

PREA Facility Audit Report: Final

Name of Facility: Western Kentucky Correctional Complex

Facility Type: Prison / Jail

Date Interim Report Submitted: 05/13/2021

Date Final Report Submitted: 08/02/2021

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: 08/02/2021

AUDITOR INFORMATION	
Auditor name:	Shaver, Sharon
Email:	sharonrshaver@gmail.com
Start Date of On-Site Audit:	03/29/2021
End Date of On-Site Audit:	03/31/2021

FACILITY INFORMATION	
Facility name:	Western Kentucky Correctional Complex
Facility physical address:	374 New Bethel Church Road, Fredonia, Kentucky - 42411
Facility Phone	
Facility mailing address:	

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

Warden/Jail Administrator/Sheriff/Director	
Name:	Bobbi Jo Butts
Email Address:	bobbi.butts@ky.gov
Telephone Number:	270-388-9781 x2010

Facility PREA Compliance Manager	
Name:	Beth Roberts
Email Address:	beth.roberts@ky.gov
Telephone Number:	O: (270) 388-9781 x2026

Facility Health Service Administrator On-site	
Name:	Monique Jones
Email Address:	mojones@wellpath.us
Telephone Number:	270-388-9781 x2908

Facility Characteristics	
Designed facility capacity:	703
Current population of facility:	406
Average daily population for the past 12 months:	405
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males
Age range of population:	19-76
Facility security levels/inmate custody levels:	Minimum and Medium
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	221
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	35
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	90

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.

Audit Planning and Logistics: The Prison Rape Elimination Act (PREA) site review of the Western Kentucky Correctional Complex was conducted March 29-31, 2021 by Sharon Ray Shaver, a Department of Justice (DOJ) certified PREA Auditor. Western Kentucky Correctional Complex is an adult facility housing both female and 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 by a different auditor 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 of March 29-31, 2021. The facility received its last PREA audit June 12-14, 2017 with a final report issued on June 20, 2017.

The official beginning of the current 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. 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. A schedule of the onsite portion of the audit was established, and travel arrangements were secured directly by the auditor. A plan for conducting interviews and for the facility tour was developed in advance. Further discussion included corrective action expectations for any non-compliance identified during the audit and timelines for after the site visit. Due to the COVID-19 pandemic, health and safety protocols were discussed, and it was agreed that the participants in the initial onsite in-briefing and the subsequent tour would be kept to a minimum to limit contact among participants.

Posting Notice of the Audit: Audit notices were posted by the PREA Compliance Manager on February 10, 2021. Verification was provided through email correspondence, dated photographs, interviews with inmates, and personal observation during the site visit. Notices were printed and posted throughout the facility in all common areas of the facility to include the facility entry, inmate housing units, library, kitchen/dining area, education and programming areas, medical, administration building, industries building, intake, staff common areas, and recreational areas. These notices, posted in both English and Spanish, provided scheduled dates of the audit, 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 and evaluated and triangulated against

information obtained from interviews and personal observations during the site visit which were instrumental in determining agency and facility compliance with the PREA Standards. 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

All incoming 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 Sanctuary without having the mail inspected unless the outgoing mail appears to be suspicious, in which case it would be treated as Privileged Correspondence and which means it would be inspected in the presence of the inmate and logged. Mailroom staff confirmed no mail has been inspected of this nature in the past 12 months. No correspondence was received from inmates, employees, contractors, or other non-incarcerated persons.

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 Western Kentucky Correctional Complex. In response, JDI stated that they had received no correspondence regarding this facility in the last 36 months. The auditor contacted The Sanctuary, Inc., P.O. Box 1165 Hopkinsville, KY 42241; 1-800-766-0000, 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. A telephone interview was conducted with a counselor who confirmed inmates have 24/7 access to the telephone hotline and through written correspondence for emotional support services; on-site counseling is available by appointment when coordinated through the inmate victim's case manager (in person or virtual); services of 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, beyond an article related to the COVID-19 pandemic. No relevant litigation, no DOJ involvement, no federal consent decrees, nor local oversight were discovered during the search. Interviews with Shannon Butrum, PREA Coordinator, and Commissioner Cookie Crews confirmed no consent decrees or oversight exists. Additionally, the auditor reviewed the last American Correctional Association (ACA) Standards Compliance Reaccreditation Audit report for Western Kentucky Correctional Complex conducted June 6-8, 2018, and found no concerns mentioned related to PREA standards.

The local hospital providing SAFE/SANE services is identified as Baptist Health in Paducah 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 SANE nurses on call. In the event a SANE is not available, the exam will be performed by a trained RN.

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

The week prior to the on-site portion of the audit, the auditor requested from the PREA Compliance Manager documents to be made available on day one of the site visit including a complete roster of inmates present on day one; a list of inmates identified with disabilities; a list of inmates with limited English proficiency (LEP); a list of inmates who identify as lesbian/bisexual/gay/transgender/intersex (LGBTI); a list of inmates assigned to isolated or segregated housing; a list of inmates who have reported prior sexual abuse; a list of inmates who have reported an allegation of sexual abuse at Western Kentucky 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.

SITE VISIT

On March 29, 2021, the auditor was transported to the Western Kentucky Correctional Complex by the agency's PREA Coordinator, Shannon Butrum, and was greeted by Warden Bobbi Jo Butts and members of her management team: Deputy Warden Jon Tangerose, Deputy Warden Chris Hatton, PREA Compliance Manager Beth Roberts, Lori Cordes, and Deanna Balentine. We underwent a Rapid COVID-19 test and once cleared, convened in the multi-purpose room for a short in-briefing and introductions.

Immediately following the in-briefing, the facility tour. The auditor was provided the facility tour by Warden Bobbi Jo Butts, Deputy Warden Jon Tangerose, PREA Compliance Manager Beth Roberts, Lori Cordes, Deanna Balentine, and Shannon Butrum. 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 a section of Housing Unit A and the facility was just coming off of a recent quarantine lock-down. In-person visitation and volunteer services had not resumed as of the site visit. The facility is not currently taking in new arrivals which contributes to the population being below the average daily population.

During the facility site review, all areas within the facility were inspected for sexual safety concerns to include the use of video cameras and security mirrors and identification of any blind spots. Bathrooms, showers, and other similar areas were inspected in the living units, inmate work areas to include the warehouse, recycling, outside maintenance shops, farm office, recreation areas, programming, and administration areas. The auditor inspected for any secluded areas throughout the facility, on the walkways, and the yard. The facility is all ground level so there were no stairwells. The auditor found ample camera coverage in low visibility areas. Areas where inmates are routinely strip-searched were examined to ensure adequate measures are in place to prevent viewing by opposite-gender staff. The facility is sectioned off into two areas: 1) Ross Cash housing the female population and is outside the main compound; and 2) The Main Compound housing the male population and is inside the secured fence. The first part of the tour was conducted of all areas outside the secured perimeter of the facility including Ross Cash Unit (Collins and Clarke Dormitories, Medical, Gym); Farm Office; Maintenance Shop; Electrical and Woodworking Shops; Keefe Commissary; Institutional Training Building/Ross-Cash Visitation; Recycling Center; Warehouse. The second portion of the tour was conducted inside the secured perimeter and included: Programs Building; Kitchen; Medical; Alpha, Bravo, and Charlie Dorms; Inmate Support Building; Special Management Unit; Yard Office; Gym; School; Administration.

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

Inmate strip search areas were found to have appropriate physical barriers and/or curtains installed to prevent cross-gender viewing, and camera views were checked confirming compliance with PREA requirements. Video cameras present in the visitation search area and intake area were checked for viewing and found to be appropriate, allowing for no opposite gender viewing. The auditor reviewed 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. Privacy screens were present in the medical examination rooms. Opposite gender announcements were made each time we entered a housing unit and documented, and the signs indicated 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 where supervisor rounds are made regularly. Areas toured were well-lit and cameras were plentiful and placed strategically throughout the facility. One camera was brought to the attention of the auditor in the laundry room that was recently installed upon recommendation of the Incident Review Team. Because of the COVID-19 pandemic, the facility is not currently taking in new inmates, so no intake occurred during the site visit to be observed, however, the intake officers (male and female) provided a simulation of the process for the auditor.

Days two and three consisted of finalizing the document review and conducting the inmate and staff interviews. The auditor conducted an out-briefing with the Warden and a small group of the management team and the PREA Coordinator. The auditor thanked the Warden and her staff for their hospitality and cooperation during the site visit and explained the next phase procedures. 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.

INTERVIEWS

Staff Interviews: A total of 33 formal interviews were conducted including Warden Bobbi Jo Butts, PREA Compliance Manager Beth Roberts, Human Resources Manager Regina Moore, Training Coordinator Kurt Garner, and Chaplain Paul Sesock. Staff was interviewed using the random staff questionnaire and 12 different specialized questionnaires (listed in the table below). The random staff interview questionnaire was used for 12 employees. A total of 49 specialized interview protocols were used during the interviews and multiple protocols were administered to certain staff due to the nature of their roles and responsibilities held at the facility. Formal interviews were also conducted by the auditor with agency representatives Commissioner Cookie Crews, PREA Compliance Manager Shannon Butrum, and Contracts Administrator Michael McKinney.

Staff Interviews	
Interview Protocol Title	Number of Protocols Administered
Agency Head/Designee*	1*
Agency Contract Administrator*	1*
PREA Coordinator*	1*
PREA Compliance Manager	1
Warden/Facility Director/Superintendent/Designee	1
Intermediate/Higher level Facility Staff	7
Medical and Mental health Staff	3
Administrative/Human Resources Staff	1
Volunteers & Contractors	6
Investigative Staff	5
Staff Who Perform Risk Screening	5
Staff Who Supervise Inmates in Segregated Housing	2
Staff on the Sexual Abuse Incident Review Team	7
Designated Staff Responsible for Monitoring Retaliation	2
First Responders/Security & Non-Security	4
Intake Staff	7
Random Staff	7
* These protocols are not included in the narrative totals and are represented separately. These are protocols are answered at the agency level and not by the Western Kentucky Correctional Complex staff.	

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 male inmate 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. Female inmate interviews were conducted in the UA's office. 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 over the three days of the site visit. The official assigned population on the first day of the site visit was 401 (327-male, 74-female). The overall minimum number of inmate interviews required for this population size is 26 but the auditor decided to treat Ross Cash and the Main Compound as separate prisons for purposes of inmate interviews due to the difference in gender and security level composition of the population. This adjusted the minimum requirement to 42: 16 females (8-random/8-targeted) and 26 males (13-random/13-targeted). Western Kentucky 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 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 were selected from each of the housing units listed on the roster and from the targeted lists using a random number selection and taking into consideration factors such as housing locations, length of incarceration, race, and work assignments.

