

# PREA Facility Audit Report: Final

**Name of Facility:** Little Sandy Correctional Complex

**Facility Type:** Prison / Jail

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 05/10/2024

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input 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 type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Lori Fadorick	<b>Date of Signature:</b> 05/10/2024

AUDITOR INFORMATION	
<b>Auditor name:</b>	Fadorick, Lori
<b>Email:</b>	lfadorick@gmail.com
<b>Start Date of On-Site Audit:</b>	03/13/2024
<b>End Date of On-Site Audit:</b>	03/15/2024

FACILITY INFORMATION	
<b>Facility name:</b>	Little Sandy Correctional Complex
<b>Facility physical address:</b>	505 Prison Connector, Sandy Hook, Kentucky - 41171
<b>Facility mailing address:</b>	

Primary Contact
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<b>Name:</b>	Pamela Clayton
<b>Email Address:</b>	pamelas.clayton@ky.gov
<b>Telephone Number:</b>	(502) 222-0365

<b>Warden/Jail Administrator/Sheriff/Director</b>	
<b>Name:</b>	Donald Shawn McKenzie
<b>Email Address:</b>	donalds.mckenzie@ky.gov
<b>Telephone Number:</b>	(606) 738-6133

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	Shawn Ramey
<b>Email Address:</b>	shawn.ramey@ky.gov
<b>Telephone Number:</b>	O: (606) 738-6133

<b>Facility Health Service Administrator On-site</b>	
<b>Name:</b>	Mandy Webb
<b>Email Address:</b>	mandy.webb@ky.gov
<b>Telephone Number:</b>	(606) 738-6133

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	1050
<b>Current population of facility:</b>	990
<b>Average daily population for the past 12 months:</b>	983
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Males

<b>Age range of population:</b>	19-80
<b>Facility security levels/inmate custody levels:</b>	Community, Minimum, Medium, Maximum
<b>Does the facility hold youthful inmates?</b>	No
<b>Number of staff currently employed at the facility who may have contact with inmates:</b>	219
<b>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</b>	49
<b>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</b>	56

#### AGENCY INFORMATION

<b>Name of agency:</b>	Kentucky Department of Corrections
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	275 East Main Street, Frankfort, Kentucky - 40621
<b>Mailing Address:</b>	PO Box 2400, Frankfort, Kentucky - 40602
<b>Telephone number:</b>	

#### Agency Chief Executive Officer Information:

<b>Name:</b>	Cookie Crews
<b>Email Address:</b>	cookie.crews@ky.gov
<b>Telephone Number:</b>	502-782-2266

#### Agency-Wide PREA Coordinator Information

<b>Name:</b>	Pamela Clayton	<b>Email Address:</b>	pamelas.clayton@ky.gov
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# Facility AUDIT FINDINGS

## Summary of Audit Findings

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

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:

5

- 115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
- 115.16 - Inmates with disabilities and inmates who are limited English proficient
- 115.17 - Hiring and promotion decisions
- 115.71 - Criminal and administrative agency investigations
- 115.87 - Data collection

### Number of standards met:

40

### Number of standards not met:

0

## POST-AUDIT REPORTING INFORMATION

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2024-03-13
2. End date of the onsite portion of the audit:	2024-03-15

#### Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Pathways, Inc.

### AUDITED FACILITY INFORMATION

14. Designated facility capacity:	1050
15. Average daily population for the past 12 months:	983
16. Number of inmate/resident/detainee housing units:	5
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

**Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit**

**Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit**

<b>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	982
<b>38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b>	44
<b>39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b>	8
<b>40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b>	8
<b>41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b>	235
<b>42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b>	4
<b>43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b>	48

<p><b>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>17</p>
<p><b>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>6</p>
<p><b>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>38</p>
<p><b>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b></p>	<p>None</p>
<p><b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b></p>	
<p><b>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b></p>	<p>251</p>
<p><b>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>56</p>

<p><b>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>49</p>
<p><b>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>None</p>
<p><b>INTERVIEWS</b></p>	
<p><b>Inmate/Resident/Detainee Interviews</b></p>	
<p><b>Random Inmate/Resident/Detainee Interviews</b></p>	
<p><b>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>15</p>
<p><b>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b></p>	<p> <input checked="" type="checkbox"/> Age  <input checked="" type="checkbox"/> Race  <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)  <input checked="" type="checkbox"/> Length of time in the facility  <input checked="" type="checkbox"/> Housing assignment  <input type="checkbox"/> Gender  <input type="checkbox"/> Other  <input type="checkbox"/> None </p>
<p><b>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b></p>	<p>Reviewed roster and selected based upon the above factors. Inmates were randomly selected by choosing inmates from each housing unit, as well as ensuring a representative sample based on race, ethnicity and length of time in the facility.</p>

<p><b>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>The Auditor began conducting inmate interviews on day two of the on-site portion of the audit. Based upon the inmate population on day one of the audit (982), the PREA Auditor Handbook required that the auditor interview a minimum of 30 inmates, 15 random and 15 targeted. A total of 30 inmate interviews were conducted. All interviews with inmates occurred in a secure area to ensure privacy. All interviews were conducted using appropriate social distancing by both the auditor and interviewee. Offender interviews were conducted using the established DOJ interview protocols. If a randomly selected inmate had refused to be interviewed, an additional inmate from the same housing area would be selected in an attempt to get a cross section from the entire general population. There were no selected inmates that refused.</p>
<p><b>Targeted Inmate/Resident/Detainee Interviews</b></p>	
<p><b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>15</p>
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	

<b>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b>	1
<b>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b>	1
<b>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b>	2
<b>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b>	1
<b>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b>	1
<b>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b>	1

<p><b>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>7</p>
<p><b>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>4</p>
<p><b>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	<p>3</p>
<p><b>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates.</p>

<b>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b>	None
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**Staff, Volunteer, and Contractor Interviews**

**Random Staff Interviews**

<b>71. Enter the total number of RANDOM STAFF who were interviewed:</b>	12
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<b>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b>	<input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
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<b>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
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<b>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b>	Random staff were selected from all shift assignments. There were no barriers to completing the random interviews.
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**Specialized Staff, Volunteers, and Contractor Interviews**

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

<b>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b>	22
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<b>76. Were you able to interview the Agency Head?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>78. Were you able to interview the PREA Coordinator?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>79. Were you able to interview the PREA Compliance Manager?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

**80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)**

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff
- Intake staff

	<input checked="" type="checkbox"/> Other
<b>If "Other," provide additional specialized staff roles interviewed:</b>	IT, Training, Disciplinary, ADA
<b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>a. Enter the total number of CONTRACTORS who were interviewed:</b>	5
<b>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input checked="" type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input checked="" type="checkbox"/> Other
<b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	None

## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

**84. Did you have access to all areas of the facility?**

Yes

No

**Was the site review an active, inquiring process that included the following:**

**85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?**

Yes

No

**86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?**

Yes

No

**87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?**

Yes

No

**88. Informal conversations with staff during the site review (encouraged, not required)?**

Yes

No

**89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).**

The Auditor had full, unimpeded access to all areas of the facility. During the review of the physical plant, the Auditor observed the facility layout, staff supervision of offenders, security rounds, interaction between staff and offenders, shower and toilet areas, placement of PREA posters, observation of availability of PREA information located adjacent to and in the inmate housing areas, observation of communication in general population housing areas, as well as restrictive housing cells, search procedures, and availability and access of medical and mental health services. The Auditor observed and made note of the video monitoring system and camera placement throughout the facility, including reviewing the monitors in the control room. The Little Sandy Correctional Complex is located at 505 Prison Connector Way, Sandy Hook, Kentucky 41171. The facility sits on approximately 100 acres in Elliott County. It is the state's newest and most technologically advanced institution. Construction began in December 2001 with the ground breaking ceremony. The institution began receiving its first female inmates in May 2005. Male inmates began arriving on July 15, 2005 and by September 2005, all female inmates were transferred.

The facility can hold a total of 1050 inmates. The housing also includes a 100-bed minimum security unit and a 90-bed special management unit. There are numerous support buildings including academic and vocational schools, a medical unit, inmate canteen, correctional industries, a gym, dining facility, and maintenance area.

Little Sandy Correctional Complex received its initial accreditation on August 13, 2007 by the American Correctional Association (ACA) with 100% compliance.

Video monitoring systems are strategically placed throughout the facility to enhance security and surveillance. Security rounds are conducted at a minimum twice hourly. The facility currently employs 251 staff members who have contact with inmates.

Overtime is used to fill mandatory posts if needed and a preferred staffing level is mandated and monitored by the Deputy Warden.

The LSCC offers various types of programs and religious services for inmates and promotes rehabilitation that gives inmates knowledge, skills, and abilities that aid in a productive life. The LSCC provides for onsite mental health and medical services, which includes 24/7 medical personnel on site. The facility is currently in the process of expanding to add an additional 800 beds.

### Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

**90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?**

Yes

No

**91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).**

The Auditor conducted a document review of employee and inmate files, and a spot check of documents that were previously provided to the auditor along with the PAQ, including log books and other institutional forms. The Auditor reviewed a random sampling of personnel files to determine compliance related to standards on hiring and promotion and background check procedures for officers and contract staff. The auditor reviewed the annual PREA training rosters maintained by the training staff and cross referenced the staff files with the training rosters to ensure training was verified. The training coordinator explained the process for relaying the mandated PREA information to new hires, as well as the procedure for annual refresher training. Random offender case files (20) were reviewed to evaluate intake procedures, including screening and subsequent housing decisions, and verify offender PREA education. In addition, the intake and receiving procedures were observed and intake screenings are conducted in private. The Auditor requested additional supporting documentation to include: training records, randomly chosen inmate medical records, randomly chosen inmate classification records, volunteer records, contractor records, and staff personnel files including PREA disclosure forms for hiring and promotions. All investigative files (14) for the previous 12 months were reviewed for compliance to applicable standards.

