducting the screening to enter the results into the PREA Risk assessment and inform him and the Unit Administrator. Inmates identified as high risk for sexual abuse and those identified as high risk for aggressive sexual behavior will not be housed in the same cell, nor in close proximity when in the open bay dormitories. KOMS will generate an alert if two inmates are placed too close in proximity in the system to indicate that these inmates should be kept separate due to risk levels or prior conflicts. Bed moves are conducted Monday through Friday by the Unit Administrators on a requested basis. The Unit Administrators look at the precautions of every inmate on the move sheet to see if they have been determined to be at high risk for victimization or abusiveness. Interviews with Unit Administrators, Classification and Treatment Officers, and work area managers confirm that the results from the risk screening instruments are used, along with other classification information collected, and evaluation of inmate needs, to assign housing, work, and programs. The facility's Classification Committee utilizes a Controlled Work Assignment form when considering bed placements, job assignments, or program assignments. This form has a specific section for the PREA Risk Assessment results to be entered where it can be included for consideration of the appropriateness of any assignment. 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 and assists with identifying inmates who need more visual supervision. This list is updated weekly and is not disseminated any more widely among staff to the extent of managing inmate safety. Samples of the PREA High-Risk Inmates Report provided to work area managers were reviewed by the auditor and were found to be comprehensive and provides evidence of a well-established system for using the screening information to keep inmates separated.</p> <p>115.42(c): 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</p>

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; 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 inmate to transfer to a facility of his/her gender identity 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 nine transgender inmates interviewed, none expressed concerns with their placement at this facility, and all indicated Unit Administrators and Classification & Treatment Officers are assessable and available to them if to discuss any needs or issues and that the current Warden has been responsive to needs that have been brought to her attention.

115.42(d)(e): 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 to the PREA Coordinator with her monthly PREA report. The inmate is notified by a 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. The auditor's interviews with 9 transgender inmates confirmed that they meet with their Unit Administrator and/or Classification and Treatment Officer at least twice per year at which time their personal feelings and safety concerns are evaluated and given serious consideration for any warranted adjustments. The 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 a sample of Housing/Program Review forms for 10 transgender inmates and found this procedure to be consistent with requirements and well-implemented at this facility. Based on interviews with staff, it is apparent that the inmate's safety concerns are considered important and taken seriously by all staff.

115.42(f): Luther Lockett Correctional Complex 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. Interviews with transgender inmates indicate that they have privacy when showering and that they are aware that they may obtain authorization to shower during count when no other inmates are present in the bathrooms if they make a request through their Classification and Treatment Officer or the PREA Compliance Manager.

115.42(g): Luther Lockett Correctional Complex has no dedicated units or wings solely for inmates identified and confirmed by observation of the auditor during the on-site tour and an analysis of the inmate roster by housing unit. Interviews with eleven

Transgender/Gay/Bisexual inmates confirmed they are well integrated into the general population and expressed no safety or health problems related to their placement. Staff interviewed confirmed that transgender inmates may live anywhere on the Complex and that there are no dedicated units.

The auditor determines the agency and facility meet all provisions of this standard based on the auditor's review and triangulation of evidence referenced and explained in the above narrative.

115.43	Protective Custody
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1445 405">Evidence Reviewed by Auditor: CPP/14.7; CPP/14.8, CPP/10.2; Memorandum Protective Custody; Information Obtained from Interviews; Observations During Tour.</p> <p data-bbox="252 445 1481 902">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 are no available alternatives to separate from likely abusers. CPP/14.7, CPP/14.8, and CPP/10.2 allow 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 CFR §115.43. Of the inmates interviewed, four were housed in the Restrictive Housing Unit (RHU) but none were there for protection from sexual victimization, all were self-disclosed disciplinary related.</p> <p data-bbox="252 943 1465 1106">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.</p> <p data-bbox="252 1146 1481 1565">115.43(c): Luther Lockett Correctional Complex has not placed an inmate in involuntary segregated housing within the audit reporting period as documented by a memorandum from the PREA Compliance Manager and discussed during his interview. Additionally, a review of the case files further confirmed that inmates who alleged sexual abuse were not placed in segregated housing involuntarily for protection. After interviewing officers, supervisors, and case managers who work the RHU, the Warden, Deputy Warden, Major, and PREA Compliance Manager the auditor is confident that staff makes every effort to provide safe housing for inmates at high risk without resorting to the use of involuntary segregated housing. High-risk inmates interviewed confirmed they had never been placed in segregation to keep them separate from likely abusers against their will.</p> <p data-bbox="252 1606 1461 1939">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.</p> <p data-bbox="252 1980 1449 2096">The auditor determines the agency and facility meet all provisions of this standard based on the auditor's review and triangulation of evidence referenced and explained in the above narrative.</p>