The auditor interviewed a total of 47 inmates (18-female/29-male) using the Inmate Interview Questionnaire and administered a total of 48 targeted surveys. One male inmate declined to participate in the interview. Several inmates interviewed met the criteria for multiple targeted protocols which were administered during the interview which explains the difference in the number interviewed versus the number of protocols administered

Inmate Interviews		
Interview Type	Number Required	Total Protocols Administered
Randomly Selected Inmates	21	47
Youthful Inmates^	4	0
Physical Disability/Blind/Deaf/HOH/LEP	2	10
Cognitive Disability^	1	0
Transgender/Intersex	3	4
Lesbian/Gay/Bisexual	2	6
In Segregated Housing for High Risk of Sexual Victimization^	2	0
Reported Sexual Abuse/Harassment	4	4
Reported Prior Sexual Abuse During Screening	3	8
Total	42	56
^Indicates protocols that no inmates were available to meet criteria for interview		

Every inmate interviewed was able to adequately convey to the auditor the facility's zero-tolerance policy and knew multiple ways to make a report of sexual abuse or sexual harassment. The inmates indicated they had seen the PREA video and were given a PREA pamphlet. Most inmates explained that they received the PREA education at multiple facilities, including the reception center when they first came into the Kentucky Department of Corrections. Inmates who had arrived within the past 12 months expressed that they were in quarantine for a minimum of 14 days after their arrival due to COVID protocols. The Unit Management staffing model allows the Unit Administrators (UA), Case Managers, and security staff time and access to become familiar with the inmates housed in their respective buildings. This seems to have a positive impact on the inmates' ability to access these staff members daily. Most every inmate interviewed said they would feel comfortable using the hotline or telling a staff member if they needed to report sexual abuse or sexual harassment and expressed that staff is quick to respond to any problems that are brought to their attention. Inmates were aware of how to access services if, and when needed, and most of them recalled having heard about the community advocacy services, although no one stated having used the services. The facility informed the auditor that the intake procedures had been modified over the past year to maintain COVID-19 protocols and in some cases, inmates were quarantined before receiving the PREA training and orientation. Regardless, each inmate interviewed indicated they had been informed of the PREA and the file reviews had documented evidence that the inmates received the Inmate Handbook and PREA training within an acceptable timeframe and that a risk screening was conducted. During the initial audit period, there were inconsistencies with the documentation capturing the delivery of the PREA education and a Corrective Action Plan was implemented to resolve this issue. This is discussed in detail within 115.33 and the facility has since been found compliant. The auditor feels it is important to note that the inmate interviews provided a clear indication that the zero-tolerance message and PREA education message has been conveyed to each offender.

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

Allegations/Investigations: Comprehensive PREA allegations data was provided to the auditor by the PREA Coordinator. A total of 9 allegations were reported between January 1 and December 31, 2020, and the auditor reviewed the case files for each report. Of these, there were 5 allegations of staff to offender sexual abuse and 1 allegation of inmate-to-inmate sexual abuse; the remaining 3 were sexual harassment allegations. All cases were closed administratively, and one case is still in progress being criminally investigated by an outside agency. Dispositions of these cases were 1-unfounded and 8 unsubstantiated.

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.

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 Western Kentucky Correctional Complex (WKCC) is located in Lyon County near Fredonia. The facility houses a population of 693 consisting of 493 beds for medium custody adult males on the main compound and 200 beds for minimum custody adult females at Ross-Cash, located outside the main compound. This facility was originally constructed in 1968 as a satellite facility and work camp of Kentucky State penitentiary and transitioned to Western Kentucky Farm Center in 1977 at which time it became a separate correctional minimum-security facility. In 1989, the institution was renamed Western Kentucky Correctional Complex and was converted to a medium-security facility with a minimum-security unit remaining. The facility underwent a transition in 2010 when its population was changed from adult males to adult females. In 2015, responding to an ever-changing corrections population, the facility was split into two separate prisons. WKCC became a secure-custody adult male facility, and The Ross-Cash Center (Ross-Cash) was created as a minimum-security adult female facility. And in 2016, Ross Cash joined WKCC becoming one facility again, retaining separate adult male and female populations, and making WKCC the only state-level co-ed facility in Kentucky. WKCC has been accredited with the American Correctional Association since 1988.

Special services provided at WKCC comprise the Carpentry and Receivers Warehouse, K-9 Unit, CERT & CNT Team, Western Regional Training Center, and a 2,000-acre agricultural operation. The facility's recycling operation partners with Caldwell, Crittenden, Livingston, Lyon, and Trigg counties and Land Between the Lakes, the Division of Forestry Service, and the Army Corps of Engineers to recycle cardboard, paper, steel and aluminum cans, plastic bottles, and glass throughout the surrounding area. All of these operations employ female offenders who are housed at Ross Cash, providing them with the opportunity to gain unique skills to assist with their re-entry into the community. These services support and provide services to other KDOC facilities and community partners.

ADMINISTRATION

The Executive Management Team consists of the Warden, (1) Deputy Warden of Programs and Support Services, (1) Deputy Warden of Security. The facility is budgeted for 211 full-time positions. Administrative Support Services consists of the Postal Technology and Mail Room staffed by (2) officers, Procedures & Accreditation staff (2), Internal Affairs (2), Human Resources (3), Fiscal/Business Office/Warehouse (6), Information System Support (1-contract employee),

The Correctional Farm Operation is situated on 2,300 acres with a herd of over 600 beef cattle, 1,000 acres of crops (corn, wheat, and soybeans), a produce garden from which vegetables are given to charity, and a composting operation. The remaining acreage is used for hay and pasture. These operations are staffed with (1) Corrections Farm Manager, (2) Corrections Farm Operations Tech Advisor, and (3) Farm Crew Leaders. The farm employs approximately 35 female inmates during peak seasons.

PROGRAMS AND SUPPORT SERVICES

Classification: The Classification Department consists of (3) Unit Administrator II's, (3) Unit Administrator I's, a Re-entry Coordinator, and (7) Classification & Treatment Officers (CTO). The Classification Department functions as Teams to provide these services for the three units consisting of the Compound, Special Management Unit (SMU), and Ross-Cash. Staff offices are located in the yard office for the Compound inmates, in the dorms at Ross-Cash, and inside the SMU. Each CTO is assigned a caseload according to the inmate's institutional living unit. These services 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.

Health Care Services: WKCC provides unimpeded essential health care services to all inmates and is operated as a clinic. Sick call drop slips are triaged every day, and the medical department has 48 hours to respond Monday through Friday. Urgent cases will be seen within 24 hours. On holidays and weekends, the medical department has 72 hours to respond. All infirmary care is provided by other designated institutions, Kentucky Correctional Institution for Women (female population) and Kentucky State Reformatory (male population). Caldwell Medical Center, Crittenden County Hospital, and Western Baptist Hospital provide emergency care. The local hospital providing SAFE/SANE services is identified as Baptist Health in Paducah. This hospital is included in the facility's coordinated response plan as the provider for forensic medical examinations. The Medical Department, including psychiatric and dental maintenance, is overseen by the institutional Health Service Administrator. These services are provided through a contract with WellPath and are staffed with (1) health Service Administrator, (1) Director of Nursing, (1-FT/1PT) Nurse Practitioners, (1-PT) Dentist, (3) Registered Nurses, (7) Licensed Practical Nurses, (1) Certified Medical Technician, (1-PT) Optometrist, and (1) Medical Records Assistant. Mental health is staffed by (1) certified Psychologist. Access to medical services is provided seven days a week 24 hours a day. 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.

Offender Records: Offender Records is responsible for the institutional records of inmates and is operated by (1) Supervisor and (1) Specialist I. This department processes records on inmates received and discharged by transfer, minimum expiration, administrative release, court-ordered release, shock probation, and parole. All orders to transport and coordination of court trips with the security department are handled through this department.

Social Services/Substance Abuse Program (SAP): is operated by a Program Administrator, (3) Clinicians, and (1) Administrative Specialist. Inmates are encouraged to participate in groups and activities which are intended to address the individual's needs. Available Groups for the Main Compound include Alcoholics Anonymous, Narcotics Anonymous, New Directions, Moral Recognition Therapy, MRT/Parenting, In 2 Work Program, LEASH with WKCC Dog Training Program, MRT/Anger Management, Transitional Unit Program. Available Groups for the Ross-Cash Center include Alcoholics Anonymous, New Directions, Moral Recognition Therapy, Rubies for Life (Parenting & Life Skills), Parenting, Narcotics Anonymous, Trauma, Good Grief, Bible College.

Educational/Trade Opportunities include GED, Carpentry, CT Fundamentals, Electricity, Horticulture, In2Work, NCRC, and Associates through Masters degrees.

Work Opportunities include Janitors, Maintenance, Landscape, Food Service, Laundry, Recreation Aide, Barber, Clerk, Teacher's Aid, Labor Pool, Education, Vocational Programs, Librarian, Legal Aide, Grievance Aide, Clean Team, Dog Handler. Inmates are paid for work when assigned work opportunities through the Classification Committee.

LEASH Program: The Leading Every Animal Safely Home (LEASH) program is a partnership between the Mary Hall Ruddiman Canine Shelter and WKCC for the purpose of training homeless dogs specifically for adoption. Dogs learn common commands while inmates work with them on crate training, leash walking, and ensuring they are housebroken. Eight inmates are carefully selected to train dogs for a 12-week duration. Participants must maintain honor status to remain in the program. During the training period, participants are responsible for their dog's training and health care 24-hours a day as the dogs share the trainer's living space.

Chaplain/Religious Services: One full-time chaplain oversees all volunteers and religious programming in addition to personally teaching a weekly bible study and leads Sunday Services on the Compound. The Chaplain has the assistance of two assigned inmate clerks. 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 19 different ministries. Volunteer services have not yet resumed.

Recreation Program: The Recreation Program is staffed by a Supervisor and (5) Recreation Leaders and is designed to provide comprehensive recreational activities to meet the needs of all inmates. The program's objectives are to promote personal development, self-control, physical development, physical fitness, socialization, and leadership skills development. WKCC has a full-service gymnasium with a universal weight machine, pool tables, ping pong tables, shuffleboard, volleyball, and basketball courts. Space is also available for card and board games, as well as the Arts & Crafts program. The outdoor recreation area includes basketball, volleyball, handball, horseshoes, washer pitching, softball field, and walking track. The Recreation Centers also house the Beauty Shop and Barber Shop.

Visitation occurs on Saturdays and Sundays and state-recognized holidays during general hours of 7:30 am-2:00 pm. 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 onsite audit. The facility has implemented limited virtual visits in lieu of in-person visits in the interim.

Mail: 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') shall be placed in the mailbox which is located at the tray slot at the mailroom window and 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.

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 Sanctuary, Inc. from the telephone and unmonitored counseling sessions may be scheduled through the inmate's unit administrator or counselor.

Canteen Services: The institution provides canteen services through a contract with Keefe. The canteen is staffed with a manager and (3) employees. An operation schedule is published for the canteen and vending machines. Profits received by the facility from this operation are utilized toward inmate benefits.

Legal Aid Services: In order to assure each inmate's right of access to the courts, the institution maintains a Legal Aid Office. The Legal Aid office is located in the Yard Office and is open during program hours. A selection of legal books and materials as well as Nexus Lexus (an online legal research service) is available to inmates for their research needs. Legal Aides are available to serve as representatives in Adjustment Committee proceedings, Assigned Legal Aides are responsible for assisting inmates in legal matters and receive institutional pay. These Legal Aides complete a training course provided by the Department of Public Advocacy.

Grievance Procedures are designed to provide a method of resolving inmate complaints after all other efforts to resolve the problem have

failed. Inmates are encouraged to attempt to resolve any complaints at the lowest level possible and through informal means as quickly and as fairly as possible. The Grievance Office is located in the Yard Office and is open during program hours. Grievance forms may be obtained from the Grievance Office. Grievance Aides who have been trained in the grievance process are available to assist inmates with processing a grievance through the informal resolution, committee, and appeal process. Sexual abuse and sexual harassment allegations are not handled through the grievance process.

Library: A reading library is provided for all inmates. It is located in the Gymnasium on the Compound. Resources include books, interlibrary loan services, reference materials, magazines, newspapers, catalogs, and telephone books. The library is open according to a posted schedule and bookshelves containing reading material is also located in each living unit. Inmates may also participate in the 20/20 Book Club.

SECURITY

The **Training** Instructor/Coordinator ensures that all employees receive training as required by the agency and institutional policies and procedures. He is supported by (1) Safety Specialist and (1) Security Threat Group (STG) Coordinator assigned as adjuncts to assist with institutional training. Training records are maintained and tracked at the local level. A combination of Computer Based Training and classroom instruction is used to deliver training to staff.

Food Service: Aramark manages the food service operations under contract with the agency. Operations are staffed by a Director and (4) full-time staff. Approximately 70 inmates are employed in the kitchens between the Compound and Ross-Cash. Three meals per day are prepared (2-hot) and these meals meet or exceed the dietary allowances as stated in the Recommended Dietary Allowances and National Academy of Sciences. Meal service times are Breakfast 5:45am-6:30am, Lunch 10:45am-11:30am, and dinner 3:45pm-4:30pm. Mealtimes are subject to change as determined by facility operational needs.