## **SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY**

### **Sexual Abuse and Sexual Harassment Allegations and Investigations Overview**

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

**92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:**

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<b>Inmate-on-inmate sexual abuse</b>	4	0	4	0
<b>Staff-on-inmate sexual abuse</b>	5	0	5	0
<b>Total</b>	9	0	9	0

**93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:**

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<b>Inmate-on-inmate sexual harassment</b>	2	0	2	0
<b>Staff-on-inmate sexual harassment</b>	3	0	3	0
<b>Total</b>	5	0	5	0

## Sexual Abuse and Sexual Harassment Investigation Outcomes

### Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

#### 94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0	0
<b>Total</b>	0	0	0	0	0

#### 95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual abuse</b>	0	1	3	0
<b>Staff-on-inmate sexual abuse</b>	0	2	3	0
<b>Total</b>	0	3	6	0

### Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

**96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:**

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0	0
<b>Total</b>	0	0	0	0	0

**97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:**

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	0	0	1	1
<b>Staff-on-inmate sexual harassment</b>	0	0	3	0
<b>Total</b>	0	0	4	1

**Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

**Sexual Abuse Investigation Files Selected for Review**

**98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:**

9

<p><b>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p><b>Inmate-on-inmate sexual abuse investigation files</b></p>	
<p><b>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>4</p>
<p><b>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>Staff-on-inmate sexual abuse investigation files</b></p>	
<p><b>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>5</p>
<p><b>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p><b>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p><b>Sexual Harassment Investigation Files Selected for Review</b></p>	
<p><b>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>5</p>
<p><b>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p><b>Inmate-on-inmate sexual harassment investigation files</b></p>	
<p><b>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>2</p>
<p><b>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p><b>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

<b>Staff-on-inmate sexual harassment investigation files</b>	
<b>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	3
<b>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
<b>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
<b>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b>	The Auditor reviewed the investigative files for the 14 allegations of PREA related misconduct during the previous 12 months. The Auditor reviewed the investigative files, which included interview notes, medical as well as mental health records and findings.
<b>SUPPORT STAFF INFORMATION</b>	
<b>DOJ-certified PREA Auditors Support Staff</b>	
<b>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No

**Non-certified Support Staff**

<p><b>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
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**AUDITING ARRANGEMENTS AND COMPENSATION**

<p><b>121. Who paid you to conduct this audit?</b></p>	<p><input type="radio"/> The audited facility or its parent agency</p> <p><input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input checked="" type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p>
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<p><b>Identify the name of the third-party auditing entity</b></p>	<p>American Correctional Association</p>
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<b>Standards</b>	
<b>Auditor Overall Determination Definitions</b>	
<ul style="list-style-type: none"> <li>• Exceeds Standard (Substantially exceeds requirement of standard)</li>   <li>• Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period)</li>   <li>• Does Not Meet Standard (requires corrective actions)</li> </ul>	
<b>Auditor Discussion Instructions</b>	
<p>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.</p>	

<b>115.11</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. LSCC Completed PAQ</li> <li>2. KYDOC Policy 3.22, 14.7</li> <li>3. LSCC Organizational Chart</li> <li>4. Interviews with Staff including the following: <ol style="list-style-type: none"> <li>a. PREA Coordinator</li> <li>b. Warden</li> <li>c. PCM</li> </ol> </li> <li>5. Interviews with Inmates</li> <li>6. Observations during on-site review</li> </ol> <p>Findings:</p> <p>The Auditor reviewed the KYDOC Policies. The Department has a comprehensive PREA policy which clearly mandates a zero-tolerance policy on all forms of sexual abuse and harassment. The language in the policy provides definitions of prohibited</p>

behaviors in accordance with the standard and includes notice of sanctions for those who have been found to have participated in prohibited behaviors. The definitions contained in the policy are consistent and in compliance with PREA definitions. The policy details the agency overall approach to preventing, detecting and responding to sexual abuse and harassment. The culture of “zero tolerance” is apparent throughout the facility as evidenced by informational posters and interactions and interviews with both offenders and staff. The zero-tolerance mandate is taken seriously by the staff at the facility and this is reflected in both the staff and offender interviews.

The KYDOC has designated an upper-level staff as the agency-wide PREA Coordinator for the department. She is a supervisor in the Department’s Compliance Division and all 14 PREA Compliance Managers report to her. By virtue of her position, she has the authority to develop, implement and oversee the Department’s efforts to comply with PREA standards. There appears to be an open line of communication between all levels of staff at the Department and facility levels. The PREA Coordinator is directly involved in the implementation efforts, as well as handling and reviewing individual offender issues for the agency. The KDOC PREA Branch is supervised by the PREA Coordinator and includes two additional staff, both of whom are also involved in handling and reviewing offender issues and coordinating with the staff at the facility level.

The LSCC has designated an upper-level staff member as the PREA Compliance Manager. His position is Captain and he reports to the Warden on PREA related matters. A review of the organizational chart reflects this position in the organizational structure. The PCM reports that he has sufficient time and by virtue of his position, the authority to develop, implement and oversee the facility’s efforts to comply with PREA standards. There appears to be an open line of communication between all levels of staff at the facility and the PCM is involved in the implementation efforts, as well as handling and reviewing individual offender issues at the facility level. The PCM and the backup PCM work very closely together to manage all facets of the PREA program at LSCC, including investigations, overseeing and tracking all assessments, program housing reviews, and monthly reports. During the onsite review, it was apparent that the PCM and backup have a very cohesive working relationship

Interviews with facility staff indicated that they were trained in and understood the zero-tolerance policy established by the LSCC and KYDOC. They understand their role with regard to prevention, detection and response procedures.

In addition to the designated PREA Compliance Manager, LSCC has designated a back-up PCM to assist in overseeing PREA compliance efforts at the facility.

In a targeted interview with the Warden, he stated that every allegation is investigated, and that the staff respond quickly and thoroughly. He referenced the efforts of both the PCM and backup and feels that they work very well together and are both good at what they do.

After a review, the Auditor determined the facility exceeds the requirements of the standard.

	Corrective Action: None
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<b>115.12</b>	<b>Contracting with other entities for the confinement of inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. LSCC Completed PAQ</li> <li>2. Memo</li> <li>3. Interviews with Staff including the following: <ol style="list-style-type: none"> <li>a. PREA Coordinator</li> <li>b. Contract Monitor</li> </ol> </li> </ol> <p>Findings:</p> <p>The KYDOC has included language in all contracts (Master Agreements) to ensure that all contracted facilities comply with provisions of PREA. Targeted interviews with both the Contract Monitor for the agency and the PREA Coordinator confirm that all related contracts include language requiring compliance with PREA standards.</p> <p>The Little Sandy Correctional Complex (LSCC) does not house inmates contracted by other entities or contract with other entities to house LSCC inmates. However, the Kentucky Department of Corrections does contract with Kentucky Service Centers. Little Sandy Correctional Center does transfer inmates to these centers. LSCC only houses state inmates and the Kentucky Department of Corrections contracts with halfway houses through Master Agreement to house state inmates. Per the PAQ, there are 26 contracts for the confinement of inmates that the agency entered into or renewed with private entities or other government agencies.</p> <p>The Auditor conducted a review of the Master Agreements for the contacted facilities provided by the agency. Each of the agreements contain language that states the contractor will comply with PREA and all applicable standards, as well as all KYDOC policies and regulations related to PREA.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>

<b>115.13</b>	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard

## Auditor Discussion

Evidence Relied upon to make Compliance Determination:

1. LSCC Completed PAQ
2. KYDOC Policy 3.22
3. Staffing Formula for LSCC
4. PREA Meeting Minutes 10-30-23
5. Staffing Plan Review 11-21-23
6. Deviation Example
7. Post Order
8. Unannounced rounds
9. Observations during on-site review

Interviews with the following:

- PCM
- Warden
- Random Staff
- Supervisors Responsible for Conducting Unannounced Rounds

Observation of the following:

- Observation of unannounced rounds by supervisors as well as auditors during the site review
- Observation of supervisors documenting rounds in the daily logbooks on the duty post during the site review

Findings:

The LSCC has a comprehensive staffing plan that addresses all required elements of the standard. The staffing plan addresses staffing in each area, staffing ratios, programming, facility layout, composition of the inmate population, video monitoring and other relevant factors. The most recent review of the staffing analysis was completed in November 2023. The facility staffing is based upon a multi-faceted formula to determine the number of staff needed for essential positions. The staffing plan does require any deviations be documented and justified. Notations and daily deviations from the regular staffing plan are notated by the Captain. In the instance of a deviation from the staffing plan, an incident report (Extraordinary Occurrence Report) is completed listing the vacated posts due to staff shortages. LSCC reported deviations during this review period due to staff shortage, hospital trips, and court trips. The Warden stated that the vacancy rate was in the low teens at the time of the audit.

The average daily population since the last PREA Audit is 970. The staffing plan is predicated on a population of 970. The auditor reviewed the facility's current staffing plan as well as the most recent staffing plan review. In that review, they have documented that they have considered all the elements from standard 115.13 (a) (1-15) as part of the review. During a targeted interview with the Warden, the auditor verified that the Warden reviews the annual staffing plan and is a part of the review

meeting. The Warden stated that they do consider the use of CCTV in the staffing plan. They have not added and/or replaced cameras in the past year, however they regularly do camera reviews and assess areas that may need additional coverage and/or potential blind spots. The Warden verified that if there were an instance where the facility did not comply with their staffing plan, that instance would be reported through an Incident Report, including the reason for the shortage and the actions taken. According to staff and the PAQ, there were instances where they were out of compliance with the staffing plan. The Auditor reviewed an example of documentation and justification for deviation from the staffing plan. The Warden stated that LSCC had been approved to add additional positions due to an expansion project. He indicated that they currently had no issues with covering posts and they generally only used overtime for hospital trips, which was normally voluntary.

The auditor reviewed the most recent annual review, and the facility's review was in compliance with the elements of 115.13(a). In addition, during the on-site review, the auditor reviewed the deployment of CCTV monitoring. The facility has a camera surveillance system comprised of multiple monitors located in the control room.

These screens are monitored by staff at all times. The most recent review of the staffing plan indicated the video monitoring system and placement of cameras were reviewed. The cameras are accessible from multiple locations in the facility. They are reviewed multiple times a week by staff to ensure proper operation.

In accordance with the provisions of the staffing plan, LSCC, in collaboration with the PREA Coordinator, reviewed the staffing plan to see whether adjustments are needed to: (a) the staffing plan, (b) the deployment of monitoring technology, or (c) the allocation of facility/agency resources to commit to the staffing plan to ensure compliance with the staffing plan. This was documented by memo from the PREA Coordinator on November 21, 2023.

The staffing plan appears satisfactory in the agency's efforts to provide protection against sexual abuse and harassment. The Auditor observed cameras in all areas of the facility. There appeared to be open communication between staff and inmates. The Auditor observed formal and informal interactions between staff and inmates.

In the PAQ, the agency reports that they conduct unannounced rounds on all shifts. A review of the KYDOC policies indicated that policy requires that supervisors will conduct and document unannounced rounds each shift, and that there is a prohibition against staff alerting other staff of the rounds. This language is also included in the post orders. During the pre-audit phase, the facility provided the auditor a sample of documentation of unannounced rounds for each shift. This documentation sampling verified that unannounced rounds were conducted during all shifts. During the on-site portion of the audit, the auditor reviewed logbooks that verified that unannounced rounds were recorded daily and documented by the supervisors. It is clear through observation that supervisors and administrators are conducting unannounced rounds. Interviews with supervisors, as well as line staff indicate that the rounds are unannounced and random.