115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed by Auditor: CPP/14.7; CPP/3.22; PREA Posters; Inmate PREA Brochure; PREA Notice by Phones; Investigative Files; Inmate Records; Staff Reporting Hotline Poster; Agency Memo Civil Immigration; PREA 3rd Party Reporting Poster; Inmate Handbook; Telephone Systems Test; Tour of Facility; Information Obtained During Interviews with Staff and Inmates.</p> <p>115.51(a): 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. The 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. Inmates are informed through the various mediums described above that they may report abuse or harassment verbally, in writing, or through a third party, by having a family member or friend report on their behalf, and that they may remain anonymous in their report if they choose to. Reports can be made from the inmate telephones to the PREA hotline using * 7732-speed dial and no PIN is required which means they can remain anonymous. The PREA Hotline Phone Card containing instructions for accessing the internal and external hotline is printed and posted next to the inmate phones on each housing unit. A total of 19 calls were placed using the PREA Hotline. Test calls made by the auditor to the hotline from the inmate phone system were forwarded to the agency’s PREA Coordinator within a couple of hours on the same day after the call was made. Inmates were able to articulate a variety of ways to make a report of sexual abuse or sexual harassment during the interviews and they understood clearly that the Luther Lockett Correctional Complex takes sexual abuse and sexual harassment allegations seriously. Many of the inmates used the poster slogan “No Means No, and Yes Is Not Allowed” when asked about the zero-tolerance policy. PREA case files indicate methods used to report an allegation were verbal, in writing, and use of the hotline.</p> <p>115.51(b): Inmates may report abuse or harassment to a public entity outside of the Department of Corrections directly to the Justice and Public Safety Cabinet, internal Investigations Branch by dialing * 5532-speed dial or in writing at 125 Holmes Street, Frankfort, KY 40601. No PIN is required when placing these calls which means the caller may remain anonymous if he chooses. Test calls made by the auditor to the hotline from the inmate phone system were forwarded directly to the agency’s PREA Coordinator within the day and the investigator called the auditor directly at the facility to report having received the calls. During this call, the auditor confirmed that an inmate may remain anonymous when making a report to this line if he chooses. The Kentucky Department of Corrections does not detain inmates solely for civil immigration purposes, confirmed by agency memorandum.</p> <p>115.51(c): Random staff interviewed were knowledgeable about their responsibility to accept reports of sexual abuse and harassment if made verbally, in writing, anonymously, or by a third party. Staff was also aware of the multiple ways an inmate may make a report, and this information is provided during pre-service and in-service training. PREA case files indicated reporting protocols were followed by staff when they learned of an allegation.</p>

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 & Public Safety Cabinet's Internal Investigations Branch. Staff is 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 method that may be used to make a private report of misconduct.

The auditor determines the agency and facility meet all provisions of this standard based on the auditor's review and triangulation of evidence reference and explained in the above narrative.

115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed by Auditor: CPP/14.6; Statement of Fact; Grievance Activity Log; Information Obtained from Interviews.</p> <p>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 an interview with the PREA Compliance Manager and PREA Coordinator. Grievance Activity Logs indicate there were 1049 grievances filed in the past 12 months and none of them were alleging sexual abuse or sexual harassment.</p> <p>The auditor determines the agency and facility meet all provisions of this standard based on the auditor’s review and triangulation of evidence referenced and explained in the above narrative.</p>

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed by Auditor: CPP/14.7; KASAP MOU & Regional Map; Information Obtained from Interviews; The Center for Women and Families Poster; Facility Tour; PREA Case Files.</p> <p>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 and Families is the local service provider for the Luther Lockett Correctional Complex. This agreement provides that sufficient confidentiality will be maintained according to KRS 211.608 between a counselor and inmate victims. Inmates are notified during orientation, through the facility handbook, and on signage near the inmate telephones that all calls are subject to monitoring and/or recording. Inmates are provided instructions on how to contact The Center for Women and Families in the facility handbook, during orientation as part of the PREA training, availability of KASAP flyers, and 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 advocacy services on the designated acknowledgment 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 Local 24-Hour Help Line at 1-844-237-2331 or the National 24-Hour Help Line at 1-800-656-4673 to talk to a counselor or write to the program directly at P.O. Box 2048, Louisville, KY,40201. 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 and Families who confirmed the service availability, and that there had been no complaints against Luther Lockett Correctional Complex brought to their attention in the past 12 months. The auditor was also informed by the PREA Coordinator that KASAP has expanded its 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 flyer during every investigation, either by the investigator or the PREA Compliance Manager. Interviews with 35 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. PREA case files indicate one inmate requested and received outside services.</p> <p>The auditor determines the agency and facility meet all provisions of this standard based on the auditor’s review and triangulation of evidence referenced and explained in the above narrative.</p>

115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed by the Auditor: PREA Hotline Poster for 3rd Party Reports; PREA Hotline Poster for Staff; Agency Website; Information Obtained from Interviews; PREA Case Files; Observations During Facility Tour.</p> <p>115.54(a): The agency has established a method to receive third-party reports of sexual abuse and sexual harassment by providing a toll-free PREA Hotline 1-833-362-PREA (7732) and callers may remain anonymous. This information is posted on the agency's public website. Posters containing this information are posted throughout the facility in areas where inmates and visitors have access and are published in both English and Spanish. This number is also available for staff to privately report and posted on staff bulletin boards. Interviews with inmates confirmed they are aware they can have a family member or friend make a report of sexual abuse, sexual harassment, or retaliation on their behalf.</p> <p>The auditor determines the agency and facility meet all provisions of this standard based on the auditor's review and triangulation of evidence referenced and explained in the above narrative.</p>

115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed by Auditor: CPP/14.7; CPP/3.22; Investigation Case Files; Interviews with Inmates and Staff; Staff Training Curriculum.</p> <p>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 through interviews and review of the investigative files that Luther Lockett Correctional Complex staff adhere to this requirement. Interviews with inmates who reported allegations further confirmed that staff takes immediate action once a PREA allegation is made known to them.</p> <p>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. The policy expresses that 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 interviews with random staff indicated they understand this requirement and that they are aware of the consequences of not treating this information confidentially.</p> <p>115.61(c): Medical and mental health staff interviewed by the 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 also advised of these limitations verbally at the time of treatment.</p> <p>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 the Kentucky Department of Corrections under the Adult Protection Act, KRS 209.010-209.150, as documented by a memorandum from DHR; complaints of this nature will fall under the referral for criminal investigation. This facility is not authorized to house youthful offenders. Auditor’s interview with the PREA Coordinator confirmed that her office would provide guidance to a designated facility to ensure that The Cabinet for Health and Family Services was contacted if sexual abuse occurred involving an offender under the age of 18. The PREA Compliance Manager provided a memorandum and discussed during his interview that there are no inmates under the age of 18 housed at the facility and that no inmates who were involved in a sexual abuse allegation were deemed to be vulnerable adult status.</p> <p>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. One of the 35 cases investigated was reported by a third-party reporter. The auditor’s review of the</p>

investigation case files documented an immediate forwarding of all allegations to the facility's investigator regardless of the reporting method.