Maintenance: The Maintenance Department is staffed with (1) Maintenance Branch Manager, (1) Mechanical Maintenance and Operations Supervisor, (2) Mechanical Maintenance and Operations Technician III's, (1) Carpenter, (1) Electronic Tech, (1) Auto Mechanic. The security of the facility is enhanced by proper maintenance of equipment and replacement of obsolete and worn equipment for both institutional and farm operations.

Safety: Policy and procedures related to occupational safety and emergency systems implementation and maintenance is managed by (1) Safety Coordinator/Armorer and (1) Locksmith. This Team is responsible for maintaining all fire safety equipment, conducting emergency drills, inspections to ensure safety codes are being observed. The Armorer is responsible for maintenance and physical inventory of weapons, ammunition, and less lethal munitions, and functions as the facility's Range Master. The Locksmith conducts maintenance on all locks and keys throughout the facility and maintains the inventory of all backup keys.

Security Operations: The Security department is the largest department with a total of 160 uniformed correctional personnel consisting of (1) Major, (4) Captains, (10) Lieutenants, (18) Sergeants, and (127) Correctional Officers. Shifts include 11:00pm-7:00am, 7:00am-3:00pm, 3:00pm-11:00pm, and 5:00am-1:00pm (split). Split shifts help to maximize officer coverage during peak inmate activities. The perimeter consists of double fencing with razor wire, and staffs four towers. The Pipe II System is used to conduct and record perimeter rounds. The Corrections Emergency Response Team (CERT) consists of (2) teams with a total of 33 members led by (1) Commander, (1) Assistant Commander, and (1) Intel/Operations Officer. The Canine Tracking Unit consists of (5) dogs and (4) handlers that assist in the tracking and apprehension of escaped inmates, security control, and assisting outside law enforcement agencies upon request. The Crisis Negotiations Team (CNT) consists of up to 10 members, with (1) Team Leader and (1) Assistant Team Leader.

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

The Kentucky Department of Corrections and Western Kentucky Correctional Complex is found to Exceed the following standards: 115.11, 115.16, 115.31, 115.34, 115.86.

Corrective Action Plan Completed: Three provisions of Standard 115.33(b)(c)(e) were found to be non-compliant and an Interim Report was issued which included the facility's Corrective Action Plan (CAP) for bringing these provisions into compliance. Agency policy CPP/14.7 requires during orientation an offender receives 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. The policy requires each facility to provide comprehensive education to each offender within 30 days of intake, 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. Inconsistencies were identified in the inmate files during the audit regarding the recording of information indicating when the inmate handbook and PREA pamphlet was received by the inmate and as to when the comprehensive education was delivered. Once these inconsistencies were discussed with the PREA Coordinator, the auditor was advised that the facility had initiated a CAP as soon as the PREA Compliance Manager became aware. This plan included mandatory training for all staff on the requirements of 115.33, the related policy requirements, and a letter to staff directing the Warden's expectations. The facility conducted a comprehensive file review of all currently housed male inmates to ensure that everyone received the PREA brochure and comprehensive education. Special comprehensive training was provided to any inmate identified who did not receive the training within 30 days of arrival to the facility. Since no intakes had been occurring regularly due to the Pandemic, a large enough sampling of new arrivals was not available for the auditor to determine that the corrective action was sufficiently implemented within 30 days and issued an Interim Report initiating a corrective action period. Over the next four months, the auditor worked with the facility on implementing the CAP. The auditor was provided the following evidence demonstrating implementation of the CAP: 1) training records for 11 staff who completed the PREA Intake Training; 2) documentation for issuance of the brochure to 27 existing offenders; documentation for delivery of comprehensive education to 25 existing offenders; 3) documentation for issuance of the brochure and delivery of comprehensive education to 131 (99-male/32-female) new arrival offenders. The facility has demonstrated full implementation of the CAP and satisfied the requirements of this standard. The auditor determines the agency meets all provisions of this standard based on the review and triangulation of evidence referenced and explained in the narrative for 115.33.

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
	<p data-bbox="240 147 766 174">Auditor Overall Determination: Exceeds Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1477 362">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; Personal Observations During On-site Visit;</p> <p data-bbox="240 398 1485 654">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 data-bbox="240 689 1485 1079">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 data-bbox="240 1115 1485 1438">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 Beth Roberts, and her backup is David Meeks. Auditor's interviews with the facility's PREA Compliance Manager and her back-up supports that she has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. The facility's PREA Compliance Manager reports to the Warden as confirmed through an interview with the PREA Compliance Manager, and Warden, and a review of the Western Kentucky Correctional Complex Organizational Chart. There is evidence of a clear flow of information between the PREA Compliance Manager and facility staff. The facility's PREA Compliance Manager is consulted on matters that involve sexual abuse and sexual harassment prevention measures at the facility and she has direct facility management involvement.</p> <p data-bbox="240 1473 1477 1594">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.</p>

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. Auditor reviewed all 28 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 contracted entity is required to be audited by a DOJ Certified PREA Auditor every three years and failure to meet these contractual requirements may result in termination of the contract. These facilities are audited, where required, under the Community Confinement Standards.</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 1021 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 reviewed an example of a recent compliance review conducted at one of the centers and found it to be thorough, covering a review of all applicable standards.</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
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1465 398">Evidence Reviewed by Auditor: CPP/14.7, CPP/3.22; Information Obtained from Interviews; Personal Observations During On-site Visit; Various Shift Rosters; Staffing Analysis Memorandums; Activities & Programs Schedule; Various Staffing Deviations IRT; PREA Coordinator's Staffing Plan Review; Various Logbook Documentation of Supervisory Rounds; Supervisor Rounds with Pipe Key Downloads; Internal Affairs Rounds Memorandum; Temporary COVID-19 Protocols.</p> <p data-bbox="240 432 1477 992">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 June 12-14, 2017, the average daily number of inmates was 668 and the staffing plan was predicated on an average population of 668. 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. Auditor reviewed the listing identifying locations of the 273 cameras located within the facility and these cameras were also observed during the facility tour. These cameras are monitored from the Control Centers by the assigned shift officer. In addition to monitoring by the Control Center Officer, cameras can be monitored from the Warden's office and from the offices of other designated management staff. Access for monitoring is granted on a need-to-view basis determined by position responsibilities and approved by the Warden. 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 Warden and Deputy Wardens confirmed that video monitoring is beneficial in the overall management of safety in the facility and camera outages are responded to by a technician as an emergency 24 hours/7 days per week.</p> <p data-bbox="240 1025 1485 1619">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 and Deputy Warden of Security determined that the facility uses overtime when needed to ensure that designated posts are covered in accordance with the staffing plan. Auditor reviewed the current staffing plan which indicated the number of officers and supervisors required plus relief factor required for each shift. Security Shift Rosters list each Post Assignment designated by a priority listing of A, B, or C. A Posts must be covered the entire shift; B Posts may have the officer pulled a portion of the shift at the discretion of the shift supervisor, and C Posts may be vacated the entire shift. Interviews with shift supervisors verified that decisions are made related to Post closures based on activities and needs of the facility to ensure adequate supervision is provided. In cases where the designated staffing plan is not complied with the Shift Supervisor notes this in the designated section on the 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 shift rosters from six randomly selected dates and found documentation of staffing and post adjustments to ensure the staffing plan was met. In addition, the auditor reviewed seven Incident Report Summary reports that documented 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. It was widely expressed during staff interviews that non-uniformed staff participates routinely to provide assistance with offender supervision when needed. 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, Captain, and Shift Supervisors confirmed that staffing is reviewed daily.</p> <p data-bbox="240 1653 1473 1843">115.13(c): The facility has documented an annual review, completed 02/17/2021, 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.</p> <p data-bbox="240 1877 1493 2134">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, and the Internal Affairs Investigator, and this was confirmed through the auditor's interviews with said staff. Post Logs include a section for Supervisor's Tours to be documented and identified as announced or unannounced. The auditor observed documentation of rounds in the Post Logs during the onsite tour, and a thorough review of the Post Logs for seven randomly selected dates for all housing units selected by the auditor. Review of these documents and interviews with offenders, officers, and security supervisors provided evidence that supervisor rounds,</p>

both announced and unannounced, occur regularly and according to the established requirements. In addition, supervisor rounds are documented through the use of the Pipe Key system in designated areas within the compound as well as rounds to the buildings outside the main compound where inmates have access. A random sample of dates was provided to the auditor for review to support supervisor rounds in these more secluded areas. 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 meets 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
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 353">Evidence Reviewed by Auditor: CPP/18/3; Youthful Offender Non-Applicable Memorandum; Information Obtained from Interviews; Inmate Roster.</p> <p data-bbox="229 353 1509 577">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. Western Kentucky Correctional Complex is not one of the designated facilities and therefore this standard is not applicable to this facility.</p> <p data-bbox="229 577 1509 676">The PREA Compliance Manager confirmed during an interview that there have been no youthful offenders housed at Western Kentucky Correctional Complex and a review of the current inmate roster indicates all inmates are at least 18 years of age.</p> <p data-bbox="229 676 1509 788">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 facility meets requirements through non-applicability.</p>

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1477 360">Evidence Reviewed by Auditor: CPP/9.8; CPP/3.22; CPP/14.7; Body Search Techniques Training Curriculum; Strip Search Log; Body Cavity Search Form; Cross-Gender Pat Down Form/Log; Cross-Gender Searches Statement of Fact; and Information Obtained from Interviews.</p> <p data-bbox="242 396 1477 891">115.15(a)(c): CPP/9.8 clearly defines the terminology used in the policy related to searches and requires that except in exigent circumstances, a strip search shall be conducted by a staff member of the same gender as the inmate. All searches are to be carried out in a dignified manner and under sanitary conditions and professionally. All cross-gender strip searches shall be logged and documented in the institutional strip search logbook. Any search of an inmate which requires probing of a body cavity, x-rays, or any medical procedure shall be conducted in private by an institutional medical professional. The facility reports that no cross-gender strip or cross-gender visual body cavity searches of inmates were conducted of inmates in the past 12 months. This was further confirmed through interviews with security staff. Interviews with medical personnel confirmed that no body cavity searches have been conducted by the medical department during the audit period. Forty-six inmates were interviewed, and all reported they have never been strip-searched by a staff of opposite gender at this facility. The Strip Search log was reviewed indicating four inmates were searched for non-routine purposes in the past five months and all were conducted by same gender staff. 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 conducted by the assigned officer, according to the gender of the population being searched. The Body Cavity Search Log (blank), interviews with medical personnel, and statement of fact provided by the PREA Compliance Manager indicated no body cavity searches have occurred.</p> <p data-bbox="242 920 1485 1115">115.15(b): CPP/9.8 requires all cross-gender pat-down or frisk searches of female inmates to be conducted only under exigent circumstances and documented. Interview with the PREA Compliance Manager confirmed that there has been no cross-gender pat-down searches during the previous 12 months, nor has any inmate been restricted access to regularly available programming or out of cell opportunity in order to comply with this provision. Every staff interviewed stated that pat-down searches of female inmates must be conducted by female staff. No reports of cross-gender searches were made to the auditor during the female inmate interviews.</p> <p data-bbox="242 1144 1485 1507">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. Auditor reviewed 21 samples of completed Dorm Post Logs and viewed logs on posts during the on-site tour and found documented cross-gender announcements. In addition, each living unit posts conspicuously when an opposite-gender officer is working the unit for the duration of the assigned shift. All inmates interviewed said that staff is consistent in making cross-gender announcements. 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 46 inmates interviewed, all indicated that they are never naked in full view of opposite-gender staff.</p> <p data-bbox="242 1536 1485 1767">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 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.</p> <p data-bbox="242 1796 1477 2157">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 records for a random sample of 12 employees confirming they have received training on searches during initial pre-service and annual in-service training. Auditor learned during interviews with four inmates who identified as transgender that searches are conducted professionally and respectfully, and none had been searched for the purpose of determining one's sex. Based on some variation in staff responses to the auditor's questions about search procedures a refresher course was delivered to all intake staff to ensure consistency when conducting searches. The auditor was provided with training records indicating the five assigned employees received the Strip Search</p>

Refresher Class.