Targeted interviews with the Warden and Major revealed that at the time of the onsite

	<p>audit, vacancy rate was in the teens, and they had no issues covering posts. They verified they had not added or replaced cameras in the past year. The Warden feels as if the camera coverage is sufficient and they are used in the overall management plan for the facility. He stated they continually do camera reviews and assess any additional needs. The Warden stated that they ensure that all posts are covered and can use voluntary, and mandated overtime if needed. LSCC has been authorized to hire 25 additional positions due to the expansion of the facility and the addition of 800 beds. The Warden and PCM stated that PREA and sexual safety of the inmates is definitely a consideration with staffing and the expansion and ensuring appropriate coverage in the facility.</p> <p>After a review, the Auditor determined that the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
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<b>115.14</b>	<b>Youthful inmates</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. LSCC Completed PAQ</li> <li>2. KYDOC Policy 18.3</li> <li>3. Review of population report on the day of the audit as well as population reports from the previous 12 months</li> <li>4. Interviews with Staff</li> <li>5. Memo</li> </ol> <p>Interviews with the following:</p> <ul style="list-style-type: none"> <li>• PREA Compliance Manager</li> </ul> <p>Observation of the following:</p> <ul style="list-style-type: none"> <li>• Site Review</li> </ul> <p>Findings:</p> <p>The LSCC does not house youthful offenders.</p> <p>The PAQ, documentation submitted and interviews with staff confirm that there have been no youthful offenders housed at the LSCC within the audit period.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>

<b>115.15</b>	<b>Limits to cross-gender viewing and searches</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. LSCC Completed PAQ</li> <li>2. KYDOC Policy 3.22, 14.7, 9.8</li> <li>3. Strip Search Log</li> <li>4. Lesson Plan for Searches</li> <li>5. Memos</li> <li>6. Training Rosters</li> <li>7. Post Orders</li> </ol> <p>Interviews with the following:</p> <ul style="list-style-type: none"> <li>• Training staff</li> <li>• Random Staff</li> <li>• Medical Staff</li> <li>• Random Inmates</li> </ul> <p>Observation of the following:</p> <ul style="list-style-type: none"> <li>• Observation of inmate housing area</li> <li>• Observation of CCTV coverage of housing areas and individual protective cells</li> <li>• Observation of staff announcing the presence of opposite gender staff during site review</li> </ul> <p>Findings:</p> <p>The KYDOC policies prohibit cross-gender strip searches and cross-gender visual body cavity searches except when performed by medical personnel. The LSCC does not conduct cross-gender strip searches or cross-gender visual body cavity searches except when performed by medical practitioners. There is an exigent circumstance exception in the policy. Policy states that “Except in exigent circumstances, a strip search shall be conducted by a staff member of the same gender as the inmate.” All cross-gender strip searches shall be logged and documented in the institutional strip search logbook.</p> <p>Interviews with facility staff, including medical personnel indicate operational practice is consistent with this policy. The facility reports in the PAQ and verified through staff interviews that no cross-gender strip searches or visual body cavity exams have occurred. The auditor observed the areas where strip searches occur and found them to be adequate in providing privacy from viewing by female staff or incidental viewing by anyone not performing the strip search.</p> <p>The LSCC only holds male offenders.</p> <p>KYDOC policy states that inmates are able to shower, change clothes and perform bodily functions without nonmedical staff of the opposite gender viewing their</p>

breasts, buttocks or genitalia, except in exigent circumstances or incidental to routine cell checks. The toilet areas had modesty shielding and the showers were adequately private. A review of CCTV coverage in common areas, bathroom areas and individual protective cells revealed that the cameras were pointed away from toilet areas or covered.

The KYDOC policy states that staff of the opposite gender shall announce their presence when entering an inmate housing unit. This language is also included in the LSCC duty post orders. Female officers can supervise the male housing units. There are multiple safeguards in place to ensure that offenders are aware that female staff are on duty. There are announcements made, it is logged and there is also a placard that is put up when female officers are working that says "female on duty." Random inmate interviews indicated that there is not an issue with them being able to change clothes, shower or perform bodily functions without the female officers seeing them.

Offender interviews indicated that announcements are being made when opposite gender staff enter the housing units. Staff interviews also indicate the offenders' privacy from being viewed by opposite gender staff is protected. Curtains and partitions afford offenders appropriate privacy while still affording staff the ability to appropriately monitor safety and security. Cameras are placed appropriately so that shower and toilet areas are not in direct view. The auditor observed all areas in the facility where inmates may be in a state of undress and concluded that these areas are sufficiently private to prevent viewing by female staff.

LSCC policy prohibits searching or physically examining a transgender or intersex offender for the sole purpose of determining the offender's genital status. According to targeted interviews with medical staff and review of logs during the on-site portion of the audit, no inmate has been examined for the purpose of determining gender status. During staff interviews, staff were clear in their understanding and were able to articulate that they could determine this information other ways, including asking the offender. As LSCC is not a receiving facility, they are typically aware when they are receiving a transgender offender. At the time of the on-site review there were 16 inmates that identify as transgender.

During the pre-audit portion of the audit, the auditor reviewed the training presentation that is provided to all employees regarding how to conduct cross-gender pat down searches as well as how to properly search transgendered and intersex inmates in accordance with this standard. KYDOC policy states that there are four options that may be used for searches of transgender or intersex inmates: a) Pat search of adult inmate conducted by the female staff only, especially given there is no prohibition on the pat searches female staff can perform; b) Ask inmate to identify the gender of staff with whom he or she would feel most comfortable conducting the search; c) Search conducted in accordance with inmate's gender identity; d) Body cavity search conducted only by medical staff.

According to the PAQ, 100% of all employees hired in the last 12 months received the required training. The Training staff also provided training rosters for facility staff.

During the on-site document review of employee files, the auditor verified the documents in the employee files provided during the pre-audit phase. KYDOC policies

	<p>require all staff to be trained on how to conduct searches, including those of transgender and intersex offenders. Staff indicated that they are trained to do cross-gender searches at the academy and were generally able to articulate to the Auditor how they would accomplish a search of a transgender inmate. A targeted interview with the training coordinator indicates officers are trained on how to do searches of transgender and intersex offenders during their initial training, as well as during in-service. The Auditor reviewed the training outline and found it to be in compliance with the standard. The training coordinator provided the auditor with a print out of all completed in-service for the year thus far.</p> <p>During the random staff interviews, all employees interviewed recalled being provided training on how to perform cross-gender pat down searches, as well as how to search transgendered or intersex inmates. Interviews indicate that the officers understand how to conduct cross-gender searches and searches of transgender and intersex offenders in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. Interviews with 7 transgender female offenders confirm these practices.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
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<b>115.16</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>
	<p><b>Auditor Overall Determination:</b> Exceeds Standard</p> <p><b>Auditor Discussion</b></p> <p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. LSCC Completed PAQ</li> <li>2. KYDOC Policy 14.7</li> <li>3. Forms and pamphlets</li> <li>4. Deaf Handout</li> <li>5. Review of PREA training curriculum with section on effective communications</li> <li>6. Employee training rosters for the past 12 months</li> <li>7. PREA Training Video in English and Spanish and with subtitles</li> <li>8. Agreement with commercial interpreter service</li> </ol> <p>Interviews with the following:</p> <ul style="list-style-type: none"> <li>• PREA Compliance Manager</li> <li>• Random Staff</li> <li>• Classification Staff</li> <li>• Intake Staff</li> <li>• Inmates who have limited English proficiency and cognitive disabilities</li> </ul>

Observation of the following:

- Observation of Interpretive Service access posters in classification as well as booking area

Findings:

The LSCC, in accordance with KYDOC policy takes appropriate steps to ensure that offenders with disabilities, including those who are deaf, blind or have intellectual limitations have an equal opportunity to participate and benefit from all aspects of the facility's efforts to prevent, detect and respond to sexual abuse and harassment.

KYDOC policy is written in accordance with the standard and indicates that during intake, offenders determined to have disabilities will have accommodations made to ensure that materials are received in a format or through a method that ensures effective communication. Interviews with the PCM and Intake staff indicate that LSCC ensures that any offenders with significant disabilities that required any special accommodations would be identified at intake and this would be notated in KOMS.

Staff would ensure the offender was able to fully participate and benefit from all aspects of the facility's efforts to prevent and/or respond to sexual abuse and harassment.

Interviews with staff, including supervisory staff and intake officers confirm that they have a process in place to ensure that all inmates, regardless of disability would have equal access to PREA information. The Auditor observed PREA informational posters throughout the facility, in visible locations in both English and Spanish. Spanish is the prevalent non-English language in the area. During interviews with staff responsible for intake and classification, they ensured that inmates with disabilities were provided access to the PREA program. Staff indicated that these situations would be handled on a case-by-case basis.

Staff are aware of the availability of interpretive services for LEP inmates. The facility has the PREA brochure in a variety of formats, including braille in both English and Spanish, large print, and information for deaf or hard of hearing. Staff interviews revealed that if they had a situation for which they needed interpretive services, they would contact a supervisor to make arrangements. LSCC has an agreement with InterpreTalk for interpretation services.

KYDOC policy indicates that offenders who are limited English proficient have access all aspects of the facility's efforts to prevent, detect and respond to sexual abuse and harassment, including providing interpreters. The Auditor determined through staff interviews that the LSCC has interpreters available for limited English proficient offenders using a telephone-based interpreter service. There are also bilingual staff that can assist with translation. Per memo and verification by staff, interpretation services have not been used during the review period for PREA related purposes.

During the on-site portion of the audit, the Auditor was able to speak with one inmate who had been identified as having a cognitive disability, two inmates identified as vision impaired, and one inmate identified as limited English proficient. During the targeted interviews, the inmates were able to answer the auditor's questions and

were aware of PREA. The use of the interpretive service was used for the interview with the LEP inmate, verifying this service. The auditor verified with the inmate his knowledge of the availability of interpreter services should they need them.

The Auditor was also able to speak with one inmate identified as hearing impaired or deaf. During the targeted interviews, the inmates were able to answer the auditor's questions and were aware of PREA. Per a targeted interview with the ADA Coordinator, there are multiple aids and equipment available to deaf and hearing-impaired inmates. These include a Video Relay Interpreter Laptop (VRI), which can be used during classification, adjustment committee, grievance hearings, medical appointments, and other scheduled meetings; Video Relay Service (VRS) - Purple Video for inmate phone calls; Telecommunication devices for the deaf (TTY/TDD) that can be used to make phone calls; Captioned Telephone Service (CapTel) can be used to make phone calls; Amplification units for programming occurring in the Chapel and School; Portable Telephone amplifiers located in each of the living unit control centers for use with any phone not having volume control; In-Person Interpreter.

The ADA Coordinator stated that inmates needing accommodations are tracked and he meets with them upon arrival to explain the availability of accommodations and ensure their needs are met and they have full access to the PREA program.

LSCC has not had an incident where staff had to utilize these systems to address any PREA issue.

The KYDOC policy prohibits the use of inmate interpreters except in instances where a significant delay could compromise the offender's safety. Interviews with staff indicate that offenders are not and would not be used as interpreters. During the random staff interviews, no staff member said it was appropriate to use an inmate interpreter when responding to allegations of inmate sexual abuse. According to the targeted interview with the PCM, as well as the PAQ, there were no instances of the use of an inmate interpreter even in exigent circumstances.

The annual in-service staff training includes a 2-hour module on Communicating with Deaf and Hard of Hearing inmates. In addition, the facility has the PREA related information and handouts in a multitude of formats above and beyond the minimum.

After a review, the Auditor determined the facility exceeds the requirements of the standard.

Corrective Action: None

<b>115.17</b>	<b>Hiring and promotion decisions</b>
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	<b>Auditor Overall Determination:</b> Exceeds Standard
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	<b>Auditor Discussion</b>
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Evidence Relied upon to make Compliance Determination:

1. LSCC Completed PAQ
2. KYDOC Policy 3.1, 3.6
3. Hiring Background Packet
4. Background Check on All Employees
5. Review of recently promoted employee files from the past 12 months
6. Reviews of randomly selected employee files
7. Review of randomly selected volunteer files
8. Background Information on Contract Employees hired within the last 12 months
9. Background Information on Medical Employees
10. Interviews with PREA Coordinator, Investigator and Human Resources

Findings:

The LSCC does not hire any staff that has engaged in sexual abuse or harassment as stipulated in the standard. The language in the policy is written consistently with that in the standard. The Auditor reviewed the background packet and interview questions used by the KYDOC and LSCC and found that they are asking these questions during the interview process to determine if they are hiring anyone who has engaged in prohibited conduct. Staff indicated that the background investigator thoroughly vets any prospective employee and asks directly about previous misconduct as required by the standard. The document review on-site and interviews with the PREA Coordinator, Warden and Human Resources Manager confirmed that they have complied with this policy and no employee with such a history has been hired during the audit period.