The auditor determines the agency and facility meet all provisions of this standard based on the auditor's review and triangulation of evidence referenced and explained in the above narrative.

115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed by Auditor: CPP/14.7; Information Obtained from Interviews; Personal Observations.</p> <p>115.62(a): 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 an inmate who is at substantial risk of imminent sexual abuse. In the past 12 months, there have been no cases where the facility determined that an inmate was subject to a substantial risk of imminent sexual abuse. In cases where inmates reported that concerns for their safety, staff actions were consistent with this requirement. The auditor’s review of the 35 completed investigations found that in all cases, the alleged victim and alleged perpetrator were immediately separated to ensure the protection of the victim. There were no substantiated cases involving an allegation of a threat of imminent sexual abuse, although two cases were investigated where inmates reported harassment concerns which were promptly investigated. The auditor’s interview with the Warden confirmed that upon learning that an offender is subject to substantial risk, the facility will take immediate action to protect the victim from the perpetrator, including separating them through bed moves and/or a transfer if necessary. During the interview with the Commissioner, she explained to the auditor that staff are not only authorized but are 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 takes sexual safety very seriously and it was conveyed to the auditor that if they reported a problem, including a threat of sexual abuse, that staff would take immediate action to protect them.</p> <p>The auditor determines the agency meets all provisions of this standard based on the auditor’s review and triangulation of evidence referenced and explained in the above narrative.</p>

115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed by Auditor: CPP/14.7; Information Obtained from Interviews; Investigation Case Files; Memorandum of Fact.</p> <p>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. There were no allegations received by the facility that an inmate was abused while confined at another facility during the audit period. 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.</p> <p>115.63(d): CPP/14.7 requires the facility to investigate all allegations received from other facilities. The auditor reviewed two investigations that were reported by another facility that allegedly occurred while the inmate was housed at Luther Luckett Correctional Complex. Based on interviews with the PREA Compliance Manager, Internal Affairs Investigator, and Warden and review of these investigations, these allegations received from another facility are promptly, thoroughly, and objectively investigated.</p> <p>The auditor determines the agency and facility meet all provisions of this standard based on the auditor's review and triangulation of evidence referenced and explained in the above narrative.</p>

115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed by Auditor: CPP/14.7; Information Obtained from Interviews; Investigation Case Files.</p> <p>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 the 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. The auditor's Interviews with security and non-security staff confirm extensive knowledge about their requirements as first responders and all are provided with a first response pocket card as a reminder of the steps to follow. In the past 12 months, the facility received 23 allegations that an inmate was sexually abused. Of these 23 allegations, 12 had security staff as the first responder and the investigation case files were documented clearly that the victim and perpetrator were separated immediately and appropriately. Of the 23 allegations, 21 were reported within a time period that allowed for the collection of physical evidence and in 15 of these cases the first security staff member to respond preserved and protected the crime scene until evidence could be collected. Of these 23 allegations, 11 had non-security staff as the first responder and in 8 cases the staff member requested that the victim non take any actions that could destroy physical evidence; and in all 11 the staff member notified security. All files documented collection of circumstantial evidence, where obtainable. Staff was found to follow protocols according to the established requirements in all 23 abuse investigations.</p> <p>The auditor determines the agency and facility meet all provisions of this standard based on the auditor's review and triangulation of evidence referenced and explained in the above narrative.</p>

115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed by Auditor: LLCC Sexual Assault Plan; Information Obtained from Interviews; Investigative Files.</p> <p>115.65(a): The auditor was provided a copy of the Luther Lockett Correctional Complex Sexual Assault Plan that provides step-by-step instructions for coordinating actions among staff first responders, shift supervisors, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse at this facility. The auditor discussed the Sexual Assault Plan with the Warden during her interview and found that she reviews this plan annually to ensure it is kept current with the most recent information and that it is adapted from the CPP/14.7. The plan is well laid out and detailed and lists The University of Louisville Hospital as the local hospital as the designated location for the collection of forensic evidence and a medical examination by a SAFE/SANE medical professional; the Center for Women and Children as the contact if the inmate requests an advocate; and the Kentucky State Police is listed as the agency responsible for conducting the criminal investigation. Phone numbers and specific points of contact are listed in the plan. Interviews with staff confirmed 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 the hospital confirmed their capacity to receive and treat inmate victims of sexual abuse from Luther Lockett Correctional Complex and that the hospital has trained sexual assault nursing examiners on staff.</p> <p>The auditor determines the agency and facility meet all provisions of this standard based on the auditor’s review and triangulation of evidence referenced and explained in the above narrative.</p>

115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed by Auditor: CPP/3.22; Statement of Fact; Information Obtained from Interviews.</p> <p>115.66(a): Kentucky Department of Corrections has no collective bargaining power and therefore no limitations in their ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or a determination of whether and to what extent discipline is warranted. CPP/3.22 establishes that during the course of an investigation, the accused staff may be temporarily reassigned and or placed on special investigative leave. Compliance with this standard was confirmed during interviews with the Commissioner and PREA Coordinator.</p> <p>The auditor determines the agency and facility meet all provisions of this standard based on the auditor’s review and triangulation of evidence referenced and explained in the above narrative.</p>