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.

115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Exceeds Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1465 365">Evidence Reviewed by Auditor: CPP/14.7; Brochure in Braille; Brochure in Large Print; Posters; Inmate Training Records; Information Collected During Interviews; Inmate Interpreters Memorandum; Communicating with Deaf and Hard of Hearing Training Curriculum for Staff; Staff Training Records; 2020 Institutional Inservice Agenda.</p> <p data-bbox="242 398 1490 1059">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 utilizes Video Remote Interpretation (VRI) system which allows a hearing person and a deaf person who signs, who are next to each other, to communicate with each other. There has been no documented incident where the use of VRI has been required to address any PREA related issues. 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 72 inmates had a hearing disability (68 males/4 females). The auditor interviewed 8 inmates from this list and found that they were all 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 physical disability. All nine inmates interviewed stated they were provided the PREA information in a manner of their understanding, which was further documented in their institutional file.</p> <p data-bbox="242 1093 1490 1686">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. 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 one available LEP inmate was interviewed by the auditor using the assistance of an interpreter by telephone through the LanguageLine services. The auditor's review of the inmate's file indicated the PREA education was provided, the specific language was not noted, nor was there any indication an interpreter was used to conduct the screening although the staff who conducted the screening was identified as being bilingual during interview. The auditor recommends that the language used be notated in the future with LEP inmates when communicating in a language other than English. During the interview, the inmate stated he was provided the facility handbook and the PREA information in Spanish. He further noted that there are posters in the facility in Spanish about sexual abuse prevention, so he knows how to access the information if needed.</p> <p data-bbox="242 1720 1436 1843">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. The facility reports no instances for which inmate interpreters, inmate readers, or other types of inmate assistance involving sexual abuse or sexual harassment response in the audit period.</p> <p data-bbox="242 1877 1490 2033">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. 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.</p> <p data-bbox="242 2067 1458 2157">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, 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</p>

115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1409 331">Evidence Reviewed by Auditor: CPP/3.6; CPP/3.1; Background Check Authorization Forms; Employee Applications; Personnel Records; Information Obtained from Interviews.</p> <p data-bbox="240 360 1485 656">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. In the auditor's interview with the Human Resources Manager, she confirmed that each applicant is asked these specified questions in addition to the criminal background investigation and that no one will be hired or promoted if found to have engaged in any of the listed activities.</p> <p data-bbox="240 685 1481 846">115.17(b): CPP/3.6 provides consideration be given to any incident of sexual harassment in determining whether to hire or promote any employee or enlisting the services of any contractor who may have contact with offenders. Interview with the agency's Contract Administrator confirmed that all contracts include PREA language requiring compliance as a condition of the agreement. Interview with the Human Resources Manager confirmed that incidents of sexual harassment require review and approval by the Warden for hiring or promoting any employee or enlisting any contractor.</p> <p data-bbox="240 875 1485 1373">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 59 new employees were hired who may have contact with inmates who have had criminal records checks. The auditor reviewed personnel records for eight randomly selected employees (7 hired within the past 12 months) as evidence that criminal history checks are conducted on all new employees prior to employment with the agency. In addition, the auditor reviewed files for three employee promotions and one transfer and found background checks were performed prior to the promotion. The Human Resources Manager also presented her records for tracking requests for background investigations and explained that each time she completes a Request for Background Check it is recorded on this spreadsheet. This form also serves to track the five-year and other subsequent requests as noted in sections (d) and (e) below. The auditor reviewed personnel records of employees hired within the past 12 months and contractors and found and found the agency completed the background checks consistently and in accordance with the prescribed policy. The Human Resources Manager confirmed that the agency uses a form letter that is completed and sent to the prior employer of any applicant who reports having previously worked at a confinement facility. The completed Request for Information form was provided for three employees hired within the past 12 months who reported having worked in a confinement facility.</p> <p data-bbox="240 1402 1485 1731">115.17(d): CPP/3.6 requires a background investigation be conducted on all contractors who may have contact with inmates before enlisting services. The facility reports there were nine contracts where criminal record checks were conducted on all staff covered in the contract who might have contact with inmates. Auditor reviewed the records for a service contractor randomly selected as evidence that criminal history checks are conducted on contractors prior to enlisted services with the agency, although service contractors are never left unescorted while on the premises. There are three contracts in place for services to be provided at the facility and where the contract employees function with the same responsibilities and requirements as KDOC employees: WellPath employees provide healthcare services, Aramark employees provide food service operations, and Keefe employees provide commissary and vending services. A records review for five contract staff (2-WellPath, 1-Aramark, 2-Keefe) was conducted by the auditor confirming that background checks are completed on contract employees prior to their hire.</p> <p data-bbox="240 1760 1493 2089">115.17(e): CPP/3.6 requires all current employees and contractors who may have contact with inmates to have a background investigation conducted at least every five years. Interview with Human Resources (HR) Administrator confirmed monthly she runs a report to identify employees and contractors who are at their five-year anniversary; this information is entered onto the Request for Criminal History/Background Check form by the Internal Affairs Investigator and submitted to the designated central office contact. The results are returned to the facility and then the Human Resources Manager documents the results on the tracking spreadsheet, then presents them to the Warden for review and approval of any derogatory findings. The auditor reviewed the tracking spreadsheet and found a systematic implementation of this process and that these are conducted at the five-year anniversary year for all employees. Interview with the Human Resources Manager confirmed that an additional background check is conducted on employees prior to a promotion and the anniversary date for five-year background checks does not change when an employee is promoted to ensure that no one is missed.</p> <p data-bbox="240 2119 1469 2145">115.17(f): CPP/3.1 requires an employee to report to his or her respective supervisor or facility contact as soon as possible</p>

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. 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 17 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 Kentucky State has no law prohibiting the release of information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work and is provided by the Human Resources Manager when requested. This was confirmed during an interview with the Human Resources Manager. The auditor reviewed a request for information from a prospective employer on a former employee and documentation confirmed this information was provided as requested as a coordinated effort by the Human Resources staff and Internal Affairs Investigator.

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.

115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 453 237">Auditor Discussion</p> <p data-bbox="240 271 1477 331">Evidence Reviewed by Auditor: CPP/7.1; PREA Final Report from June 12-14, 2017; Information Obtained from Interviews; Listing of Facility's Video Monitoring Cameras.</p> <p data-bbox="240 360 1477 622">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. Western Kentucky Correctional Complex has had no substantial expansions or modifications since their last audit on June 12-14, 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 Commissioner.</p> <p data-bbox="240 651 1493 981">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, Western Kentucky Correctional Complex has made enhancements to their 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, Deputy Warden of Security, 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 125 to 273 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 data-bbox="240 1010 1401 1070">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
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1469 365">Evidence Reviewed by Auditor: CPP/14.7; KSP Evidence Guide; KSP Evidence Protocol Update; Agency SAFE SANE Availability; Forensic Medical Examinations Statement of Fact; KSAP MOU 2020-2022; KASAP Regional Map; KASAP and Institutions; WKCC Sexual Assault Action Plan; Investigation of Security Allegations Statement of Fact.</p> <p data-bbox="242 398 1493 891">115.21(a)(b): The agency is responsible for conducting administrative investigations and the Kentucky State Police is responsible for conducting criminal investigations of allegations of sexual abuse; The agency follows the Kentucky State Police Forensic Laboratory Physical Evidence Collection Guide for evidence collection protocols which is a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. CPP/14.7 requires allegations of sexual abuse and sexual harassment be promptly, thoroughly, and objectively investigated and that evidence be preserved for any sexual abuse incident that is known to have occurred within the previous 96 hours. Based on the auditor's review of these protocols and the SANE/SAFE protocols are consistent with the Department of Justice's "A National Protocol for Sexual Assault Medical Forensic Examinations – Adults/Adolescents Second Edition". Western Kentucky Correctional Complex does not house youthful offenders. Auditor's interview with the Internal Affairs Investigator and the Sexual Assault Nurse Examiner (SANE) confirmed evidence collection protocols are developmentally appropriate for youth. All case files reviewed indicate that the uniform evidence protocols were followed and well documented as part of the investigation. Auditor's interviews with random staff indicate a thorough understanding of the agency's protocols for obtaining usable physical evidence if an inmate alleges sexual abuse and the responsibilities of each staff member to secure and protect any evidence that could be used in an investigation until the designated investigator arrives and takes control of the evidence.</p> <p data-bbox="242 925 1477 1182">115.21(c): CPP/14.7 directs the Medical Department to promptly arrange for the alleged victim to be transported to an outside facility for an examination that may include: collection of forensic evidence, testing for sexually transmitted diseases, prophylactic treatment, follow-up, and mental health assessment. In preparation of transporting the inmate to the hospital's emergency room, staff are responsible for collecting any potential forensic evidence according to the established guidelines. In coordination with the hospital, the Medical Department shall request the forensic medical examination be performed by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) at the Baptist Health in Paducah. The examination shall be at no cost to the offender. Interview with the PREA Compliance Manager informs there have been no incidents in the past 12 months that have warranted a forensic medical examination.</p> <p data-bbox="242 1216 1477 1675">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 Western Kentucky Correctional Complex is identified as The Sanctuary, Inc. P.O. Box 1165 Hopkinsville, KY 42241; 1-800-766-0000. This information is made available to inmates during orientation and through pamphlets, posters prominently displayed on the 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. The auditor placed a phone call to The Sanctuary, Inc. and confirmed that the services outlined in the MOU are in place; the counselor stated that they have not received any requests from inmates or staff on behalf of an inmate for services in the past 12 months. Counselors are available 24/7 through the hotline for victims of sexual abuse. The auditor contacted the center and verified that these services are available to inmates at Western Kentucky Correctional Complex and that services are free and confidential.</p> <p data-bbox="242 1709 1477 1966">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. The facility has one case currently under criminal investigation by the Kentucky State Police (KSP) and interviews with the Internal Investigator and PREA Coordinator confirmed that they are collaboratively working with the external agency. Email correspondence was provided for the auditor's review indicating the open line of communication between the facility and KSP.</p> <p data-bbox="242 2000 1477 2056">115.21(h): The established MOU provides that the facility always makes a victim advocate from a rape crisis center available to victims.</p> <p data-bbox="242 2089 1401 2145">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>