The policy indicates that the LSCC will consider any instances of sexual harassment in determining whether to hire or promote anyone, or enlist the services of contractors who may have contact with inmates. A targeted interview with Human Resources stated that instances of sexual harassment would be a factor when making decisions about hiring and promotion, however there had been no incidents. Each employee and contractor undergoes a background check and is not offered employment if there is disqualifying information discovered.

There is a written policy that requires inquiry into a promotional candidate's history of sexual abuse or harassment. Documentation reviewed supports compliance with the standard in accordance with agency policy. During the on-site portion of the audit, the Auditor reviewed files of employees that were hired in the last 12 months. All the employees' files contained background checks and pre-employment questionnaires where employees were asked the questions regarding past conduct and their answers were verified by a background investigation. The auditor also reviewed files of employees who were promoted in the last 12 months. The acknowledgement was completed for employees who had participated in the promotional process. Human Resources stated that employees are asked this information 3 different times - on the pre-qualification paperwork, during the interview, and the acknowledgement form. The PAQ indicates there have been 116 staff hired in the past 12 months who have had background investigations.

KYDOC policy requires inquiry into the background of potential contract employees regarding previous incidents of sexual assault or harassment. Consistent with agency policy, all employees and contractors must have a criminal background records check prior to employment. Staff at the LSCC complete criminal background checks for all prospective applicants and contractors, prior to being offered employment. Staff verified this information in interviews discussing the background process. The Human Resource Manager stated that the process is essentially the same for contract employees with respect to background checks and ensuring compliance with the standard. In addition, the LSCC uses a checklist for the background process, which verifies all steps have been completed, including the criminal history check.

Human Resource staff stated that if a prospective applicant previously worked at another correctional institution, they make every effort to contact the facility for information on the employee's work history and any potential issues, including allegations of sexual assault or harassment, including resignation during a pending investigation.

In accordance with the standard, KYDOC policy requires background checks be conducted on facility staff and contract staff a minimum of every five years. LSCC completed background checks on all employees in 2019 and again in March 2024.

Documentation of five year background checks was provided by the facility and reviewed by the auditor. Targeted interviews with facility administrators revealed that an employee engaging in any type of misconduct such as listed in the standard would not be retained.

The LSCC asks applicants and contractors directly about misconduct as described in the standard using a Self-Declaration form during the application process. These forms are maintained in their respective personnel files. The Auditor reviewed random files and verified these forms are being completed. Interviews with staff indicated that the forms are being completed as required by the standard and agency policy.

Human Resource staff state that the background process was essentially the same for contract staff.

KYDOC policy stipulates a continuing affirmative duty to disclose any PREA related misconduct. All current and new staff are trained on the PREA policy, as well as annual refresher training. Training records verifying that employees acknowledge that they have read and understand the policy were reviewed by the auditor.

In accordance with the standard, policy stipulates that material omissions regarding such conduct, or the provision of materially false information shall be grounds for termination. Interviews with staff, including the Warden, verified that the LSCC would terminate employees for engaging in inappropriate behavior with inmates, upon learning of such misconduct.

KYDOC policy indicates that the facility shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer and a signed release of information. Staff indicated they would share information upon request from another facility regarding a former employee.

	<p>The LSCC uses a disclosure/acknowledgement form that asks the required questions of applicants to determine prior prohibited conduct. The hiring process includes requiring the investigator to make his/her 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.</p> <p>After a review, the Auditor determined the facility exceeds the requirements of the standard.</p> <p>Corrective Action: None</p>
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<b>115.18</b>	<b>Upgrades to facilities and technologies</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. LSCC Completed PAQ</li> <li>2. KYDOC 7.1</li> <li>3. Schematic of facility</li> <li>4. Interviews with staff</li> <li>5. Observation of camera placement and footage</li> <li>6. Memo</li> <li>7. Staffing Plan Review 2023</li> <li>8. LSCC Annual Planning Document</li> </ol> <p>Findings:</p> <p>Little Sandy Correctional Complex has begun a project to expand the institution with two additional general population housing units. The design of the housing units will almost mirror the existing general population dorms. The surveillance system at the Little Sandy Correctional Complex will be updated with higher quality cameras. Per the Warden, the inmate's protection from sexual abuse was considered in the design of the additional housing units.</p> <p>According to the LSCC PAQ, and targeted interviews with the staff, the LSCC has made upgrades to the camera system since their last PREA audit. A targeted interview with the Warden indicates that as part of the expansion project, they will update the camera system throughout the facility. Currently LSCC has approximately 250 cameras. Per the LSCC staffing review, the physical plant at LSCC is taken into consideration when identifying and determining camera placement. LSCC has cameras placed throughout the institution that are routinely monitored by supervisory staff. Blind spots are identified, and staff make rounds through those areas frequently. LSCC is currently in the process of adding new cameras as identified and needed throughout the institution and replacing the outdated, analog system. According to</p>

	<p>the staff member responsible for the cameras, they are in the process of transitioning systems and replacing the old cameras with new. He stated that the new system will have blurred areas in the observation cells to cover the toilet area.</p> <p>The new cameras are all for improved video monitoring and assist with population management, including protecting inmates from sexual abuse.</p> <p>Per interview with the Warden and PCM, when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, LSCC considers how such technology may enhance LSCC's ability to protect inmates from sexual abuse. This is reflected in documentation reviewed by the auditor. The auditor reviewed camera placement during the on-site review, as well as camera monitors and views off areas in the facility, and a listing of all cameras.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
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<b>115.21 Evidence protocol and forensic medical examinations</b>	
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. LSCC Completed PAQ</li> <li>2. KYDOC Policy 14.7</li> <li>3. LSCC Evidence Protocol and Guide</li> <li>4. MOU with KASAP</li> <li>5. Memo</li> <li>6. Review of incident logs</li> </ol> <p>Interviews with the following:</p> <ul style="list-style-type: none"> <li>• PCM</li> <li>• Investigator</li> <li>• Warden</li> <li>• Medical personnel</li> </ul> <p>Findings:</p> <p>The LSCC is responsible for only administrative investigations. The facility follows a uniform protocol for investigating allegations of sexual abuse that maximizes the possibility of collecting usable evidence and trains facility staff who may be first responders in this protocol. The evidence protocol is the Kentucky State Police (KSP) Evidence Guide, specified in policy and described and confirmed by the facility Investigator who is experienced and able to articulate investigative procedures for a</p>

sexual assault in a jail setting. Interviews with staff indicate that they are trained and familiar with the evidence protocol and what to do if they are the first responder to a sexual assault.

The Kentucky State Police would be contacted to investigate incidents that occur that are criminal in nature, including those related to PREA violations. The KSP will conduct sexual abuse investigations in accordance with PREA standards and follow the nationally accepted protocols for Sexual Assault Medical Forensic Exams published by the USDOJ. According to interviews with random staff, there are multiple investigators trained to conduct sexual assault investigations. In addition, the PREA Compliance Manager would be notified. The facility provided a copy of the evidence guide for review. A targeted interview with a facility investigator indicated that in the instance of an allegation referred to the State Police, the facility would conduct a simultaneous investigation and maintain communication.

The LSCC does not hold youthful offenders, however protocol is developmentally appropriate for youth as verified by documentation from the KSP.

Department policy states that the Medical Department shall 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, the offender shall be provided and instructed to undress over a clean sheet, to collect any potential forensic evidence that may fall from the offender's person. The sheet along with the offender's clothing shall be collected as evidence and placed in a paper bag with an appropriate chain of evidence form attached. 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) or other qualified medical practitioner. The efforts to provide SAFEs or SANEs shall be documented. The examination shall be at no cost to the offender.

KYDOC policy stipulates that all victims of sexual abuse shall be offered a forensic medical exam, without financial cost including prophylactic testing/treatment for suspected STIs. These exams would be performed off-site at the hospital. An inmate at LSCC needing these services would be transferred to the St. Clair Hospital in Morehead. Examinations will be conducted by qualified SANE/SAFE experts in accordance with the guidelines of the National Protocol for Sexual Assault Medical Forensic Examinations from the Department of Justice. Persons performing these exams will be Registered Nurses licensed by their respective State Board of Nursing and possess training and/or certification in the Sexual Assault Nurse Examination or a Physician with training specific to the sexual assault medical forensic examination.

The availability of these services was confirmed by the Auditor with the HSA. She indicated they had a SANE/SAFE nurse available 24 hours per day and 7 days per week and there would be no charge to the victim for this exam.

The LSCC reported on the PAQ there have been no allegations or incidents of sexual abuse requiring a forensic exam be conducted. This was confirmed onsite by staff

	<p>interviews and reviewing the investigative logs.</p> <p>KYDOC policy indicates they will make a victim advocate from a rape crisis center available to an inmate victim of sexual assault upon request. The LSCC, through KYDOC has an MOU with KASAP to provide services to the facility. A local rape crisis center, Pathways, Inc., is available to serve as a victim advocate to victims of sexual assault at the LSCC. The KYDOC has an MOU with the agency, which was provided to the Auditor for review. As stipulated in the MOU, KASAP is available to provide an advocate to accompany and support the victim through the forensic exam process, if requested and shall provide any needed or requested emotional support or crisis intervention services. KYDOC policy stipulates these services are available. The auditor verified the availability of these services. Pathways, Inc. stated that all the advocates are PREA trained.</p> <p>Targeted interviews with the PREA Coordinator and PCM also confirmed that the MOU was in place. The MOU is a renewal of a previous one and is effective July 1, 2022 to June 30, 2024.</p> <p>The KYDOC has standardized this process across the state. They work with the Kentucky State Police and refer all suspected criminal PREA allegations to them, receiving guidance from them to ensure all allegations are handled appropriately. In addition, the KYDOC has a statewide contract and MOU with KASAP to ensure that advocacy services are available to all inmate victims of sexual assault.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
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<b>115.22</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. LSCC Completed PAQ</li> <li>2. KYDOC Policy 14.7</li> <li>3. Monthly PREA Report</li> <li>4. Review all investigative files for allegations of sexual abuse or harassment for the past 12 months</li> <li>5. Website</li> </ol> <p>Interviews with the following:</p> <ul style="list-style-type: none"> <li>• PREA Coordinator</li> <li>• PCM</li> </ul>

- Investigative Staff
- Random Inmates

Findings:

The KYDOC policy is written in accordance with the standard and requires that an investigation is completed for all allegations of sexual abuse and harassment. Policy also dictates that allegations are referred for a criminal investigation, if warranted.

The PREA Compliance Manager, supervisors and Investigators work very closely together to ensure that all allegations of sexual abuse and harassment are investigated promptly and thoroughly. If an offender alleges a sexual assault or sexual harassment has taken place, the staff member will notify the supervisor, who will take the initial report and refer it to one of the investigators for further action. The Investigator coordinates with the PCM and supervisors to determine the course of action. The Kentucky State Police conduct all criminal investigations for the LSCC and the KYDOC and will be notified by the Investigator if there is suspected potential criminal charges. The KYDOC policy is posted on the website under the PREA section.