115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed by Auditor: CPP/14,7; CPP/3.22; Memorandum of Assignment; Completed Protection Against Retaliation Forms; Investigation Case Files; Information Obtained from Interviews.</p> <p>115.67(a-e): The agency has 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 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. Interviews with staff confirmed that they are aware of the zero-tolerance for retaliating against anyone who reports sexual abuse/harassment or who cooperates in the investigation. Based on the Memorandum of Assignment and interview with the Warden, the PREA Compliance Manager is the designated staff member charged with monitoring retaliation at Luther Lockett Correctional Complex. 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, of alleged staff or inmate abuser from contact with the victim, emotional support services, and any other means necessary. Monitoring efforts include a review of any disciplinary reports, housing unit changes, program changes, work assignments or negative reports, and any other activity deemed relevant by the Retaliation Monitor. There were no staff members who required retaliation monitoring during the reporting period and according to the PREA Compliance Manager, any staff retaliation monitoring would be done by the Internal Affairs Investigator. Based on an interview with the PREA Compliance Manager and review of the completed monitoring forms 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. Retaliation monitoring is a well-implemented process here at Luther Lockett Correctional Complex. Interviews with inmates indicated staff response to safety concerns are taken seriously and acted upon promptly. Of the 35 allegations reported within the past 12 months, 16 inmates were monitored for retaliation from 19 separate cases, and completed Protection Against Retaliation Forms were provided to the auditor as evidence for review. In all these cases, monitoring began on the date the allegation was reported and continued for at least 90 days, unless the allegation was unfounded after investigation or if the inmate released from custody. Meaningful notes were documented in the comments by the staff member conducting the monitoring. Based on Commissioner's interview, the agency has a zero-tolerance for any retaliation and when it is suspected or confirmed, appropriate and swift action will be taken.</p> <p>The auditor determines the agency and facility meet all provisions of this standard based on the auditor's review and triangulation of evidence referenced and explained in the above narrative.</p>

115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed by Auditor: CPP10.2; Memorandum for 115.68; Information Obtained from Interviews; Observations during Facility Tour; Investigation Case Files.</p> <p>115.68(a): Based on an interview with the Warden and the PREA Compliance Manager, there have been no incidents at Luther Lockett Correctional Complex during the audit period of an alleged victim of sexual abuse or sexual harassment 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 (RHU). Auditor’s analysis of information as explained in the §115.43 narrative of this report along with a review of the 35-investigation case files and results of related interviews. Interviews with inmates who had served time in the RHU and who had reported a PREA allegation during the reporting period confirmed that they were not placed in segregation for risk of victimization or for involuntary protective custody.</p> <p>The auditor determines the agency and facility meets all provisions of this standard based on the auditor’s review and triangulation of evidence referenced and explained in the above narrative.</p>

115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed by Auditor: CPP/14.7; Records Retention Schedule; Investigation Case Files; Information Obtained from Interviews; List of Trained Investigators; Staff Training Records.</p> <p>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. The auditor’s review of the 35 investigation case files found investigations were conducted promptly, thoroughly, and objectively. 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.</p> <p>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 facility has 22 trained investigators, and each of the investigations reviewed by the auditor was conducted by a specially trained investigator. Criminal investigations are conducted by the Kentucky State Police (KSP). The facility provided a Memorandum from Kentucky State Police confirming all Troopers receive training in sexual abuse investigations during basic training, which is consistent with the requirements of §115.34.</p> <p>115.71(d): Internal Affairs Investigators are trained in Garrity but only use it in consultation with the Kentucky State Police once a case has been determined criminal. This was confirmed during the auditor’s interview with the Internal Affairs Investigator and based on documentation reviewed in the investigation case files.</p> <p>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 35 investigation case files reviewed indicated no truth-telling devices were used during the investigation, and this was further confirmed through interviews with facility investigators and inmates who reported PREA allegations.</p> <p>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 35 investigation case files found them to be thoroughly documented as required by</p>

provisions (f) and (g). Interview with the Warden and the Internal Affairs Investigator confirmed that cases are reviewed to identify if any staff actions or inactions contributed to abuse findings.

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 Luther Lockett Correctional Complex where supporting evidence is obtained. The auditor's interviews with the Warden, Internal Affairs Investigator, and PREA Coordinator confirmed eligible cases are presented for prosecution. Ten cases that were deemed potentially criminal in nature were referred to the KSP, and all were declined for investigation by the agency. The one substantiated case of sexual abuse was referred by the facility for prosecution but was declined.

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 an 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. There were no allegations of sexual abuse against staff, contractors, or volunteers during the audit period.

115.71(l): The auditor's review of the investigation files found clearly documented communication between Luther Lockett Correctional Complex and the KSP regarding the status of the forensic evidence analysis and the status of the agency's decision to investigate the case. 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 facility's contact person for the criminal investigator and works closely with KSP throughout that process. The PREA Coordinator's office monitors the progress of all investigations on a continuous basis.

The auditor determines the agency and facility meet all provisions of this standard based on the auditor's review and triangulation of evidence referenced and explained in the above narrative.

115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed by Auditor: CPP/14.7; Information Obtained from Interviews; Investigation Case Files.</p> <p>115.72(a): 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 35 investigation case files found the investigative summaries were clearly documented to support preponderance of the evidence was used to determine the disposition for each investigation, and one of the cases was found substantiated. Interviews with facility investigators confirmed this is the evidentiary standard used.</p> <p>The auditor determines the agency and facility meets all provisions of this standard based on the auditor’s review and triangulation of evidence referenced and explained in the above narrative.</p>

115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed by Auditor: CPP/14.7; Offender Notification and Investigation Form; Investigation Case Files; Information Obtained from Interviews.</p> <p>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 review of the 23 abuse cases found that the inmate was notified of the disposition in 22 out of 23 cases. One inmate had released from custody prior to the case being closed. During the audit period, no inmate or staff was prosecuted, nor has any staff been terminated as a result of a sexual abuse allegation. The auditor further confirmed through an interview with the PREA Compliance Manager that the inmate is notified of the disposition upon completion of the investigation.</p> <p>The auditor determines the agency and facility meet all provisions of this standard based on the auditor’s review and triangulation of evidence referenced and explained in the above narrative.</p>