115.22	<p data-bbox="231 71 1508 1189">Policies to ensure referrals of allegations for investigations</p> <p data-bbox="231 129 1508 190">Auditor Overall Determination: Meets Standard</p> <p data-bbox="231 197 1508 257">Auditor Discussion</p> <p data-bbox="231 264 1508 324">Evidence Reviewed by Auditor: CPP/14.7; PREA Monthly Report Sample; Investigative Files; Agency's Public Website; KSP General Order OM-C-1.</p> <p data-bbox="231 353 1508 929">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. She stated that she communicates regularly with the Kentucky State Police when a case is active and that they are very quick to respond when called and provided the auditor with a copy of email correspondence providing updates about a pending case. The agency 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).aspx. Both the Commissioner and PREA Coordinator emphasized the expectation and requirement for investigation of all allegations. Interviews with random staff indicated a clear understanding that all allegations or suspicions of sexual abuse or harassment are to be immediately reported and that they will be promptly investigated. The auditor's review of the nine allegations reported between January 1-December 31, 2020 found that a prompt, thorough, and objective administrative investigation was conducted for each allegation and closed with eight being unsubstantiated and one unfounded. One of these cases appeared to be criminal in nature and was reported to the Kentucky State Police. This case is currently under criminal investigation by Kentucky State Police.</p> <p data-bbox="231 952 1508 1086">115.22(c): CPP/14.7 and Western Kentucky 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 data-bbox="231 1108 1508 1176">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>
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115.31	Employee training
	<p data-bbox="240 147 766 174">Auditor Overall Determination: Exceeds Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1433 365">Evidence Reviewed by Auditor: CPP/14.7; Annual Institutional Inservice Curriculum; Institutional Pre-Service Academy Curriculum; Gender-Responsive Strategies Training Curriculum; Gender Responsiveness Training for Transferred Employees Flyers; Employee Training Records; Information Obtained from Interviews.</p> <p data-bbox="240 398 1490 891">115.31(a)(c): CPP/14.7 outlines the agency's training requirements for employees Sexual Abuse Prevention and Intervention Programs. All employees must attend Pre-Service Orientation and then Annual Inservice 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. Auditor reviewed training records for 16 randomly selected employees (13 staff/3 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 data-bbox="240 925 1465 1081">To comply with mandatory reporting laws to outside authorities, it has been determined that the Kentucky Department for Human Resources (DHR) has no authority to investigate complaints within the jurisdiction of Kentucky Department of Corrections under the Adult Protection Act, KRS 209.010-209.150; complaints of this nature will fall under the referral for criminal investigation. Reported abuse of a youthful offender will be reported by the agency's PREA Coordinator's Office to the Cabinet for Health and Family Services.</p> <p data-bbox="240 1115 1485 1373">115.31(b): CPP/14.7 requires training to be tailored to be gender specific to the facility of each staff member. Western Kentucky Correctional Complex is comprised of the main unit housing male inmates and Ross Cash Unit outside the main compound housing females. Since staff are subject to work either unit and have contact with both gender populations, all employees take the Gender Responsive Strategies Training which is also built into the annual in-service agenda. Employees who transfer in from another facility housing a different gender receive training which is documented by employee signature on the standardized acknowledgement form. The auditor reviewed the Gender Responsive Strategies Training, "PREA Implementation: Female Offenders" Flyer and "PREA Implementation Male Offenders" Flyer and signed documentation for one employee who transferred from another facility confirming employees are trained on gender specificities.</p> <p data-bbox="240 1406 1490 1630">115.31(d): CPP/14.7 requires staff acknowledgement that they understand the training they have received through signature. The auditor's review of the 16 randomly selected employee training records found signed acknowledgement forms in each file indicating this process is well implemented. Interviews with all levels of staff confirmed clear knowledge and understanding of the agency's zero-tolerance policy for sexual abuse and sexual harassment; employees were able to discuss information from the training consistent with the curriculum. The Training Coordinator is responsible for maintaining training records and tracks both computer based and classroom training hours through rosters and use of the employee training application.</p> <p data-bbox="240 1664 1458 1753">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; the agency exceeds this standard in that refresher training is conducted annually while it is only required every two years.</p>

115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 1485 331">Evidence Reviewed by Auditor: CPP14.7; Certified Volunteer Training Curriculum; PREA Information for Non-Certified Volunteers & Service Providers; Memorandum Directive from DWS; Training Records; Information Obtained from Interviews.</p> <p data-bbox="240 360 1485 689">115.32(a)(b)(c): CPP/14.7 requires all volunteers and contractors who have contact with offenders to be trained annually on: the department's policy of zero-tolerance regarding sexual abuse and sexual harassment and how to report such incidents; and their responsibilities under the department's sexual abuse and sexual harassment prevention, detention, and response policies and procedures. The agency maintains documentation confirming that volunteers and contractors understand the training they have received through signature on the PREA Training Acknowledgement form. Interview with the agency's Contract Administrator confirmed that all contracts include PREA compliance language as a condition of the agreement. Service contractors who do not have contact with inmates and who are under escort by a staff member 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 one contractor who was currently performing work at the facility.</p> <p data-bbox="240 719 1485 880">Corrective Action: During the onsite visit, it was determined that Control Center staff were not clear on the requirement to advise service contractors of the zero-tolerance policy prior to allowing entry. As a corrective action, the Deputy Warden of Security issued a directive as a reminder of the requirement to have all visitors/contractors complete the Kentucky Department of Corrections Volunteer and Contractor Zero-Tolerance Information and Acknowledgement Form. This documentation will be maintained by the PREA Compliance Manager.</p> <p data-bbox="240 909 1485 1104">Interviews with the Warden, Deputy Warden of Security, PREA Compliance Manager, Human Resources Manager, and the Training Coordinator confirms that contracted staff are required to receive the same training as indicated for employees as explained in auditor's 115.31 narrative; auditor's review of contract staff's training records found them consistent with this requirement and to meet all requirements set forth in 115.31. Interviews with contracted staff found them to be knowledgeable on the department's zero-tolerance policy and the overall PREA curriculum used during in-service. This requirement is above and beyond the requirement of this standard.</p> <p data-bbox="240 1133 1485 1496">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 three 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 volunteers allowed inside the facility since last March and everyone will be required to update their training once these services resume.</p> <p data-bbox="240 1525 1485 1585">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>

115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1437 365">Evidence Reviewed by Auditor: CPP/14.7; Transfer Memos; Inmate Training Records; Employee PREA Intake Training Records; Information Obtained from Interviews with Inmates and Intake Staff; Inmate PREA Brochure; Inmate PREA Acknowledgement Form; Ross Cash Handbook; WKCC GP Handbook.</p> <p data-bbox="240 398 1485 1491">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 shall educate each offender about a) prevention of sexual abuse; b) self-protection from being abused; and c) receiving treatment and counseling. The policy requires comprehensive education to be provided to each offender within 30 days of intake, 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 Western Kentucky 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 all inmates who are admitted to the facility receive the PREA information at intake and the comprehensive education within 30 days. Inmates who transfer from another facility receive the same intake orientation and comprehensive education as inmates who are newly admitted. Interviews with the PREA Compliance Manager, Unit Administrators, Assistant Unit Administrators, and Classification & 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 as the situation presents itself. Of the 47 inmates interviewed, all inmates stated they had received information about PREA, although the responses were mixed on the format and timeframe of which it was delivered. The auditor reviewed training records for 47 inmates. Of the 18 female inmate files reviewed, all contained documented evidence of receiving the PREA pamphlet upon arrival (7 were signed the next day) and receiving comprehensive education within 30 days. Inconsistencies were identified in the inmate files from the main compound (male inmates) regarding the recording of the information of when the inmate handbook and PREA pamphlet was received by the inmate, and as to when the comprehensive education was delivered. The auditor finds this provision is not met as of the date of the interim report. The auditor feels it is important to note that every inmate receives comprehensive training upon admission into the Kentucky Department of Corrections at their first reception center. It is also important to note that the files were documented well in cases where the comprehensive education was delayed due to inmates being on quarantine during the past year. After the Interim Report was issued a Corrective Action Plan was implemented and the facility provided education documentation for new arrivals from random intake dates selected by the auditor between April 22 and June 29, 2021, for a review of 131 offender records and was found to meet requirements of these provisions. These provisions have been satisfied and are found compliant as of the issuance of the Final Report.</p> <p data-bbox="240 1525 1485 1888">115.33(c): The auditor's review of (47) inmate files found inconsistencies in the documentation where each inmate had received this training prescribed above in section (b). Agency policy requires the "PREA What You Need To Know" video to be shown to all inmates within 30 days of arrival to any new facility. Based on the findings noted in (a-b) above, all inmate files for the male population will be reviewed during the corrective action period to ensure the corrective action plan is fully implemented. The facility changed its mission and population type since the inception of the PREA education, so no inmates currently housed at the facility were there prior to August 2013. The auditor finds this provision is not met as of the date of the interim report. After the inconsistencies in documentation were identified, the facility completed a file review of all inmate records to identify any who did not have documentation receiving the brochure and the comprehensive education resulting in 27 who needed the brochure and 25 who needed comprehensive education. Documentation was provided indicating brochures were provided to the 27 offenders and comprehensive education delivered to the 25 offenders identified from this review. This provision has been satisfied and is found compliant as of the issuance of the Final Report.</p> <p data-bbox="240 1921 1485 2141">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.</p>

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. As noted in section (a)(b)(c) above, there were inconsistencies, and the facility is in corrective action to improve documentation efforts of this participation. The auditor finds this provision is not met as of the date of the interim report. Additional records were reviewed after the Interim Report for 153 offenders over a four-month corrective action period. This provision has been satisfied and is found compliant as of the issuance of the Final Report.

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 three different posters to convey the message which was observed by the auditor throughout the facility and on all housing units: "End the Silence", "No Means No", and "Know Your Rights". These posters are printed in vivid color and provide constant reminders of the zero-tolerance policy for sexual abuse and sexual harassment. 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.

Corrective Action Plan Completed: The auditor was provided the following evidence demonstrating implementation of the CAP: 1) training records for 11 staff who completed the PREA Intake Training; 2) documentation for issuance of the brochure to 27 existing offenders; documentation for delivery of comprehensive education to 25 existing offenders; 3) documentation for issuance of the brochure and delivery of comprehensive education to 131 (99-male/32-female) new arrival offenders.

The facility, in coordination with the PREA Coordinator, delivered training for 11 intake staff members and documented this training. The facility completed a file review of all inmate records to identify any who did not have documentation receiving the brochure and the comprehensive education resulting in 27 who needed the brochure and 25 who needed comprehensive education. Documentation was provided indicating brochures were provided to the 27 offenders and comprehensive education delivered to the 25 offenders identified from this review. The facility provided education documentation for new arrivals from random intake dates selected by the auditor between April 22 and June 29, 2021, for a review of 131 offender records. The auditor's review of the documentation confirmed that each offender received information at the time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment through the issuance of the brochure. The training rosters provided documented delivery of the comprehensive education within 72 hours of the offender's arrival. The facility has demonstrated full implementation of the CAP and satisfied the requirements of this standard. The auditor determines the agency meets all provisions of this standard based on the review and triangulation of evidence referenced and explained in the above narrative.

115.34	Specialized training: Investigations
	Auditor Overall Determination: Exceeds Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 353">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 data-bbox="229 353 1509 613">115.34(a)(b): CPP/14.7 requires all employees who conduct sexual abuse investigations to receive specialized training in conducting investigations in confinement settings. The auditor’s review of the “Specialized Training: Investigating Sexual Abuse in Correctional Settings” 2-day training found it to include a module on each of the required topics delineated in section (b) of this standard. Each of the nine cases investigated were completed by one of the specially trained investigators from the approved list. The auditor interviewed 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 data-bbox="229 613 1509 766">115.34(c): The PREA Coordinator’s office maintains a list of specially trained investigators for the agency. The list indicated there are 24 employees at Western Kentucky Correctional Complex who have received specialized training for conducting sexual abuse investigations in confinement settings. The auditor reviewed training records and confirmed that the investigators identified in the investigative files had received this training.</p> <p data-bbox="229 766 1509 1061">The auditor reviewed a memorandum issued from Kentucky State Police to the Kentucky Department of Corrections stating that the Kentucky State Police investigates allegations of criminal sexual abuse when requested by Kentucky Department of Corrections facilities; that all Kentucky State Police troopers receive training in sexual abuse investigations during basic training at the State Policy Academy including techniques for interviewing sexual abuse victims, proper use of Miranda warnings, sexual abuse evidence collection at the crime scenes including confinement settings, and the criteria and evidence required to substantiate a case for prosecution referral. This is above and beyond the requirements of this standard. As this is a separate entity, this speaks to the working relationship between the two agencies and guarantees coordination of efforts between the two.</p> <p data-bbox="229 1061 1509 1124">The agency has 335 trained investigators statewide, with 24 of them employed at Western Kentucky Correctional Complex.</p> <p data-bbox="229 1124 1509 1202">The auditor determines the agency and facility meet all provisions of this standard and exceed based on the auditor’s review and triangulation of evidence referenced and explained in the above narrative.</p>