Targeted interviews with the Investigator, PREA Compliance Manager and Warden verified that all allegations of sexual abuse or harassment are investigated promptly and thoroughly. They described the process for investigations, which is a collaborative approach. According to the interviews, once an allegation is received, it is referred for investigation based upon the type of allegation. In the case of a sexual abuse allegation, the first responders and supervisory personnel would initially take action to separate the alleged victim and perpetrator and takes steps to preserve any evidence. The on-duty supervisor would brief the PCM and depending on the situation, initiate a call to the KSP to begin a criminal investigation. All reports of sexual abuse or harassment are evaluated by the first responders and supervisors in coordination with the PCM and a determination is made whether to initiate a criminal investigation. If there is no exigency and no evidence that a crime has occurred, the facility initiates an administrative investigation. The incident is investigated and if during the investigation, it is determined that there is evidence to support a crime was committed, the investigator will consult with the Kentucky State Police as necessary. If there is no evidence that a crime was committed, then the investigation is completed as an administrative investigation by the facility investigator in collaboration with the PREA Compliance Manager. The Deputy Warden and Warden are kept apprised of the investigation by the PCM.

Interviews with staff indicate they are aware of their responsibility to investigate every allegation, refer the allegation if it involves criminal behavior and notify the PREA Compliance Manager of all allegations. The KYDOC Central Office staff maintain oversight of facility investigations using Monthly PREA Reports. This process is standardized throughout the DOC and provides consistency throughout the Department. The Auditor reviewed examples of the monthly reports submitted by LSCC.

The LSCC reports there have been 14 allegations of sexual abuse or harassment in the past 12 months. A review of the investigative files indicate that the allegations

	<p>were promptly and thoroughly investigated. There have been no allegations in the past 12 months that warranted referral for criminal investigation to the Kentucky State Police.</p> <p>KYDOC policy requires that all sexual assault allegations that involve evidence of criminal behavior be referred for criminal prosecution. Documentation of such is contained in the investigative reports.</p> <p>The auditor reviewed the KYDOC website, and the agency policy is posted and publicly available. During an interview with the investigator, he verified that investigations that revealed criminal behavior would be referred to the Kentucky State Police and subsequently to the Commonwealth Attorney for prosecution. The PCM and PREA Coordinator confirmed this information.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
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<b>115.31</b>	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. LSCC Completed PAQ</li> <li>2. KYDOC Policy 14.7</li> <li>3. 2022 and 2023 Annual Training</li> <li>4. New Hire PREA Training</li> <li>5. PREA Lesson Plan</li> <li>6. Review of Training Files</li> <li>7. Interviews with Random Staff, PREA Coordinator, PCM, and Training Coordinator</li> </ol> <p>Findings:</p> <p>The KYDOC policy is written in accordance with the standard and includes all required topics and elements of the standard. Policy requires that all employees, contractors, and volunteers who have contact with inmates receive training. According to the policy, mental health and medical personnel receive specialized training. The training is tailored to male inmates, as the facility does not hold female inmates. Should staff members transfer from a women’s correctional facility to Little Sandy Correctional Complex, they would be provided gender specific training for male offenders using a handout which lists common characteristics of male offenders and the implications for staff for each bullet point. Per memo from the PCM, there have been no hires or transfers of staff from a female facility requiring gender specific training for male</p>

offenders.

The facility provides PREA training annually to each employee to ensure they remain up to date on the KYDOC policies and procedures regarding sexual abuse and harassment. Each employee completes this training annually on Day 1 of the required In-Service Training. In addition, each employee signs a verification acknowledging they have received and understand the information. This information is provided through both computer-based modules and in-person refresher training.

The Auditor reviewed the training curriculum and verified it included all information and each element required by the standard. The Auditor reviewed the training rosters to verify and ensure all employees are receiving the training. During the pre-audit period the Auditor reviewed the training documentation submitted by the facility. In addition, during the on-site portion of the audit, the auditor verified the training of staff, which includes contractors, by reviewing the entire training logs for all employees who had received training for the previous and current year.

New staff are given PREA training during their orientation, before assuming their duties and sign a verification acknowledging they have received the information.

During interviews with the PCM and Training staff, they confirmed that no employee is permitted to have contact with inmates prior to receiving PREA training during orientation.

The Auditor reviewed the following rosters: IPSA Phase 1 Introduction to Corrections, IPSA Phase 2 Introduction to Corrections, Staff Sexual Offenses with Offenders and PREA, DOC AIIIS Computer Based Training, Institutional In-Service Day 1, Medical and Mental Health PREA.

Based upon the printout provided by the training coordinator, all active employees at LSCC have completed the required training.

The Auditor conducted interviews with random and specialized staff. All staff interviewed indicated that they had received training and were able to articulate information from the training. During the staff interviews, all the random employees recalled having annual PREA training. Staff appear to understand their responsibilities regarding the standards. The staff are appropriately trained, and all documentation is maintained accordingly. Staff report that they routinely receive refresher information on PREA and information is readily available to the staff.

PREA training is conducted on an annual basis during in-service, versus every two years as required by the standard.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Evidence Relied upon to make Compliance Determination:

1. LSCC Completed PAQ
2. KYDOC Policy 14.7
3. Annual Training
4. New Contractor PREA Training
5. Review of Training Files
6. Volunteer orientation

Interviews with the following:

- PCM
- Contract Staff
- Training Coordinator

Findings:

The KYDOC policy is written in accordance with the standard and includes all required topics and elements of the standard. The policy requires that all staff receive training regarding PREA. This training is required to be completed in person prior to contact with any inmates. The training is tailored to male inmates at LSCC, as the facility does not hold females. The facility provides PREA training annually to each contract employee to ensure they remain up to date on the KYDOC policies and procedures regarding sexual abuse and harassment.

The Auditor reviewed the training curriculum and verified it included all information required by the standard. The Auditor reviewed the training rosters, as well as random training files to verify and ensure all contracted employees are receiving the training. New contractors and volunteers are given PREA training during their orientation before assuming their duties and sign a verification acknowledging they have received the information. During the document review, the auditor was able to verify that the contractors who had been trained were required to sign an acknowledgement that they had received and understood the PREA training. The auditor reviewed the files of newly hired contract employees and verified that the signed training acknowledgement form is retained in their files. In addition, during targeted interviews with Human Resource staff, they verified that training acknowledgements were retained in the files.

The Auditor conducted interviews with contracted staff. During targeted interviews with contract staff members, each of the interviewees told the auditor that they recalled having the PREA training and knew of the LSCC's zero-tolerance policy against sexual abuse and harassment. In addition, they could articulate what to do if an inmate reported to them. Contracted staff stated they would notify a security supervisor and ensure the inmate making the allegation was kept safe. When asked what would be the consequence if they violated the PREA policy, they stated they would be terminated and removed from the facility. The contract staff were

	<p>knowledgeable regarding the PREA information they had received. Staff appear to understand their responsibilities regarding the standards. LSCC is providing training in accordance with the standard. The documentation is maintained accordingly.</p> <p>There were no volunteers available during the onsite review at LSCC. The auditor reviewed acknowledgement forms signed by certified volunteers verifying receipt and understanding of PREA training. The auditor also reviewed the files for volunteers to verify that they are receiving PREA education prior to contact with inmates. Volunteers also receive annual refresher training. The volunteer coordinator maintains these files and ensures that all required training is completed.</p> <p>The facility reports on the PAQ that there are 105 volunteers and contractors, who may have contact with inmates, who have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response</p> <p>Volunteers and contractors all receive PREA training on an annual basis. The contract staff receive the same training as the facility staff.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
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<b>115.33</b>	<b>Inmate education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. LSCC Completed PAQ</li> <li>2. KYDOC Policy 14.7</li> <li>3. Review of inmate training materials</li> <li>4. Review of inmate training documentation</li> <li>5. Inmate Handbook</li> <li>6. Sampling of inmate files comparing intake date, the date of initial screenings, and the date of comprehensive screening</li> <li>7. Inmate Brochure and acknowledgement</li> <li>8. Logs of Completion of inmates provided Comprehensive Education</li> </ol> <p>Interviews with the following:</p> <ul style="list-style-type: none"> <li>• PCM</li> <li>• Random Inmates</li> <li>• Intake Staff</li> </ul> <p>Observations of the Following:</p>

- PREA informational Posters throughout the facility in inmate housing and common areas
- Inmate Intake Process

Findings:

The KYDOC policy is written in accordance with the standard. Policy states that during orientation at the Assessment and Classification Center and at 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. Within thirty (30) days of intake at the Assessment and Classification Center and at each institution, comprehensive education shall be provided to offenders either in person or through video regarding their rights to be free from sexual abuse and sexual harassment, free from retaliation for reporting such incidents, how to prevent sexual abuse and self-protection measures, treatment and counseling availability and policies and procedures for responding to such incidents.

Each facility shall provide offender education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired or otherwise disabled, and for offenders who have limited reading skills. Use of offender interpreters for assistance in offender education on aspects of the department's efforts to prevent, detect and respond to sexual abuse and sexual harassment shall be prohibited

except in circumstances where extended delays in obtaining an effective interpreter could compromise the offender's safety. Each facility shall maintain documentation of participation in offender education.

Each facility shall ensure that key information is continuously and readily available or visible to offenders, such as posters and inmate handbook materials that explain the zero-tolerance policy and different ways to report.

In accordance with policy, offenders at LSCC receive information regarding the facility and agency's zero tolerance policy upon arrival. This information in the form of a brochure, along with the inmate handbook and informal posters, provides offenders with information regarding sexual abuse and assault, the agency's zero tolerance policy and how to report incidents of sexual abuse or harassment.

The LSCC PAQ reported that during the last year 688 offenders were committed to the facility and given PREA information at the time of intake, in accordance with the standard. Targeted interviews with multiple staff indicated that this information is communicated to the offenders verbally and in writing upon arrival at the facility.

Multiple staff verified that the "PREA script" is read and explained to the inmates upon arrival.

Offenders will receive a PREA brochure immediately upon intake and sign an acknowledgement of receipt that is maintained electronically in their file in KOMS. The brochure contains information about the zero-tolerance policy and reporting information.

Of those, 640 inmates were at the facility for 30 days or more and given the

comprehensive PREA education. The comprehensive education is accomplished through the use of the PREA education video. The video is shown during the inmate's comprehensive facility orientation. This is documented on the inmate orientation, as well as the comprehensive PREA Education Acknowledgement Form, both of which are kept in the inmate record to verify receipt of the training. Offender interviews indicated that they were receiving the training.

The auditor observed PREA signage prominently located in all areas of the facility and notification of the agency's zero tolerance policy. Staff informed the auditor that they explained the agency's zero tolerance policy regarding sexual abuse and harassment, and they explained to the newly committed inmates that they could report any instances of abuse or harassment to staff and use the inmate telephone system to report abuse to the listed hotline. The PREA brochure information is read to the inmates upon arrival at the facility.

Interviews with intake staff verified that inmates, including any transferred from another facility, are given the same PREA orientation. Further questioning revealed that inmates who were LEP would be provided the orientation using a language telephone interpreter service or a Spanish speaking staff would be utilized, if available. For offenders that are visually impaired, a staff member would read the information to the offender. The video also has printed subtitles for the hearing impaired. Staff would assist any other disabled or impaired inmates that needed assistance, such as intellectually limited inmates. Information in multiple formats was available throughout the facility. Targeted interviews with staff, including the ADA Coordinator, indicated that the facility will make needed accommodations for identified inmates with disabilities. The ADA Coordinator stated that the intake staff would notify them if they received an inmate that needed accommodations to fully understand the PREA program. The Auditor observed PREA informational posters in all offender housing areas, intake, and public areas.