115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed by Auditor: CPP/3.22; Statement of Fact; Information Obtained from Interviews; Investigative Files.</p> <p>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 resulted in termination if not for the resignation, shall be reported to the Kentucky State Police (KSP). Interviews with the PREA Coordinator and Internal Affairs investigator confirmed that once the investigation is turned over to the KSP, the determination for forwarding for prosecution will be at the discretion of the KSP based on the evidence obtained during the investigation and will not be deterred if the employee resigns or is terminated. 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. The auditor's interview with the PREA Compliance Manager and supported by written memorandum informed that there have been no PREA Investigations within the last 12 months where disciplinary action or termination of staff or contract staff was necessary. He explained that staff at Luther Lockett Correctional Complex are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies and that termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse. Interviews with the Warden, Internal Affairs Investigator, and Human Resources Manager further confirmed no staff have received disciplinary action for violation of these policies within the past 12 months. Interviews with random staff indicated widespread knowledge that violation of these policies can result in termination from employment.</p> <p>The auditor determines the agency and facility meet all provisions of this standard based on the auditor's review and triangulation of evidence referenced and explained in the above narrative.</p>

115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed by Auditor: CPP/3.22; Memorandum from PCM; Information Obtained from Interviews; Investigation Case Files.</p> <p>115.77(a-b): 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 her interview. There have been no volunteers or contractors who were found to have violated the sexual abuse/harassment policies during the past 12 months.</p> <p>The auditor determines the agency and facility meet all provisions of this standard based on the auditor's review and triangulation of evidence referenced and explained in the above narrative.</p>

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed by Auditor: CPP/4.7; CPP/15.2; Information Obtained from Interviews; Investigation Case Files; Disciplinary Report.</p> <p>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 an interview with the PREA Compliance Manager through the interview, there has been one inmate who has received disciplinary action as a result of a PREA violation in the past 12 months after the investigation concluded with a substantiated finding.</p> <p>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 upon 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 provider confirm this consideration is weighed when sanctions are determined. Interview with the Warden further confirmed that mental health staff is consulted regarding an inmate’s ability to be held accountable for the alleged behavior.</p> <p>115.78(d): Luther Lockett Correctional Complex 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 mental health provider confirmed that known abusers will be evaluated and offered treatment options where indicated. Interviews with the Warden, Unit Administrators, and Case Managers confirmed that inmates are encouraged to pursue avenues to address and correct underlying reasons or motivations for abusive behavior. The facility offers many programs for inmates to work on behavior modification.</p> <p>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 there have been no cases involving a staff member with an inmate in the past 12 months therefore no inmate has received disciplinary action for sexual involvement with a staff member.</p> <p>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</p>

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.

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

The auditor determines the agency and facility meet all provisions of this standard based on the auditor's review and triangulation of evidence referenced and explained in the above narrative.

115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed by Auditor: CPP/14.7; Examples of Risk Assessments; Documented Referrals; Informed Consent Forms; Information Obtained from Interviews.</p> <p>115.81(a)(b): 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 documented referrals to the mental health practitioner for inmates who reported prior sexual abuse and whose charges indicated a sexual perpetrator; a referral to mental health was made and the inmates received an appraisal by the mental health provider within a period not exceeding 14 days. Interviews with the Mental Health Provider confirmed inmates are seen based on the urgency of the situation, sometimes the same day, but no later than 14 days after receiving a referral by staff. Inmates interviewed who were listed as having reported prior victimization during screening confirmed that they were offered mental health services and the time of the screening. Auditor concludes this process is well implemented at the facility.</p> <p>115.81(c): Luther Luckett Correctional Complex is a prison therefore this provision is not applicable.</p> <p>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-know access basis and is controlled by position-level rights. This information was confirmed through interviews with the Warden and PREA Coordinator. Information obtained during an assessment or delivery of treatment by 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 Mental Health Provider, Health Services Administrator and other medical staff confirmed strict confidentiality is observed in accordance with the requirements of this policy except for the mandatory requirement to report an incident.</p> <p>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 prior sexual victimization that did not occur in a facility. The auditor's interview with the Mental Health Provider, 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. The facility obtains a signed Informed Consent form from</p>

each inmate upon arrival to the facility; in addition, the provider notifies the inmate verbally of the extent of confidentiality at the onset of an interview. The auditor reviewed a signed Informed Consent to Accept Psychological Services and PREA is listed as one topic that the inmate is informed must be reported by the practitioner.

The auditor determines the agency and facility meet all provisions of this standard based on the auditor's review and triangulation of evidence referenced and explained in the above narrative.

115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed by Auditor: CPP/14.7; Information Obtained from Interviews; Medical Assessment Forms; Investigation Case Files.</p> <p>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 Luther Lockett Correctional Complex 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 Mental Health Provider. 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 for a forensic medical sexual assault examination. 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. Medical staff indicated that they call ahead to inform the hospital that a forensic exam is needed so the on-call person can be dispatched if there are none on shift at the time. The auditor's review of the 35 investigation case files indicated inmates are taken to medical immediately after an allegation of sexual abuse occurs and/or is reported. The alleged victim is always evaluated by medical and mental health. In cases where a forensic medical exam was warranted (9), the files are documented well to delineate the timeline of events.</p> <p>115.82(b): Luther Lockett Correctional Complex has 24/7 medical coverage. In the event of a sexual abuse incident, 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 mental health provider by the shift supervisor with details of the incident. The auditor's review of the investigation case files documents immediate separation of the alleged victim from the perpetrator upon learning of an allegation where separation was warranted based on the circumstances of the allegation. Interviews with random staff and first responders indicate full knowledge of the requirement to separate the victim and perpetrator and to ensure the appropriate medical and mental health practitioners are notified in the event of a sexual abuse incident. The auditor's review of 35 investigative files documented clearly where the alleged victim and alleged perpetrator were separated.</p> <p>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. Of the investigation case files reviewed, nine required access to emergency medical treatment, crisis intervention, emergency contraception, or sexually transmitted infection prophylaxis during the audit period. The auditor reviewed documentation in these case files to indicate the inmate was offered timely information about and timely access to emergency sexually transmitted infections prophylaxis where medically appropriate.</p>