115.35	<p data-bbox="229 69 1509 1267">Specialized training: Medical and mental health care</p> <p data-bbox="229 1267 1509 1312">Auditor Overall Determination: Exceeds Standard</p> <p data-bbox="229 1312 1509 1357">Auditor Discussion</p> <p data-bbox="229 1357 1509 1402">Evidence Reviewed by Auditor: CPP/14.7; PREA for Medical and MH Training Module; Training Records; Information Obtained from Interviews.</p> <p data-bbox="229 1402 1509 1603">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.</p> <p data-bbox="229 1603 1509 1671">115.35(b): Medical staff interviewed confirmed that they do not conduct forensic examinations. This is not within the scope of services provided by the Western Kentucky Correctional Complex Medical Department.</p> <p data-bbox="229 1671 1509 1827">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. The auditor reviewed training documentation for the medical and mental health staff who are required to have the training and found documented evidence training was completed in addition to the general training. 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 data-bbox="229 1827 1509 2051">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 Director of Nursing, 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 data-bbox="229 2051 1509 2119">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 once.</p>
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115.41	Screening for risk of victimization and abusiveness
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1406 331">Evidence Reviewed by Auditor: CPP/14.7; KOMS PREA Risk Assessment Blank Form; Samples of Completed Risk Screening Instruments; Inmate Files; Information Obtained from Interviews.</p> <p data-bbox="242 360 1485 589">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. Auditor's review of 48 inmate files indicated comprehensive documentation to provide evidence the screening is conducted systematically for all inmates arriving the facility. 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 data-bbox="242 618 1490 748">115.41(b): The auditor's review of 48 randomly selected inmate files found that the intake screening was conducted within 24 hours in 36 files and within 72 in the remaining 12. 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.</p> <p data-bbox="242 777 1490 1039">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 instrument; Kentucky Department of Corrections does not detain inmates solely for civil immigration purposes; therefore, the tenth element is not included. The instrument provides consideration of known prior acts of sexual abuse, known prior convictions for violent offenses, and known history of prior institutional violence or sexual abuse in an effort to assess an inmate's risk of being sexually abusive. Auditor's interviews with multiple Classification and Treatment Officers confirmed that each of the questions listed on the Risk Assessment is evaluated through a combination of direct conversation with the inmate and review of the inmate's prior history and institutional record.</p> <p data-bbox="242 1068 1485 1498">115.41(f)(g): CPP/14.7 requires the facility to reassess the offender's risk level based upon any additional information received since the intake screening. A reassessment may occur at any time when warranted. Assessment information is tracked within the computer-based system (KOMS). The auditor's interviews with Unit Administrators, Assistant 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 observed documented evidence that new information is evaluated for reassessment within 30 days of the inmate's original assessment. Auditor's review of 48 inmate records indicated that 47 were conducted within 30 days and only one was one day late. Upon notification of an allegation, a reassessment is conducted of both victim and aggressor, as warranted, to document the need for any changes in monitoring, housing placement, or other assignment. This was confirmed through interviews with Unit Administrators and Classification and Treatment Officers. The auditor reviewed an example of a referral for reassessment conducted due to additional information being presented as a result of the inmate participating in inappropriate sexual conduct. As determined by interview with the PREA Coordinator, none of the inmates involved in investigated allegations required a reassessment based on the nature of the incident and the final disposition.</p> <p data-bbox="242 1527 1485 1688">115.41(h): CPP/14.7 directs offenders shall not be disciplined for refusal or nondisclosure of complete information in response to questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this standard. This was confirmed through interviews with Classification and Treatment Officers and the PREA Compliance Manager. No inmate interviewed expressed having been disciplined for refusing to answer questions or nondisclosure of information related to the PREA Risk Screening.</p> <p data-bbox="242 1718 1485 2047">115.41(i): CPP/14.7 requires the dissemination of information related to and resulting from the assessment to be controlled and limited to staff necessary to inform treatment plans and make security and management decisions regarding housing, beds, work, education, and program assignment. All inmates interviewed stated the risk screening was conducted in a professional manner and privately. The PREA Coordinator, during her interview, explained that a list of inmates who are considered to be at high risk for victimization and those at high risk for aggressive sexual behavior is distributed to management staff weekly so that these inmates can be monitored accordingly while in programming, on work assignment, or on their housing unit. She further confirmed that KOMS rights are handled at the central office level and she must approve any requests for PREA access, thereby 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.</p> <p data-bbox="242 2076 1453 2136">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>

115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1485 398">Evidence Reviewed by Auditor: CPP/14.7; CPP/14.8; Classification Request and Risk Review; Notification of High Risk; Kentucky Offender Management System (KOMS); Statement of Fact Use of Screening Information; Statement of Fact High-Risk Housing Assignments; Statement of Fact Transfer Request; Housing/Program Review Form; Information Obtained from Interviews.</p> <p data-bbox="242 432 1485 992">115.42(a)(b): CPP/14.7 directs the information gleaned from the intake screening to be used to make housing, bed, program, and work assignment decisions with the goal of keeping separate those offenders who are prone to sexual victimization from those who are prone to sexual aggression. The result of this screening is disseminated to staff necessary to inform treatment plans and in making security and management decisions regarding the individual. Interviews with Unit 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. Interview with the PREA Compliance Manager explained that due to the open bay layout of the institution, precautions are taken when assigning an inmate to a bed area using a bed book to ensure an inmate's bed assignment is not within close proximity to an inmate whose risk level is not compatible with his/hers. 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. KOMS will generate an alert if two inmates are placed too close in proximity in the system to indicate that these should be kept separate due to risk levels or prior conflicts. The facility utilizes a Job Action Request 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 for the purpose of considering 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. This list is updated weekly and is not disseminated any more widely among staff to the extent of managing inmate safety. Samples of the notification to work area managers were reviewed by the auditor.</p> <p data-bbox="242 1025 1485 1619">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 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 four transgender inmates interviewed, none expressed concerns with their placement at this facility and all indicated they have an acceptable and accessible forum to express any concerns.</p> <p data-bbox="242 1653 1485 1977">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 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 (4) 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. Based on interviews with staff, it is apparent that the inmate's safety concerns are considered important and taken seriously by all staff.</p> <p data-bbox="242 2011 1485 2134">115.42(f): Western Kentucky 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 may obtain authorization to shower during count when no other inmates are present in the bathrooms.</p>

115.42(g): Western Kentucky 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 ten Transgender/Gay/Lesbian inmates confirmed they are well integrated into the general population and expressed no safety or health problems related to their placement.

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
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed by Auditor: CPP/14.7; CPP/14.8, CPP/10.2; Statement of Fact High-Risk Victimization/Involuntary Segregation; Information Obtained from Interviews; Observations During Tour.</p> <p>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, three were housed in the Special Management Unit but none were there for protection from sexual victimization, all were self-disclosed disciplinary related.</p> <p>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>115.43(c): Western Kentucky Correctional Complex has not placed an inmate in involuntary segregated housing within the audit reporting period as documented by Statement of Fact from the PREA Compliance Manager and discussed during her interview. Additionally, a review of the Investigative Files further confirmed that inmates who alleged sexual abuse were not placed in segregated housing involuntarily for protection. The auditor's assessment during interviews with staff who work segregated/restrictive housing, security supervisors, the Warden, PREA Compliance Manager, and programs staff, is that staff make every effort to provide safe housing for inmates at high risk without the use of involuntary segregated housing. High-risk inmates interviewed confirmed they had never been placed in segregation to keep separate from likely abusers against their will.</p> <p>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>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
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1445 362">Evidence Reviewed by Auditor: CPP/14.7; CPP/3.22; PREA Posters; Inmate PREA Brochure; WKCC PREA Notice by Phones; Investigative Files; Inmate Records; Staff Reporting Hotline Poster; Information Obtained During Interviews with Staff and Inmates.</p> <p data-bbox="240 398 1490 891">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 so choose. Reports can be made from the inmate telephones to the PREA hotline using *7732 speed dial. The PREA Hotline Phone Card containing instructions for accessing the internal and external hotline is printed and posted next to each inmate phone. Investigative reports reviewed by the auditor indicate that no reports of sexual abuse and harassment were received through the hotline and all were either directly reported to a staff member by the alleged victim or a third party and regardless of the method received, investigations were initiated on the date staff were made aware. Test calls made by the auditor to the hotline from the inmate phone system were forwarded to the agency's PREA Coordinator within a short time on the same day after the call was made. Auditor confirmed during random inmate interviews that inmates were able to articulate a variety of ways to make a report of sexual abuse or sexual harassment and that they possessed an understanding that the Western Kentucky Correctional Complex takes these allegations seriously.</p> <p data-bbox="240 927 1481 1115">115.51(b): Inmates may report abuse or harassment to a public entity directly to the Justice and Public Safety Cabinet, internal Investigations Branch by dialing *5532 speed dial for outside DOC or in writing at 125 Holmes Street, Frankfort, KY 40601. Test calls made by the auditor to the hotline from the inmate phone system were forwarded directly to the agency's PREA Coordinator within a short time on the same day after the call was made. Reports can also be made to a private agency by contacting The Sanctuary, Inc. crisis number 1-800-766-0000. The Kentucky Department of Corrections does not detain inmates solely for civil immigration purposes.</p> <p data-bbox="240 1151 1458 1308">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. A review of the investigative files indicated that upon learning of or receiving a report of a sexual abuse/harassment allegation, staff acted immediately and responsively according to the facility's established protocol.</p> <p data-bbox="240 1344 1487 1500">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.</p> <p data-bbox="240 1536 1471 1626">Corrective Action: During the onsite visit the auditor recommended that additional signage be posted, specifically in areas near the inmate telephones. The facility took immediate action and added signage in all the areas noted during the tour by the close of business on the first day. No further corrective action is required.</p> <p data-bbox="240 1662 1458 1715">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>

115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed by Auditor: CPP/14.6; Statement of Fact; Grievance 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. Grievance Activity Logs indicate there were 121 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 meets all provisions of this standard based on the auditor's review and triangulation of evidence referenced and explained in the above narrative.</p>

115.53	<p data-bbox="229 69 1509 1330">Inmate access to outside confidential support services</p> <p data-bbox="229 145 1509 190">Auditor Overall Determination: Meets Standard</p> <p data-bbox="229 212 1509 257">Auditor Discussion</p> <p data-bbox="229 280 1509 347">Evidence Reviewed by Auditor: CPP/14.7; KASAP MOU; Information Obtained from Interviews; Sanctuary, Inc. Poster; Investigative Files.</p> <p data-bbox="229 369 1509 1243">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 Sanctuary, Inc. is the local service provider for the Western Kentucky 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 Inmate 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 Sanctuary, Inc. by way of the inmate handbook, during orientation as part of the PREA training, availability of KASAP flyers, and posters of the KASAP notification posters on bulletin boards in the living units. The KASAP flyer has been incorporated into the orientation lesson plan and orientation packet provided to every inmate who is newly assigned to the facility and the inmate signs for receipt of the information of how to contact the Sanctuary for 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 National 24 Hour Help Line at 1-800-656-HOPE (4763) or the Local 24 Hour Line at 1-800-766-0000 crisis line to talk to a counselor or write to the program directly at P.O. Box 1165 Hopkinsville, KY, 42241. 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 Sanctuary, Inc. who confirmed the service availability, and that there had been no complaints against Western Kentucky Correctional Complex brought to their attention in the past 12 months. The auditor was also informed 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 Sanctuary, Inc. flyer during every investigation, either by the investigator or the PREA Compliance Manager. Interviews with 46 inmates found that most everyone was aware that these services are available and those who had been involved in an investigation confirmed they received the flyer and were offered services directly. No one interviewed expressed the use of the services.</p> <p data-bbox="229 1265 1509 1330">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>
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115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed by the Auditor: PREA Hotline Poster; Agency Website; Information Obtained from Interviews; Observations During Site Visit 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). 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. Interviews with inmates confirmed their knowledge that they can have a family member or friend report sexual abuse, sexual harassment, or retaliation on their behalf.</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>