Inmate interviews revealed that most inmates remembered receiving information about the agency's zero tolerance policy and how to make a report of sexual abuse. All inmates interviewed stated they are aware of PREA and how to report.

During the onsite review, the auditor conducted a file review for education documentation. The Auditor also reviewed the files of 20 of the inmates selected for interview. The auditor found that the initial and comprehensive education is being completed in accordance with KYDOC policy and PREA standards and subsequently scanned into KOMS. A targeted interview with the backup PCM revealed that they are very diligent about tracking new arrivals and ensuring that all required elements are completed in accordance with policy and the standards.

The files contained documentation of the initial inmate PREA orientation and receipt of the brochure at the time of admission, as well as the comprehensive education.

Interviews with staff and offenders indicated that offenders are receiving the initial and comprehensive training as required.

All current offenders have received PREA training. Offender interviews indicate that the majority remember receiving information upon arrival and viewing the orientation

	<p>video. They have an awareness of PREA information and how to report.</p> <p>As required by the standard, policy provides for education in formats accessible to all inmates. There are Spanish versions of all materials. For offenders that are visually impaired, a staff member would read the information to the offender. The information is also available in Braille, in both English and Spanish. In addition, the Purple machine is available for signing for the hard of hearing inmates. As indicated in the policy, all other special needs would be handled in coordination with the PCM or Unit Manager on a case-by-case basis. There have been no instances of the need to accommodate special needs inmates during this audit period.</p> <p>Information in multiple formats was available throughout the facility. The Auditor observed PREA informational posters in all offender housing areas, intake, and medical. The inmate handbook is available and provided to all offenders.</p> <p>Inmates receive a PREA Brochure and advocate information immediately upon arrival. The PREA brochure and education is available in large print, braille, and Spanish with the capability of translating to other languages as needed.</p> <p>After a review, the Auditor determined that the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
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<b>115.34</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. LSCC Completed PAQ</li> <li>2. KYDOC Policy 14.7</li> <li>3. Review of Training Materials</li> <li>4. Review of Training Documentation</li> <li>5. Review Training Curriculum for Specialized Training</li> <li>6. Review of Training Certificates for Investigators</li> <li>7. Interviews with PCM &amp; Investigative Staff</li> </ol> <p>Findings:</p> <p>Agency policy is written in accordance with the standard. Policy states that All employees who conduct sexual abuse investigations shall receive specialized training in conducting such an investigation in a confinement setting. The training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or</p>

	<p>prosecution referral.</p> <p>LSCC investigators conduct administrative investigations. The Auditor verified the training for the facility investigators. The training included all mandated aspects of the standard, including Miranda and Garrity, evidence collection in a correctional setting, as well as the required evidentiary standards for administrative findings. Per a targeted interview with the PREA Coordinator, this training is standardized for the Department and was developed in consultation with the Moss Group. During targeted interviews with a designated investigator for the facility, as well as the PREA Compliance Manager and the backup PCM, who are both investigators, they were able to articulate the aspects of the training received. They appeared knowledgeable in the training they had received, as well as conducting sexual assault investigations. They indicated that, if in the course of the investigation, it appeared that the conduct was criminal in nature and there could be criminal charges involved, they would call the State Police and consult with the Commonwealth Attorney regarding any potential charges.</p> <p>The Auditor was provided and reviewed a master list of trained investigators for the KYDOC. There are 21 investigators listed as being assigned to LSCC and a total of 357 in the Agency. The Auditor reviewed the training records for the facility investigators and verified that they had received the specialized training.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
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<b>115.35</b>	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. LSCC Completed PAQ</li> <li>2. KYDOC Policy 14.7</li> <li>3. Review of Training Materials</li> <li>4. Review of Training Documentation</li> <li>5. Interviews with Training Coordinator and Medical Staff</li> </ol> <p>Findings:</p> <p>KYDOC policy requires that all staff members receive PREA training in accordance with standard 115.31. Further, the policy requires that all part- and full-time mental health and medical staff members receive additional specialized training. The policy requires that the mental health and medical staff receive additional specialized</p>

training on how to detect and assess signs of sexual abuse and harassment, how to preserve physical evidence, how to respond effectively to victims of sexual abuse and harassment and to whom to report allegations or suspicions of sexual abuse or harassment.

The LSCC employs contract medical and mental health providers. All the medical and mental health staff received the specialized training as evidenced by documentation provided by the training staff and reviewed by the auditor. During the on-site portion of the audit, the auditor reviewed the training logs provided by the staff and verified that all the current employees had received the required training. During targeted interviews with the HSA and other medical and mental health staff, they stated they received PREA training upon orientation. In addition to the annual PREA training required by the KYDOC, all medical and mental health staff complete additional training related to healthcare and PREA. The auditor reviewed the curriculum for this training. The description of the training states, "This course will provide you with the knowledge to describe sexual assault and the historical context of the Prison Rape Elimination Act. You will be able to identify the signs and symptoms associated with sexual assault, and how to properly preserve the physical evidence that develops from it. This training will allow you to respond effectively and professionally to victims of sexual abuse and also sexual harassment, following with the correct and appropriate way to document all situations. Most importantly, you will become knowledgeable on the medical/mental health protocol for responding to PREA incidents in adult institutions across the KY DOC."

Additionally, all medical and mental health staff complete medical specific PREA training annually through Wellpath, the contract medical provider. This was verified by the HSA, as well as other medical staff interviewed by the Auditor.

A targeted interview with the training coordinator verified that every employee is required to participate in PREA training in accordance with 115.31 and that training is documented. In addition, medical and mental health staff receive specialized training annually through the state that covers all aspects of the standard. The auditor verified this training had been completed.

There are 35 medical and mental health care practitioners who work regularly at LSCC who received the training required by agency policy.

The staff of the LSCC does not perform forensic medical examinations for victims of sexual assault. Forensic medical exams are conducted at the local hospital.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

<b>115.41</b>	<b>Screening for risk of victimization and abusiveness</b>
	<b>Auditor Overall Determination:</b> Meets Standard

## Auditor Discussion

Evidence Relied upon to make Compliance Determination:

1. LSCC Completed PAQ
2. KYDOC Policy 14.7
3. Review of Risk Assessments
4. 30 Day Reassessment Logs
5. Sampling of Random Inmate Files

Interviews with the following:

- PREA Coordinator
- Random Inmates
- PCM
- Case Managers

Observations of the Following:

- Inmate Intake Process

Findings:

According to KYDOC Policy, all inmates shall be assessed upon their admission to the facility and reassessed no later than 30 days after admission to the facility. The policy is written in accordance with the standard and includes all the required elements. During the site review, the auditor was not able to follow an inmate through the admission and classification process. During the site review, the auditor spoke with multiple staff who explained the initial intake process. Upon arrival at the facility, inmates are informed of their right to be free from sexual abuse and harassment as well as the agency's zero-tolerance for sexual abuse and harassment and how to report instances of sexual abuse or harassment. Interviews with the PCM, Unit Administrators and Case Managers verified that within 72 hours of admission, all inmates are screened for risk of sexual abuse victimization and the potential for predatory behavior. This is typically done by the case manager. Staff were aware of their responsibilities regarding when risk screenings must be conducted and were familiar with the information asked within the risk screening tool. The risk assessment utilized by the KDOC is an objective instrument made up of multiple yes/no questions and does not allow for subjectivity on the part of the staff conducting the assessment.

During interviews with random inmates, most remember their initial screening and remember being asked some PREA related questions during their admission. Several of the inmates interviewed had been housed at LSCC for longer than 12 months, however still recalled something about the risk screening or some of the questions.

All inmates are assessed during an intake screening and upon transfer to another facility for risk of being sexually abused by other inmates or sexually abusive toward other inmates. Intake screenings take place within 72 hours of arrival at LSCC. The facility uses an objective screening instrument that is standardized for KYDOC. The intake screening considers, 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; (2) The age of the inmate; (3) The physical build of the inmate; (4) Whether the inmate has previously been incarcerated; (5) Whether the inmate's criminal history is exclusively nonviolent; (6) Whether the inmate has prior convictions for sex offenses against an adult or child; (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (8) Whether the inmate has previously experienced sexual victimization; and (9) The inmate's own perception of vulnerability. The KYDOC does not hold offenders solely for civil immigration purposes. The initial screening considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to LSCC, in assessing inmates for risk of being sexually abusive. According to the PAQ and KYDOC Policy, the PREA screening instrument shall include 10 individual elements. Upon review of the screening instrument, the auditor determined that the screening instrument included all of the required elements.

According to the PAQ, 100% of the 670 inmates entering the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was for 72 hours or more and who were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility.

An inmate's risk level is reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. The PCM stated that a reassessment is completed any time there is an incident and/or based on a referral from a staff member. Interviews with additional staff also indicated that an inmate's risk level is reassessed based upon a request, referral or incident of sexual assault.

Inmates are asked their sexual orientation in addition to the reviewing staff's perception. Within 30 days from the inmate's arrival at LSCC, the case manager reassesses all inmate's risk of victimization or abusiveness based upon any additional, relevant information received by LSCC since the intake screening. The PCM and back-up PCM have a tracking system in place to ensure that all assessments and re-assessments are completed in a timely manner by the program staff. Inmates are not disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked. According to the PAQ, 100% of the 640 inmates entering the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was for 30 days or more and who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake.

LSCC has implemented appropriate controls on the dissemination within LSCC 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. All files are controlled by supervisory personnel and maintained in each inmate's electronic Classification files. There is limited access to this information. This was verified by multiple staff.

	<p>The Auditor interviewed staff who complete the screenings. The staff indicated that the risk screening is completed within 72 hours and the PREA risk assessment completed at the previous facility is reviewed. The screenings are completed in KOMS, the electronic records system. There is limited access to the PREA risk assessment. This screening is used for housing and program decisions and referrals. The auditor reviewed this information and verified it is maintained electronically with limited access. The auditor was provided a copy of and reviewed the screening form.</p> <p>Targeted interviews with staff, as well as the PREA Coordinator and PCM verified that risk assessments are performed within 72 hours of intake. The questions are asked and the answers are recorded by the staff on the risk assessment form in KOMS. There are areas on the form that allows for the inclusion of additional details related to the question, if additional data needs to be documented.</p> <p>In addition to examples provided during the pre-audit phase, the Auditor reviewed the files of 20 of the inmates selected for interview. The auditor reviewed their intake records and risk screenings to compare the admission date and the date of admission screening. The files revealed that the inmates had received risk screenings within 72 hours of intake, and reassessments completed within 30 days.</p> <p>The PCM, Case Managers and PREA Coordinator confirmed that initial risk assessments and 30-day reassessments are being completed on all inmates, including meeting with the inmates. And the PCM and backup PCM are monitoring and ensuring all assessments are completed in a timely manner as required by the standard.</p> <p>KYDOC policy stipulates that no inmate shall be disciplined for refusing to answer or disclose information in response the risk assessment questions. According to targeted interviews with the staff, there have been no instances of inmates being disciplined for refusing to answer screening questions.</p> <p>The Auditor randomly reviewed inmate files and determined that the initial risk assessments are being completed within 72 hours as required and the 30-day reassessments are being completed on a consistent basis.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective action: None</p>
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<b>115.42</b>	<b>Use of screening information</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Evidence Relied upon to make Compliance Determination:

1. LSCC Completed PAQ
2. KYDOC Policy 14.7, 14.8
3. Review of Screenings

Interviews with the following:

- PREA Coordinator
- PCM
- Supervisors Responsible for Conducting Unannounced Rounds

Observation of the following:

- Site review of inmate housing units

Findings:

The KYDOC policy requires that screening information from the PREA risk assessment is used in making housing, bed work, education, and programming assignments. The case manager completes a risk assessment screening upon the inmate's arrival to the facility. Staff use this information to make recommendations on housing, bed, work, program assignments and referrals with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.