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. Auditor reviewed records of four inmates who received an evaluation after an allegation and found that they were not charged a fee for the visit. None of the alleged inmate victims were charged for medical services related to their allegation of sexual abuse, regardless of whether they cooperated with the investigation or named their abuser.

The auditor determines the agency and facility meet all provisions of this standard based on the auditor's review and triangulation of evidence referenced and explained in the above narrative.

115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed by Auditor: CPP/14.7; Information Obtained from Interviews; PREA Risk Assessments; Medical and Mental Health Follow-up Records; Investigation Case Files; Inmate Records.</p> <p>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 Luther Luckett Correctional Complex Medical Department are consistent with the community level of care. Interviews with the Mental Health Provider, 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. There were nine allegations investigated that involved inmate victims of sexual abuse that required access to emergency medical and mental health services during the audit period. Interviews with inmates who reported sexual abuse or harassment allegations confirmed that they were seen by a medical and mental health provider after reporting the incident. These nine inmates were taken to the University of Louisville Hospital for treatment and a forensic medical exam and two refused upon arrival to the hospital. Investigation case files reviewed indicated inmate victims were offered tests for sexually transmitted infections when medically appropriate.</p> <p>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. Luther Luckett Correctional Complex is a male facility therefore these provisions are not applicable.</p> <p>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. After an inmate victim returns from the hospital for an examination and/or treatment he is cleared by the Medical Department before returning to the general population at which time an assessment of continuation of care is evaluated and discussed with the inmate. In addition to services provided by the facility staff, inmates are eligible to receive follow-up crisis counseling by phone and three in-person sessions with The Center for Women and Children 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. Interviews with inmates who reported allegations of sexual abuse or harassment confirmed they were provided and/or offered continued treatment after reporting the incident at no cost.</p> <p>115.83(h): CPP/14.7 requires mental health practitioners to attempt to conduct an evaluation of 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</p>

auditor's review of the investigative files confirms that the facility has had one inmate-on-inmate abusers identified during the audit period. This inmate was referred to mental health for evaluation and the inmate was offered treatment. The auditor's interview with the Mental Health Provider 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. All medical and mental health staff interviewed were thoroughly familiar with the protocols used in responding to an incident of sexual abuse. Of the 35 allegations which have been reported within the past 12 months, 23 were abuse and 22 were 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. Inmates are released with a 30-day supply of medication and resources for follow-up care in the community.

The auditor determines the agency and facility meet all provisions of this standard based on the auditor's review and triangulation of evidence referenced and explained in the above narrative.

115.86	Sexual abuse incident reviews
	<p data-bbox="252 170 928 203">Auditor Overall Determination: Exceeds Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1385 405">Evidence Reviewed by Auditor: CPP/14,7; Investigative Files; Sexual Abuse Incident Review (SAIR) Reports; Information Obtained from Interviews; Personal Observations.</p> <p data-bbox="252 443 1469 734">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. The PREA Compliance Manager is relatively new in his role and has only initiated one incident review since he assumed these duties although he was able to explain the full scope of the incident review process. The auditor’s review of the 35 closed case files found incident reviews were required for 14 cases and all were completed within 30 days after the investigation closed.</p> <p data-bbox="252 772 1485 1149">115.86(c): Luther Luckett Correctional Complex review team consists of the PREA Compliance Manager, Upper-Level Management, Line Supervisors, Internal Affairs Investigator, Medical/Mental Health Practitioner, and other relevant staff. The auditor interviewed three staff who participate on the incident review team and the PREA Compliance Manager and found them all to be knowledgeable about the process. Members stated they meet either in person or virtually to review each case and everyone has input into the review decisions. Interview with the Warden and Deputy Warden of Security confirmed that the recommendations made through the Sexual Abuse Incident Review (SAIR) process are seriously considered and implemented where feasible.</p> <p data-bbox="252 1187 1477 1736">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 the 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.</p> <p data-bbox="252 1774 1473 1982">The standardization of the process by the agency’s PREA Coordinator’s Office through the 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.</p> <p data-bbox="252 2020 1473 2141">The auditor determines the agency and facility meet all provisions of this standard based on the auditor’s review and triangulation of evidence referenced and explained in the above narrative; in addition, the agency is determined to exceed based on the implementation of the</p>

standardized SAIR reporting process.