115.61	Staff and agency reporting duties
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1457 331">Evidence Reviewed by Auditor: CPP/14.7; CPP/2.11; Investigative Files; Interviews with Inmates and Staff; Staff Training Curriculum.</p> <p data-bbox="242 360 1476 555">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 Western Kentucky 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 data-bbox="242 584 1469 779">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 interview with random staff indicated they understand this requirement and that they understand the consequences of not treating this information confidentially.</p> <p data-bbox="242 808 1473 969">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 further advised of these limitations verbally at the time of treatment.</p> <p data-bbox="242 999 1465 1229">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 a sexual abuse incident occurred involving an offender under the age of 18. A review of the nine completed investigations found no vulnerable adult applicability.</p> <p data-bbox="242 1258 1492 1420">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 nine cases investigated was reported by a third-party reporter. The auditor's review of the investigative files documented an immediate forwarding of all allegations to the facility's investigator regardless of the reporting method.</p> <p data-bbox="242 1449 1457 1509">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>

115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 318">Evidence Reviewed by Auditor: CPP/14.7; Information Obtained from Interviews; Personal Observations.</p> <p data-bbox="229 318 1509 779">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. The auditor's review of case files confirmed staff actions were consistent with this requirement. The auditor's review of the nine completed investigation files found that in all cases, the alleged victim and alleged perpetrator were immediately separated to ensure the protection of the victim. None of the cases reviewed involved an allegation of a threat of imminent sexual abuse. Through Statement of Fact and personal interview, the PREA Compliance Manager confirmed there have been no inmates at substantial risk of sexual abuse at the facility during the audit period. 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 data-bbox="229 779 1509 864">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
	<p data-bbox="244 210 453 237">Auditor Discussion</p> <p data-bbox="244 271 1246 297">Evidence Reviewed by Auditor: CPP/14.7; Information Obtained from Interviews; Investigative Files.</p> <p data-bbox="244 331 1449 524">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 data-bbox="244 557 1477 750">115.63(d): CPP/14.7 requires the facility to investigate all allegations received from other facilities. Based on interviews with the PREA Compliance Manager and the Internal Affairs Investigator, there was no allegation of sexual abuse received from another facility to have occurred while an offender was housed at Western Kentucky Correctional Complex in the past 12 months; however, the facility provided the auditor with a case reported by another facility of an incident alleged to have occurred at the facility that was outside of the 12-month period providing evidence these reported allegations are promptly, thoroughly, and objectively investigated.</p> <p data-bbox="244 784 1458 842">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>

115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 318">Evidence Reviewed by Auditor: CPP/14.7; Information Obtained from Interviews; Investigative Files.</p> <p data-bbox="229 318 1509 680">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. Interviews with security and non-security staff confirm a thorough knowledge of the required first responder duties. All staff is provided with a first responder pocket card as a reminder of the steps to follow. The auditor asked the First Responder questions to random staff (security and non-security) during interviews, and everyone was very knowledgeable of their responsibilities as First Responders. Of the nine closed investigations, none met the criteria to initiate protocols for a forensic examination.</p> <p data-bbox="229 680 1509 792">In the past 12 months, the facility received six allegations that an inmate was sexually abused, although none were of a nature that allowed for the collection of physical evidence. All files documented collection of circumstantial evidence, where obtainable. Protocols were followed according to the facility and agency's requirements in all nine cases.</p> <p data-bbox="229 792 1509 887">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>

115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 318">Evidence Reviewed by Auditor: WKCC Institutional Plan of Action; Information Obtained from Interviews; Investigative Files.</p> <p data-bbox="229 318 1509 680">115.65(a): The auditor was provided a copy of the “WKCC Sexual Assault Action Plan” that provides step-by-step instructions for coordinating actions among staff first responders, Shift Supervisor, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse at this facility. The plan further ensures the preservation of the crime scene (if applicable) and any other usable evidence. The plan listed Baptist Health in Paducah as the designated location for the collection of forensic evidence and a medical examination by a SAFE/SANE medical professional. The plan also lists the Sanctuary, Inc. as the contact if the inmate requests an advocate. Interviews with staff acknowledged their understanding of the steps outlined within the coordinated response plan and they were able to explain their specific responsibilities in response to a sexual abuse incident. Auditor’s interview with Baptist Health confirmed their capacity to receive and treat inmate victims of sexual abuse from Western Kentucky Correctional Complex and that the hospital has trained sexual assault nursing examiners on staff.</p> <p data-bbox="229 680 1509 763">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>

115.66	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 meets all provisions of this standard based on the auditor's review and triangulation of evidence referenced and explained in the above narrative.</p>

115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 453 237">Auditor Discussion</p> <p data-bbox="240 271 1485 331">Evidence Reviewed by Auditor: CPP/14,7; CPP/3.22; Statement of Fact; Protection Against Retaliation Forms; Investigative Files; Information Obtained from Interviews.</p> <p data-bbox="240 365 1497 1093">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. Based on the Statement of Fact and interviews with the Warden, the PREA Compliance Manager is the designated staff member charged with monitoring retaliation at Western Kentucky Correctional Complex, although the back-up PREA Compliance Manager and Internal Affairs Investigator assist with these efforts. Interview with the PREA Compliance Manager confirmed that monitoring begins the date the allegation is reported and continues for at least 90 days following the incident. This monitoring includes periodic status checks on inmates. Monitoring efforts are documented on the "Protection Against Retaliation" form which is maintained by the PREA Compliance Manager in a separate file. Protection measures employed may include housing unit change, facility transfer, removal of alleged staff or inmate abuser from contact with the victim, emotional support services, and any other means necessary. Monitoring efforts include 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. 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; it was evident to the auditor that monitoring for retaliation is taken seriously and any suspicion of retaliation would be addressed and remedied immediately. Interviews with inmates indicated that when a safety concern was expressed to staff, necessary action was taken to ensure the safety of the inmate. Of the allegations reported within the past 12 months, four cases qualified for monitoring and the auditor's review of these completed Protection Against Retaliation forms validated thorough monitoring was conducted. Based on an interview with the Commissioner, the agency has a zero-tolerance for any retaliation and when it is suspected or confirmed, appropriate and swift action will be taken.</p> <p data-bbox="240 1126 1458 1184">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>

115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 235">Auditor Discussion</p> <p data-bbox="242 271 1430 295">Evidence Reviewed by Auditor: CPP10.2; Statement of Fact; Information Obtained from Interviews; Investigative Files.</p> <p data-bbox="242 331 1477 589">115.68(a): Based on an interview with the Warden and the PREA Compliance Manager, there have been no incidents at Western Kentucky 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. Auditor's analysis of information as explained in the §115.43 narrative of this report along with a review of the nine investigative files and results of related interviews. Interviews with inmates housing in segregation during the site visit and those 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 data-bbox="242 624 1457 680">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>

115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1430 331">Evidence Reviewed by Auditor: CPP/14.7; Records Retention Schedule; Investigative Files; Information Obtained from Interviews; List of Trained Investigators; Staff Training Records.</p> <p data-bbox="242 360 1481 656">115.71(a)(c): CPP/14.7 establishes the requirement for allegations of sexual abuse and sexual harassment to be promptly, thoroughly, and objectively investigated. Auditor's review of the nine investigative files found investigations were conducted promptly, thoroughly, and objectively. 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 data-bbox="242 685 1485 846">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 24 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 data-bbox="242 875 1453 972">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 auditor's interviews with facility investigators and based on documentation reviewed in the investigative files</p> <p data-bbox="242 1001 1490 1162">115.71(e): CPP/14.7 requires the credibility of an alleged victim, suspect, or witness to be assessed on an individual basis and to not be determined by the individual's status as an offender or staff member. An offender who alleges sexual abuse will not be required to submit to a polygraph examination or other truth-telling device as a condition to proceed with the sexual abuse investigation. The nine investigative files reviewed indicated no truth-telling devices were used during the investigation and this was further confirmed through interviews with facility investigators and inmates who reported PREA allegations.</p> <p data-bbox="242 1191 1477 1391">115.71(f)(g): CPP/14.7 establishes the requirement for investigations to be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Administrative investigations that result in a substantiated case of sexual abuse is to include an effort to determine whether staff actions or failures to act contributed to the abuse. The auditor's review of nine investigative files found them to be thoroughly documented as required by provisions (f) and (g). Interview with the Internal Affairs Investigator confirmed that cases are reviewed to identify if any staff actions or inactions contributed to abuse findings.</p> <p data-bbox="242 1420 1469 1619">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 Western Kentucky Correctional Complex where supporting evidence is obtained. Currently, there is one investigation that is still under investigation and pending a decision to refer for prosecution based on the outcome of the criminal investigation. Auditor's interviews with the Warden, Internal Affairs Investigator, and PREA Coordinator confirmed eligible cases are presented for prosecution.</p> <p data-bbox="242 1648 1473 1744">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.</p> <p data-bbox="242 1774 1485 2000">115.71(j): CPP/14.7 establishes that the departure of the alleged perpetrator or victim from the employment or control of the facility or department shall not provide a basis for terminating an investigation. Interviews with the Warden and the Internal Affairs Investigator confirmed their knowledge and adherence to this requirement. In one investigation, the alleged staff perpetrator was no longer employed at the facility upon the discovery of the allegation, yet the investigation was initiated and subsequently turned over to the KSP for criminal charges. One case involved an alleged inmate perpetrator who had transferred to another facility prior to receiving the complaint and the investigation was conducted according to established protocols.</p> <p data-bbox="242 2029 1485 2157">115.71(l): The auditor's review of the investigation files found clearly documented cooperative efforts between Western Kentucky Correctional Complex and external investigators and status updates to remain informed about the progress of the investigation; further confirmation was obtained during interviews with the Warden, PREA Compliance Manager, and Internal Affairs Investigator. Auditor's interview with the PREA Coordinator confirmed that the Internal Affairs Investigator is the</p>

facility's contact person for the criminal investigator and works closely with them throughout that process. The PREA Coordinator's office monitors the progress of all investigations on a continuous basis.

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.