When an inmate is determined to be high risk for victimization or high risk for abusiveness, it is the responsibility of the staff member conducting the screening to enter the results into the PREA Risk Assessment and inform the PREA Compliance Manager and Correctional Unit Administrator.

An inmate that is determined to be at high risk for victimization will not be placed in the same cell of an inmate that has been determined to be high risk for abusiveness. LSCC has multiple housing areas and thus can separate inmates that screen as HRV from inmates that screen as HRA.

It is the responsibility of the Classification Committee to check each inmate being placed in a job that has been determined as an area where there should not be victims and abusers working together unless under direct supervision and sign the job application stating these areas were reviewed. All program and education areas are always fully staffed when in operation. Additionally, KOMS generates an automatic alert system that will alert staff when assigning beds if a high-risk victim and high-risk abuser are located in the same area. When working in the kitchen, high-risk victims and high-risk abusers are assigned to separate areas. All areas/rooms in the kitchen are monitored by camera. In addition, LSCC maintains a weekly list of high-risk abusers and high-risk victims that are assigned to the same work location. Work supervisors are notified of any potential conflicts.

The LSCC uses a "Controlled Work Assignment Form" to approve requested work assignments. PREA risk assessments are checked to ensure no potential conflicts exist and has to be approved by the Deputy Warden(s). There are questions at the

bottom of the form that must be completed to assess whether inmates that are HRV or HRA are assigned appropriately.

KYDOC policy requires that the agency will consider housing for transgender or intersex inmates on a case-by-case basis in order to ensure the health and safety of the inmate and take into consideration any potential management or security problems. The policy requires that a transgender or intersex inmate's own view about their own safety shall be given serious consideration and that all transgender or intersex inmates are given the opportunity to shower separately from other inmates. During the site tour, the auditor reviewed all inmate housing units.

At the time of the onsite review, LSCC had 16 offenders identified as transgender or with a gender dysphoria diagnosis. During the targeted interviews, 7 transgender inmates were interviewed. The offenders indicated that while there were dividers in the showers and an area that was a little more private, all the inmates wanted to use this area, so it was sometimes difficult for them to use this "stall." This was discussed with the PREA Coordinator and the administration. While the facility substantially meets the standard, it was recommended by the auditor for the facility to review this practice.

The PCM keeps an updated, confidential list that is distributed as needed, listing the transgender inmates, those approved to have a female for searches, those requesting separate showers, preferred pronouns and when the 6-month housing review is due.

The policy stipulates that LGBTI inmates will not be placed in a dedicated facility, unit, or wing solely on the basis of such identification or status, unless the placement is established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such inmates. Staff are aware of their responsibilities should they receive a transgender inmate with regard to this standard. Interviews with facility staff indicate that placement of any transgender or intersex offenders is made on a case-by-case basis. Agency policy stipulates that placement and programming assignments for transgender inmates will be reassessed at least twice a year to review any threats to safety and a transgender inmate's views with respect to his or her safety will be given serious consideration. This process has been standardized across the department. An inmate that identifies as transgender is monitored at the facility level by the assigned case manager, unit administrator, the PCM and mental health staff. The auditor reviewed completed bi-annual housing/program reviews and found that these reviews are in person and solicit input from the inmate. Interviews with the transgender offenders indicate that they recalled the housing/program reviews taking place. In addition, these offenders are monitored at the state level and discussed and reassessed at Therapeutic Level of Care (TLOC) meetings which include facility and state level staff.

LGBTI offenders are not placed in dedicated housing areas. Interviews with staff confirm this practice would not occur. The auditor conducted informal discussions with inmates during the site review and no inmate mentioned being housed according to their sexual preference or identity. The auditor conducted targeted interviews with staff. The auditor was informed that inmates' housing was based upon objective

	<p>finding and LGBTI inmates were not placed in dedicated units. Targeted interviews with LGBTI inmates verified that the LSCC does not place inmates in dedicated housing units. A review of the roster indicated that identified LGBTI inmates are located in different housing areas throughout the facility.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
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<b>115.43</b>	<b>Protective Custody</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. LSCC Completed PAQ</li> <li>2. KYDOC Policy 10.2</li> <li>3. Memo from PCM</li> </ol> <p>Interviews with the following:</p> <ul style="list-style-type: none"> <li>• PCM</li> <li>• Supervisors and Staff Responsible for Supervising Inmates in Restrictive Housing</li> </ul> <p>Findings:</p> <p>In accordance with agency policy, LSCC does not place inmates who are at high risk for sexual victimization in restrictive housing unless alternatives have been considered and are not available. Agency policies are written in accordance with the standard and cover all mandated stipulations. According to the PAQ, there have not been any instances where inmates at risk for sexual victimization were placed in restrictive housing for the purpose of separating them from potential abusers.</p> <p>According to targeted interviews with staff who supervise inmates in restrictive housing, they are not aware of a case where an inmate was placed in restrictive housing because of being a high risk for sexual victimization. All staff interviewed indicate that an inmate identified as high risk would be moved to another housing location and not placed in segregation unless it was a temporary placement to keep the inmate safe until the investigation was complete, or unless the inmate requested it. A targeted interview with the PCM also verified that no inmates during the audit period have been placed in restrictive housing involuntarily to separate them from potential abusers. Staff indicated that there was sufficient space and housing units to find a suitable place for an otherwise orderly inmate.</p> <p>The agency policy states that if inmates were placed in restrictive housing for involuntary protective purposes, they would be permitted programs and privileges,</p>

	<p>work and educational programs and any restrictions would be limited. Further, the policy stipulates that such an involuntary housing assignment would not normally exceed 30 day and such a placement would be documented and include the justification for such placement and why no alternative can be arranged. According to the policy, if an inmate is confined involuntarily under these circumstances, the facility shall review the continuing need for placement.</p> <p>Staff are aware of their responsibilities regarding this standard, including the need for a review every 30 day. There have been no instances that required action with regard to this standard.</p> <p>During the on-site portion of the audit, the auditor reviewed all the restrictive housing areas and had informal discussions with both inmates and staff. As verified by targeted interviews with staff, the auditor did not identify any inmates who were involuntarily housed in restrictive solely for protective purposes for being a high-risk victim or having made an allegation.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
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<b>115.51</b>	<b>Inmate reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. LSCC Completed PAQ</li> <li>2. KYDOC Policy 14.7</li> <li>3. Agency Memo</li> <li>4. Inmate Handbook</li> <li>5. Inmate Orientation</li> <li>6. Site Review</li> <li>7. KASAP MOU</li> <li>8. KYDOC Website</li> <li>9. Hotline Information</li> </ol> <p>Interviews with the following:</p> <ul style="list-style-type: none"> <li>• PREA Coordinator</li> <li>• PCM</li> <li>• Warden</li> <li>• Random Staff</li> <li>• Random Inmates</li> </ul>

Observation of the following:

- Observation of informal interactions between staff and inmates
- Observation of inmates using the telephone system
- Observation of Information Posters inside the housing units, adjacent to telephone and in the booking area

Findings:

The KYDOC policy designates multiple mechanisms for the internal reporting of sexual abuse and harassment, retaliation by other inmates or staff for reporting, as well as mechanisms for reporting conditions that may have contributed to the alleged abuse.

Policy is written in accordance with the standard and states that an offender may report a sexual offense to any staff member and may also report using any of the listed multiple internal and external reporting methods, whether verbally, in writing, anonymously or via a third party. 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. Policy further states that staff members shall immediately report all knowledge, suspicions or information of an incident of a sexual offense within a Kentucky or other correctional facility. They shall also report any retaliation against someone who has reported such an incident and any knowledge of staff who neglect to report the above incidents or who, through neglect of duty or violation of responsibilities, may have contributed to an incident occurring. Staff can privately report offender sexual abuse and sexual harassment directly to the warden or deputy warden of the facility, or by contacting the PREA hotline at the number posted in staff break areas.

The auditor reviewed the inmate handbook and found that inmates are informed that they may report instances of abuse or harassment by reporting to staff members, both verbally and in writing, as well as by using the inmate telephone system to make a report to the PREA hotline. There are multiple internal ways for offenders to privately report PREA related incidents, including verbally to any staff member, a written note submitted to staff, anonymous reports within or external to DOC, and third-party reports. This information is received by offenders at intake in both written and verbal form, contained in the inmate handbook and on informational posters in all offender housing areas, intake and various other locations throughout the facility. Operational practice at LSCC is consistent with the KYDOC policy.

During random staff interviews, staff stated that inmates could make a PREA report to any staff member, verbal or written, as well as call the hotline. During the site review, the auditor observed information adjacent to all inmate telephones. Random offender interviews revealed that they feel comfortable talking to staff and that the staff at LSCC would take any report seriously and act immediately, regardless of the source of the information.

The KYDOC does not hold inmates solely for civil immigration purposes.

Staff interviews revealed that they are aware of their responsibilities regarding reporting and would accept and act on any information received immediately. All

staff that were interviewed acknowledged their duty to report any PREA related information. Information on how to report on behalf of an inmate is listed on the agency website. Staff indicated they would accept and act on third-party reports, including from another inmate. Verbal reports are required to be documented within 24 hours.

KYDOC policy provides a requirement that inmates have the option of reporting incidents of sexual abuse to a public or private entity that is not part of the agency. Offenders can report outside the LSCC, by phone, to DOC central office or an outside agency. Inmates can also write to the Central Office staff. This information is in the inmate handbook, posted by the phones and on the brochure the inmates receive at intake. Offenders can also send a Jpay message directly to Internal Affairs. During the site review, the auditor observed PREA informational posters and placards adjacent to the inmate telephones with the Hotline information where reports can be taken and referred immediately for investigation. Most all offenders interviewed were aware of this as a potential reporting method, indicating the offenders are receiving this information. Documentation provided shows that there have been reports made through the hotline making this a viable reporting method. Contact information, including address and phone number is also available for Pathways, Inc., the local rape crisis hotline.

The auditor reviewed the allegations for the previous 12 months and found that there were 14 allegations reported through a variety of methods, indicating that offenders are aware of the various reporting methods.

The Auditor verified the availability of the hotline by making a test call during the onsite review. The report was immediately received by the PREA Coordinator's Office for the internal call and logged. The auditor received documentation of this report the same day. The Auditor verified the availability of the local rape crisis hotline and their ability to take reports. Pathways, Inc. staff stated all the advocates are PREA trained.

Policy and the inmate handbook stipulate that 3rd party reports of sexual abuse or harassment will be accepted verbally or in writing. Random inmate and staff interviews revealed that the staff and inmates are aware that third party reports will be accepted and treated just like any other reports, with an investigation started immediately. This information is available on the agency website.

A targeted interview with the PREA Coordinator and PCM verified that there are multiple ways to make PREA complaints by both staff and inmates, including the use of the inmate phone system, anonymous letters, as well as third party reporting by family and friends. In addition, inmates can report using the Jpay tablets available in the inmate housing areas to directly email Internal Affairs. The auditor reviewed investigative files for 14 allegations of sexual misconduct within the last year. Many of the allegations were reported directly to facility staff, however there were a variety of methods used.