115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed by Auditor: CPP/14.7; KOMS Screenshot; Facility Monthly Report; 2019 PREA Statistical Report; 2019 SSV-2.</p> <p>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 the auditor a copy of the February 2021 report submitted to the PREA Coordinator’s office as a sample to review.</p> <p>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.</p> <p>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 an 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.</p> <p>The auditor determines the agency and facility meet all provisions of this standard based on the auditor’s review and triangulation of evidence referenced and explained in the above narrative.</p>

115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed by Auditor: 2019 PREA Annual Report; 2019 PREA Statistical Report; Agency Website; Information Obtained During Interviews with Agency Head, PREA Coordinator, and PREA Compliance Manager.</p> <p>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 confirmed that she and her team make regular use of the incidence data collected and are in constant motion for improving the agency’s PREA programs. She meets with the PREA Compliance Managers as needed, both in person and virtually, to discuss any problem areas and to provide ongoing training. The KOMS provides a mechanism for regular data analysis from multiple perspectives on a micro and macro basis.</p> <p>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 on 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.</p> <p>The auditor determines the agency and facility meet all provisions of this standard based on the auditor’s review and triangulation of evidence referenced and explained in the above narrative.</p>

115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: CPP/14.7; 2019 PREA Annual Report; Website; 2019 PREA Statistical Report; Records Retention Schedule, Information Obtained from Interviews; Facility Tour.</p> <p>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.</p> <p>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 on the agency’s public website. This public report contains no information that requires redacting.</p> <p>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.</p> <p>The auditor determines the agency and facility meet all provisions of this standard based on the auditor’s review and triangulation of evidence referenced and explained in the above narrative.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed by Auditor: Observations During Site Visit; Interview with PREA Coordinator; Interview with Mailroom Supervisor; Interviews with Inmates; Amended 2021 Compliance Visit Schedule.</p> <p>115.401(a): Kentucky Department of Corrections ensures that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once. The KDOC operates 13 facilities and contracts with private organizations for 28 facilities.</p> <p>115.401(b): Kentucky Department of Corrections is in the second year of the current audit cycle. During an 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 the scheduling of these audits at their earliest possible date. The audit schedule provided to the auditor indicates by end of year two the agency projects to be back on track, having two-thirds of the facilities audited. 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.</p> <p>115.401(h)(i): The auditor was allowed access to all areas of the facility and had the ability to observe all processes. 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 Luther Luckett Correctional Complex. All documentation and information requested were promptly provided to the auditor in either paper or electronic format.</p> <p>115.401(m): The auditor selected all inmates to be interviewed and all were permitted to interview. One inmate refused to participate in the interview but was brought to the auditor to decline. The facility provided private and comfortable settings throughout the facility for interviews to be conducted. Most interviews were conducted in the no-contact visitation area due to observing pandemic protocols, and the interviews in the RHU were conducted in a private office within the unit while observing protocols. Staff interviews were conducted in the Administration Building conference room.</p> <p>115.401(n): During the on-site tour the auditor observed 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. One letter was received by the auditor and the auditor interviewed the inmate as had been requested in the correspondence. Inmates interviewed indicated they were aware of the PREA audit and that they were permitted to correspond with the auditor.</p>

The auditor determines the agency and facility meet all provisions of this standard based on the auditor's review and triangulation of evidence referenced and explained in the above narrative.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor's review of the agency's public website finds the Final Audit Reports have been published in accordance with §115.403.

Appendix: Provision Findings		
115.11 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	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
115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	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
	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
115.12 (a)	Contracting with other entities for the confinement of inmates	
	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
115.12 (b)	Contracting with other entities for the confinement of inmates	
	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
115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for	yes

	adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	
	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
	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
	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
	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
	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
	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
	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
	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
	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
	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
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes

115.13 (b)	Supervision and monitoring	
	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
115.13 (c)	Supervision and monitoring	
	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
	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
	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
115.13 (d)	Supervision and monitoring	
	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
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	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
115.14 (a)	Youthful inmates	
	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).)	na

115.14 (b)	Youthful inmates	
	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).)	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).)	na
115.14 (c)	Youthful inmates	
	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).)	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).)	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).)	na
115.15 (a)	Limits to cross-gender viewing and searches	
	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
115.15 (b)	Limits to cross-gender viewing and searches	
	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.)	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.)	na
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	na

115.15 (d)	Limits to cross-gender viewing and searches	
	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
	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
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	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
	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
115.15 (f)	Limits to cross-gender viewing and searches	
	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
	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
115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	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
	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	yes

	abuse and sexual harassment, including: inmates who are blind or have low vision?	
	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
	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
	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
	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
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	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
	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
	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
	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

115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	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
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	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

115.17 (a)	Hiring and promotion decisions	
	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
	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
	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 two bullets immediately above?	yes
	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
	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
	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 two bullets immediately above?	yes
115.17 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	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

115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	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
115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes
115.17 (e)	Hiring and promotion decisions	
	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
115.17 (f)	Hiring and promotion decisions	
	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
	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
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes

115.17 (h)	Hiring and promotion decisions	
	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
115.18 (a)	Upgrades to facilities and technologies	
	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.)	na
115.18 (b)	Upgrades to facilities and technologies	
	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
115.21 (a)	Evidence protocol and forensic medical examinations	
	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

115.21 (b)	Evidence protocol and forensic medical examinations	
	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
	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
115.21 (c)	Evidence protocol and forensic medical examinations	
	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
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	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
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	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.)	na
	Has the agency documented its efforts to secure services from rape crisis centers?	yes

115.21 (e)	Evidence protocol and forensic medical examinations	
	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
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	Evidence protocol and forensic medical examinations	
	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
115.21 (h)	Evidence protocol and forensic medical examinations	
	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.)	na
115.22 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b)	Policies to ensure referrals of allegations for investigations	
	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
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes

115.22 (c)	Policies to ensure referrals of allegations for investigations	
	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
115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	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
	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
	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
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	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
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	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
	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

115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	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
115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	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
	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
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	
	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
115.32 (b)	Volunteer and contractor training	
	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
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes

115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	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
	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
	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
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes
	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
115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes

115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	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
115.34 (a)	Specialized training: Investigations	
	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
115.34 (b)	Specialized training: Investigations	
	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
	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
	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
	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
115.34 (c)	Specialized training: Investigations	
	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

115.35 (a)	Specialized training: Medical and mental health care	
	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
	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
	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
	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
115.35 (b)	Specialized training: Medical and mental health care	
	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.)	na
115.35 (c)	Specialized training: Medical and mental health care	
	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