115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="231 197 1508 264">Auditor Discussion</p> <p data-bbox="231 264 1508 331">Evidence Reviewed by Auditor: CPP/14.7; Information Obtained from Interviews; Investigative Files.</p> <p data-bbox="231 331 1508 510">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 nine investigation files found the investigative summaries were clearly documented to support preponderance of the evidence was used to determine the disposition for each investigation. Interviews with facility investigators confirmed this is the standard used.</p> <p data-bbox="231 510 1508 600">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>

115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 210 453 237">Auditor Discussion</p> <p data-bbox="244 271 1437 331">Evidence Reviewed by Auditor: CPP/14.7; Offender Notification and Investigation Form; Investigative Files; Information Obtained from Interviews.</p> <p data-bbox="244 360 1490 723">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. During the audit period, no inmate or staff was prosecuted, nor has any staff been terminated as a result of a sexual abuse allegation. Of the six sexual abuse allegations, three warranted notification to the victim upon completion of the investigation, and completed notifications were provided to the auditor for review. 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 data-bbox="244 752 1458 813">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>

115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 453 237">Auditor Discussion</p> <p data-bbox="242 271 1437 297">Evidence Reviewed by Auditor: CPP/3.22; Statement of Fact; Information Obtained from Interviews; Investigative Files.</p> <p data-bbox="242 331 1485 958"> 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. Statement of Fact provided by the PREA Compliance Manager informed the auditor that there were no terminations for violations of agency sexual abuse or harassment policies or resignations by staff who would have otherwise been terminated. However, there is one case during this period that involves a prior contract employee who had already left employment when the allegation was reported which has been forwarded to KSP and is being investigated for criminal charges. This action by the facility further supports compliance with provision (d). Interviews with the Warden, PREA Compliance Manager, Internal Affairs Investigator and Human Resources Manager 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 will result in termination from employment. </p> <p data-bbox="242 992 1406 1048">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; Statement of Fact; Information Obtained from Interviews; Investigative 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.</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
	<p data-bbox="242 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 273 1473 331">Evidence Reviewed by Auditor: CPP/4.7; CPP/15.2; Statement of Fact; Information Obtained from Interviews; Investigative Files; Sample Disciplinary Report.</p> <p data-bbox="242 367 1461 524">115.78(a)(b): CPP/15.2 establishes sanctions for inmates found guilty of sexual abuse after due process through the disciplinary procedures. For this violation sanctions imposed can be loss of up to four years non-restorable good time and assignment to disciplinary segregation for a maximum of 30 days for each offense. Based on statement of fact from PREA Compliance Manager, and further confirmed through interview, Western Kentucky Correctional Complex has had no confirmed incidents of sexual assault where an inmate received disciplinary action during the audit period.</p> <p data-bbox="242 560 1490 748">115.78(c): CPP/14.7 requires the facility to consider whether the offender's mental disabilities or mental illness contributed to her behavior when determining what level of sanction, if any, will be imposed when pending disciplinary sanctions for sexual abuse charges. The Disciplinary Report Form includes an option for "no penalty imposed at recommendation of mental Health", to indicate when an evaluation identifies that the offender's mental disabilities or mental illness may have contributed to her behavior for the infraction. Interviews with the disciplinary hearing officer and mental health provider confirm this consideration is weighed when sanctions are determined.</p> <p data-bbox="242 784 1469 1070">115.78(d): Western Kentucky 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 Counselors confirmed that inmates are encouraged to pursue avenues to address and correct underlying reasons or motivations for abusive behavior.</p> <p data-bbox="242 1106 1449 1196">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 no inmate has received disciplinary action for sexual involvement with a staff member in the past 12 months.</p> <p data-bbox="242 1232 1485 1388">115.78(f): CPP/14.7 establishes an offender may be disciplined for reporting a false allegation of sexual abuse or sexual harassment only where the facility can demonstrate the false allegation was knowingly made in bad faith. A report made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute a false report or lying even if an investigation does not establish evidence sufficient to substantiate the allegations. Interview with PREA Compliance Manager confirmed that no inmate has received disciplinary action for making a false allegation during the audit period.</p> <p data-bbox="242 1424 1465 1514">115.78(g): Consensual sex between inmates is prohibited at Western Kentucky Correctional Complex and both parties are subject to disciplinary action if found to engage in this activity. The auditor was provided a copy of a Disciplinary Report Form issued to both inmates for inappropriate sexual behavior for a finding of guilt after due process.</p> <p data-bbox="242 1550 1401 1608">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>

115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 318">Evidence Reviewed by Auditor: CPP/14.7; Examples of Risk Assessment; Documented Referrals; Informed Consent Forms; Information Obtained from Interviews.</p> <p data-bbox="229 318 1509 591">115.81(a)(b)(c): CPP/14.7 requires when a risk assessment indicates an offender has experienced victimization or previously been a perpetrator, staff shall ensure the offender has been offered a follow-up for counseling and monitoring with the appropriate medical or mental health professional within 14 days of the assessment. The auditor reviewed 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.</p> <p data-bbox="229 591 1509 1084">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 Compliance Manager. 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 data-bbox="229 1084 1509 1308">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 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.</p> <p data-bbox="229 1308 1509 1411">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>

115.82	Access to emergency medical and mental health services
	<p data-bbox="242 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 273 1458 331">Evidence Reviewed by Auditor: CPP/14.7; Statement of Fact; Information Obtained from Interviews; Medical Assessment Forms; Investigative Files; Inmate Account Records.</p> <p data-bbox="242 362 1481 689">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 Western Kentucky 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 Baptist Health in Paducah. 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.</p> <p data-bbox="242 721 1485 981">115.82(b): Western Kentucky 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 investigative 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.</p> <p data-bbox="242 1012 1490 1205">115.82(c): CPP/14.7 requires inmate victims of sexual abuse to be offered timely information about and access to sexually transmitted infections prophylaxis as deemed appropriate by the medical practitioner. The auditor's interview with and supporting Statement of Fact from the PREA Compliance Manager and review of the investigative files confirms that Western Kentucky Correctional Complex has had no inmate victims of sexual abuse that required access to emergency medical treatment, crisis intervention, emergency contraception, or sexually transmitted infections prophylaxis during the audit period.</p> <p data-bbox="242 1236 1485 1361">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.</p> <p data-bbox="242 1393 1490 1554">Interviews with medical staff, the mental health provider, and the Health Service Administrator confirmed there have been no incidents requiring a forensic medical exam in the past 12 months; all staff interviewed were thoroughly familiar with the protocols used in responding to an incident of sexual abuse. Of the nine allegations which have been reported within the past 12 months, 6 were abuse and 3 harassment, and in each case, the inmate received a medical and mental health evaluation and referral for any continuing treatment deemed necessary.</p> <p data-bbox="242 1585 1401 1644">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>

115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1437 331">Evidence Reviewed by Auditor: CPP/14.7; Statement of Fact; Information Obtained from Interviews; Investigative Files; Inmate Records.</p> <p data-bbox="240 360 1490 757">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 Western Kentucky 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. Interviews with the PREA Compliance Manager and Health Services Administrator confirm that the facility has had no investigations involving 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.</p> <p data-bbox="240 786 1490 981">115.83(d)(e): CPP/14.7 requires that all offenders who have been victims of sexual abuse in any correctional facility shall be offered any necessary treatment related to the sexual abuse, to include timely and comprehensive information about lawful pregnancy-related medical services. Based on interviews with the PREA Compliance Manager and the Health Services Administrator, this facility has had no instances of pregnancy resulting from sexually abusive vaginal penetration during the audit period. Interviews with inmates who reported prior abuse during the risk screening at intake confirmed they received a referral for services.</p> <p data-bbox="240 1010 1477 1205">115.83(g): CPP/14.7 requires current and previous victims of sexual abuse to receive any medical and mental health treatment services related to the sexual abuse at no cost to the offender. In addition to services provided by the facility staff, inmates are eligible to receive follow-up crisis counseling by phone and three in-person sessions with The Sanctuary, Inc. 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 were provided and/or offered continued treatment after reporting the incident at no cost.</p> <p data-bbox="240 1234 1490 1429">115.83(h): CPP/14.7 requires mental health practitioners to attempt to conduct an evaluation on all known offender-on-offender perpetrators within 60 days of learning of such abuse and provide treatment as deemed appropriate. Interview with the PREA Compliance Manager and auditor's review of the investigative files confirms that the facility has had no inmate-on-inmate abusers identified during the audit period. 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.</p> <p data-bbox="240 1458 1490 1653">Interviews with medical staff, the Mental Health Provider, and the Health Service Administrator confirmed there have been no incidents requiring a forensic medical exam in the past 12 months; all staff interviewed were thoroughly familiar with the protocols used in responding to an incident of sexual abuse. Of the nine allegations which have been reported within the past 12 months, 6 were abuse and 3 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.</p> <p data-bbox="240 1682 1402 1742">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>

115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Evidence Reviewed by Auditor: CPP/14,7; Investigative Files; Sexual Abuse Incident Review (SAIR) Reports; Information Obtained from Interviews; Personal Observations.</p> <p>115.86(a)(b): CPP/14.7 directs all facilities to conduct a review within 30 days of the conclusion of every sexual abuse investigation unless the allegation was determined to be unfounded. Interview with the PREA Compliance Manager confirmed that she initiates an incident review upon completion of the investigation. The auditor's review of the nine closed investigative files found the Incident Reviews were conducted well within thirty days.</p> <p>115.86(c): The Western Kentucky Correctional Complex review team consists of the PREA Compliance Manager, Major, UAI; Investigator; Mental Health Personnel, and line supervisors. The auditor interviewed four staff who participate on the incident review team and found them to be knowledgeable about the process. The team members expressed meaningful participation in the incident review process. Interview with the Warden confirmed that she reviews and implements recommendations made through the Sexual Abuse Incident Review (SAIR) process. A recommendation made by the review team in October 2020 to add a camera in the kitchen laundry area was implemented.</p> <p>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>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>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 standardized SAIR reporting process.</p>

115.87	Data collection
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 353">Evidence Reviewed by Auditor: CPP/14.7; KOMS Screenshot; Facility Monthly Report Sample; 2019 PREA Statistical Report; 2019 SSV-2.</p> <p data-bbox="229 353 1509 510">115.87(a): The agency collects accurate, uniform data for every allegation of sexual abuse at all facilities using a standardized instrument and set of definitions using their computer-based offender management system (KOMS). CPP/14.7 requires each facility to provide allegations and dispositions of sexual offenses on a monthly report. The PREA Compliance Manager provided a copy of the report submitted to the PREA Coordinator's office monthly.</p> <p data-bbox="229 510 1509 667">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 data-bbox="229 667 1509 801">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.</p> <p data-bbox="229 801 1509 958">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 data-bbox="229 958 1509 1034">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
	<p data-bbox="244 210 453 237">Auditor Discussion</p> <p data-bbox="244 271 1437 333">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 data-bbox="244 360 1461 622">115.88(a): The agency's PREA Coordinator is responsible for reviewing data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies practices and training by identifying problem areas, taking corrective action on an ongoing basis, and preparing an annual report of findings and corrective actions for each facility as well as the agency. Interview with the PREA Coordinator confirms that she and her team make regular use of the incidence data collected and are in constant motion for improving the agency's PREA programs. She meets with the PREA Compliance Managers monthly virtually to discuss any problem areas and to provide ongoing training. The KOMS provides a mechanism for regular data analysis from multiple perspectives on a micro and macro basis.</p> <p data-bbox="244 651 1469 846">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 data-bbox="244 875 1401 938">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
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 353">Evidence Reviewed: CPP/14.7; 2019 PREA Annual Report; Website; 2019 PREA Statistical Report; Records Retention Schedule, Interviews.</p> <p data-bbox="229 353 1509 542">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 data-bbox="229 542 1509 685">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 data-bbox="229 685 1509 784">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 data-bbox="229 784 1509 878">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
	<p data-bbox="244 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="244 210 451 237">Auditor Discussion</p> <p data-bbox="244 273 1453 331">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 data-bbox="244 367 1469 456">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 data-bbox="244 492 1485 748">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 data-bbox="244 784 1481 904">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 Western Kentucky Correctional Complex. All documentation and information requested were promptly provided to the auditor in either paper or electronic format.</p> <p data-bbox="244 940 1465 1061">115.401(m): The auditor selected all inmates to be interviewed and all were permitted. It was determined that three of the inmates originally chosen by the auditor for an interview were still in the quarantined unit and the auditor elected to replace these inmates with three others who were not on quarantine. The facility provided private settings throughout the facility for interviews to be conducted.</p> <p data-bbox="244 1097 1474 1285">115.401(n): The auditor observed during the on-site tour the required notifications posted prominently and conspicuously in areas accessed by inmates and staff. Mailroom staff interviewed confirmed that outgoing mail to the PREA Auditor or ACA would be treated as privileged correspondence and would not be opened, unless in the presence of the inmate, and only should it appear suspicious. No letters were received by the auditor or by ACA on behalf of the auditor as of the issuance of this report. Inmate interviews indicated they were aware of the PREA audit and that they were permitted to correspond with the auditor.</p> <p data-bbox="244 1321 1401 1379">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>

115.403	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 adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	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.)	yes
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	yes
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)?	yes

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 abuse and sexual harassment, including: inmates who are blind or have low vision?	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 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.)	yes
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.)	yes
	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?	no
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	no
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	no
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.)	na
	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.)	na
	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.)	na
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.)	na
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).	yes
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.)	yes
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.)	yes
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