115.35 (d)	Specialized training: Medical and mental health care	
	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
	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
115.41 (a)	Screening for risk of victimization and abusiveness	
	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
	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
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.41 (d)	Screening for risk of victimization and abusiveness	
	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
	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
	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
	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
	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
	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
	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
	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
	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
	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

115.41 (e)	Screening for risk of victimization and abusiveness	
	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
	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
	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
115.41 (f)	Screening for risk of victimization and abusiveness	
	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
115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	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
115.41 (h)	Screening for risk of victimization and abusiveness	
	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
115.41 (i)	Screening for risk of victimization and abusiveness	
	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

115.42 (a)	Use of screening information	
	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
	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
	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
	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
	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
115.42 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c)	Use of screening information	
	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
	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

115.42 (d)	Use of screening information	
	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
115.42 (e)	Use of screening information	
	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
115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
115.42 (g)	Use of screening information	
	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
	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
	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

115.43 (a)	Protective Custody	
	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
	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
115.43 (b)	Protective Custody	
	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
	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
	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
	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
	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
	If the facility restricts 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
	If the facility restricts 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

115.43 (c)	Protective Custody	
	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
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d)	Protective Custody	
	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
	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
115.43 (e)	Protective Custody	
	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
115.51 (a)	Inmate reporting	
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	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
	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

115.51 (b)	Inmate reporting	
	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
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	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.)	na
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	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

115.52 (b)	Exhaustion of administrative remedies	
	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.)	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.)	na
115.52 (c)	Exhaustion of administrative remedies	
	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.)	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.)	na
115.52 (d)	Exhaustion of administrative remedies	
	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.)	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.)	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.)	na

115.52 (e)	Exhaustion of administrative remedies	
	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.)	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.)	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.)	na

115.52 (f)	Exhaustion of administrative remedies	
	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.)	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.)	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.)	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.)	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.)	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.)	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.)	na
115.52 (g)	Exhaustion of administrative remedies	
	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.)	na

115.53 (a)	Inmate access to outside confidential support services	
	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
	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.)	na
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	Inmate access to outside confidential support services	
	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
115.53 (c)	Inmate access to outside confidential support services	
	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
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes

115.61 (a)	Staff and agency reporting duties	
	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
	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
	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
115.61 (b)	Staff and agency reporting duties	
	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
115.61 (c)	Staff and agency reporting duties	
	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
	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
115.61 (d)	Staff and agency reporting duties	
	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
115.61 (e)	Staff and agency reporting duties	
	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

115.62 (a)	Agency protection duties	
	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
115.63 (a)	Reporting to other confinement facilities	
	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
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.64 (a)	Staff first responder duties	
	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
	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
	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
	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
115.64 (b)	Staff first responder duties	
	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
115.65 (a)	Coordinated response	
	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
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	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 limit 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

115.67 (a)	Agency protection against retaliation	
	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
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	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

115.67 (c)	Agency protection against retaliation	
	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
	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
	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
	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
	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
	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
	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
	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
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes

115.67 (e)	Agency protection against retaliation	
	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
115.68 (a)	Post-allegation protective custody	
	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
115.71 (a)	Criminal and administrative agency investigations	
	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
	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
115.71 (b)	Criminal and administrative agency investigations	
	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
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	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

115.71 (e)	Criminal and administrative agency investigations	
	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
	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
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	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
115.71 (g)	Criminal and administrative agency investigations	
	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
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	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
115.71 (j)	Criminal and administrative agency investigations	
	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
115.71 (l)	Criminal and administrative agency investigations	
	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

115.72 (a)	Evidentiary standard for administrative investigations	
	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
115.73 (a)	Reporting to inmates	
	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
115.73 (b)	Reporting to inmates	
	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
115.73 (c)	Reporting to inmates	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, 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 resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes

115.73 (d)	Reporting to inmates	
	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
	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
115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.76 (c)	Disciplinary sanctions for staff	
	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
115.76 (d)	Disciplinary sanctions for staff	
	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
	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

115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	
	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
115.78 (a)	Disciplinary sanctions for inmates	
	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
115.78 (b)	Disciplinary sanctions for inmates	
	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
115.78 (c)	Disciplinary sanctions for inmates	
	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
115.78 (d)	Disciplinary sanctions for inmates	
	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
115.78 (e)	Disciplinary sanctions for inmates	
	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

115.78 (f)	Disciplinary sanctions for inmates	
	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
115.78 (g)	Disciplinary sanctions for inmates	
	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
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	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
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	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
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	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? (N/A if the facility is not a jail).	na
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	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

115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	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
115.82 (a)	Access to emergency medical and mental health services	
	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
115.82 (b)	Access to emergency medical and mental health services	
	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
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.82 (c)	Access to emergency medical and mental health services	
	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
115.82 (d)	Access to emergency medical and mental health services	
	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
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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

115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.83 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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.)	na
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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.)	na
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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

115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.86 (a)	Sexual abuse incident reviews	
	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
115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

115.86 (d)	Sexual abuse incident reviews	
	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
	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
	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
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	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
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.87 (a)	Data collection	
	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
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	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

115.87 (d)	Data collection	
	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
115.87 (e)	Data collection	
	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
115.87 (f)	Data collection	
	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
115.88 (a)	Data review for corrective action	
	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
	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
	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
115.88 (b)	Data review for corrective action	
	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
115.88 (c)	Data review for corrective action	
	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

115.88 (d)	Data review for corrective action	
	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
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	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
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	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
115.401 (a)	Frequency and scope of audits	
	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

115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	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.)	no
	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.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	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
115.403 (f)	Audit contents and findings	
	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, there has never been a Final Audit Report issued.)	yes