Policy requires that all staff accept reports of sexual abuse or harassment both verbally and in writing and that those reports shall be documented in writing by staff

	<p>and responded to immediately. During targeted interviews with staff, the staff indicated that if an inmate reported an allegation of sexual abuse or harassment, they would notify their supervisor of such an allegation and immediately intervene by separating the victim and alleged perpetrator. Each staff member stated that they would take action without delay and would accept a verbal complaint and would be required to make a written report of the incident. During random inmate interviews, the inmates were asked if they knew that they could make a verbal report of an incident of sexual harassment. All the inmates verbalized an understanding that they could just report to any staff member if something happened.</p> <p>Staff may privately report sexual abuse or harassment of inmates either verbally or in writing to their supervisors, or Warden directly. There is also a hotline available to staff. Staff members are informed of this provision during PREA training. Staff interviews revealed that they are aware they can go directly to facility administration, including the PCM to report sexual abuse and harassment of inmates and all staff that were randomly interviewed answered that they would report any such incident to their supervisor.</p> <p>After a review, the Auditor determined that the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
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<b>115.52</b>	<b>Exhaustion of administrative remedies</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. LSCC Completed PAQ</li> <li>2. Memo</li> <li>3. Staff Interview</li> </ol> <p>Findings:</p> <p>The Kentucky Department of Corrections does not have an administrative procedure to address inmate grievances regarding sexual abuse therefore is exempt from this standard.</p> <p>This is verified by the PAQ, memo from the PREA Coordinator and targeted interview with same.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>

115.53	Inmate access to outside confidential support services
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. LSCC Completed PAQ</li> <li>2. KYDOC Policy 14.7</li> <li>3. Inmate Handbook and Website</li> <li>4. Hotline Information</li> <li>5. Sexual Assault brochure</li> <li>6. MOU with KASAP</li> </ol> <p>Interviews with the following:</p> <ol style="list-style-type: none"> <li>a. PCM</li> <li>b. Random Inmates</li> <li>c. Random and Targeted Staff</li> <li>d. Mental Health and Medical Staff</li> </ol> <p>Observations of the Following:</p> <ol style="list-style-type: none"> <li>a. PREA informational Posters throughout the facility and public areas</li> </ol> <p>Findings:</p> <p>KYDOC policy is written in accordance with the standard. The facility provides inmates with access to local, state, or national victim advocacy or rape crisis organizations, including toll-free hotline numbers. The policy requires reasonable communications between inmates and those organizations and agencies, in as confidential manner as possible. The LSCC informs inmates of the extent to which these will be monitored prior to giving them access. The PCM and Psychology staff confirmed the availability of these services and stated that advocates can and will come to the facility to meet with offenders that request services. These services can also be provided through video via Zoom. Staff interviews indicate they are aware of their obligations under this standard.</p> <p>The Auditor reviewed documentation of confidential support services provided to inmates onsite at LSCC during this audit period.</p> <p>The auditor reviewed the LSCC handbook, which included information regarding the availability of outside confidential support services for victims of sexual abuse and harassment. During the site review, the auditor viewed posters that notifies inmates of the availability of a third-party reporting hotline, in both Spanish and English. The posters state, "Communications between victims and sexual assault programs are confidential according to KRS 211.608." Services through the local sexual assault program can be accessed through the free hotline, by writing a letter or virtual visits. These visits are coordinated through psychology staff at the request of the inmate.</p> <p>Policy requires that inmates and staff are allowed to report sexual abuse or</p>

	<p>harassment confidentially and requires that medical and mental health personnel inform inmates of their limits of confidentiality. Targeted interviews with medical and mental health reveal they are aware of their obligations to inform the inmates of the limits of confidentiality. The auditor reviewed documentation that verified this is being relayed to and acknowledged by the inmates.</p> <p>Inmates are informed of the services available at intake. LSCC provides all inmates information regarding victim advocacy services upon intake (same day) and during orientation. The information is provided in written form and provided to the inmate verbally. Inmates are also made aware of the 24/7 crisis line that is available to them as part of the victim advocate service. Inmate interviews indicated that some of the inmates are aware of the services that are available to them. Most inmates interviewed indicated they knew they could ask to speak to mental health for counseling services if they needed to. Inmates also stated that there are signs posted in all areas of the facility and they knew where to get the information if they needed it.</p> <p>The information is listed in the brochure that is provided to the inmates, as well as the inmate handbook.</p> <p>The LSCC has an MOU with the Kentucky Association of Sexual Assault Programs (KASAP) to establish an agreement for emotional support services through the local rape crisis center, Pathways, Inc.. The Auditor was provided a copy of the MOU and verified the agreement for services. The auditor verified the availability of services with Pathways, Inc., as well as facility psychology staff.</p> <p>There have been no inmates detained solely for civil or immigration purposes.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
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<b>115.54</b>	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. LSCC Completed PAQ</li> <li>2. KYDOC Policy 14.7</li> <li>3. Inmate Handbook</li> <li>4. KYDOC Website</li> <li>5. Staff Interviews</li> </ol>

	<p>6. Inmate Interviews</p> <p>Findings:</p> <p>The KYDOC policy is written in accordance with the standards, stipulating that all third-party reports will be accepted and investigated. The LSCC publicly provides a method for the receipt of third-party reports of sexual abuse or harassment through the KYDOC website. The Auditor reviewed the DOC website. The website has information on its PREA page that contains information about PREA and their responsibilities for criminal and administrative investigations. It also contains contact and reporting information should any one wish to report an incident of sexual abuse or harassment on behalf of an inmate.</p> <p>Staff interviews reveal that they are aware of their obligation to accept and immediately act on any third-party reports received. Staff, including supervisors, indicate they will accept a third-party report from a family member, friend or another inmate. They would document the report and inform their supervisor and the report would be handled the same as any other allegation or report and investigated thoroughly.</p> <p>Offenders are provided this information at intake and offender interviews indicate that they are aware that family or friends or other offenders can call or write and report an incident of sexual abuse on their behalf.</p> <p>A review of the investigations for the past 12 months revealed one allegation of sexual abuse or harassment through a third-party report in this review period.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
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<b>115.61</b>	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. LSCC Completed PAQ</li> <li>2. KYDOC Policy 14.7, 3.22</li> <li>3. Review of investigative files</li> </ol> <p>Interviews with the following:</p> <ul style="list-style-type: none"> <li>• Investigative staff</li> <li>• Warden</li> <li>• Random Staff</li> </ul>

Findings:

KYDOC policy is written in accordance with the standard and requires all staff, contractors and volunteers to immediately report any knowledge, suspicion or information related to sexual abuse or harassment to a supervisor. Policy states that staff members shall immediately report all knowledge, suspicions or information of an incident of a sexual offense within a Kentucky or other correctional facility. They shall also report any retaliation against someone who has reported such an incident and any knowledge of staff who neglect to report the above incidents or who, through neglect of duty or violation of responsibilities, may have contributed to an incident occurring. Policy requires notifications for the purpose of an investigation shall be immediately made to the designated facility or agency investigator. In addition, all allegations of sexual abuse that involve potentially criminal behavior shall be referred for criminal investigation to the Kentucky State Police (KSP).

During the site review, all staff members interviewed were asked if they were required by policy to report any instances or suspicions of sexual abuse or harassment. All the staff members responded unequivocally that they were required to report any such instances. The auditor also asked the same question of contracted staff, and they stated that they would report any instance of sexual abuse or harassment immediately to security staff. Interviews with staff indicate they are very clear regarding their duties and responsibilities about reporting PREA related information, including anonymous and third-party reports. During random staff interviews, all the staff members stated that they were required by policy to report any instance of sexual abuse or harassment or retaliation for making reports. They were also asked if that included alleged behavior by staff or contractors or volunteers. All staff members who were randomly interviewed said that they were obligated to report any such allegations or suspicions, no matter who it involved. Staff articulated their understanding that they are required to report any information immediately and document such in a written report.

Policy requires confidentiality of all information of sexual abuse or harassment beyond what is required to be shared as a part of the reporting, treatment, or investigation. During the random staff interviews, staff were asked about their requirement for maintaining confidentiality. The staff understand the need to keep the information limited to those that need to know to preserve the integrity of the investigation. All the interviewed staff stated that details related to either inmate allegations or staff allegations should remain confidential and they would only discuss details with supervisors and investigators. A targeted interview with the PREA Coordinator and PCM verified that all investigative files are maintained in KOMS with limited access.

Policy requires that all medical and mental health personnel report the mandatory reporting requirements and limits of confidentiality to victims of sexual abuse. Interviews with medical and mental health staff indicate they are aware of their mandatory reporting requirements and comply with the mandate to disclose the limits of their confidentiality. Medical and mental health staff are aware of their responsibilities to report information, knowledge, or suspicions of sexual abuse,

	<p>sexual harassment, retaliation, staff neglect or violations of responsibilities which may have contributed to an incident. The auditor viewed documentation that shows that medical and mental health staff discuss limits of confidentiality with the offenders.</p> <p>Targeted interviews with the PCM, as well as random staff interviews verified that all allegations of sexual abuse or harassment received from a third party are referred for investigation and immediately acted upon.</p> <p>All allegations of sexual abuse and harassment are reported to the on-duty supervisor, who initiates an investigation. The reporting officer and supervisor create a report, and this report is forwarded to the PCM for review and further action. In addition, the PCM is notified verbally through the chain of command.</p> <p>The Auditor conducted a formal interview with facility investigators, who indicated that all allegations are immediately reported and investigated. There were 14 allegations of sexual harassment or assault for the previous 12 months. The Auditor reviewed the investigative files for all 14 allegations and determined that they were promptly reported and investigated as required by the standard.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
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<b>115.62</b>	<b>Agency protection duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Evidence Relied upon to make Compliance Determination:</p> <p>Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1. LSCC Completed PAQ</li> <li>2. KYDOC Policy 14.7</li> <li>3. Memo</li> </ol> <p>Interviews with the following:</p> <ul style="list-style-type: none"> <li>• PCM</li> <li>• Warden</li> <li>• Random Staff</li> <li>• Random Inmates</li> </ul> <p>Findings:</p> <p>KYDOC policy is written in compliance with the standard and requires that whenever there is a report that there is an incident of sexual abuse or harassment, the victim</p>

	<p>should be immediately protected. Policy states 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.</p> <p>Random interviews with staff indicate they are clear about their duty to act immediately if an offender is at risk of imminent sexual abuse. Staff indicated they would immediately remove the inmate from the situation, keep them separate and safe, and find an alternate place for them to stay or be housed pending an investigation or further action. Staff stated they would ensure the inmate was kept safe, away from the potential threat and an investigation was completed by the supervisor. Classification staff and the Unit Managers would also be notified. Targeted interviews with the Warden and the PCM confirmed that it is the policy of LSCC to respond without delay when inmates are potentially at risk for sexual abuse or any other types of serious risk.</p> <p>LSCC reports in the PAQ that there have been no determinations made that an offender was at substantial risk of imminent sexual abuse. Per an interview with the PCM, LSCC did not have any inmates determined by the facility to be subject to a substantial risk of imminent sexual abuse requiring immediate action during this audit period. All inmates that report an allegation are immediately separated from the alleged abuser and kept in staff sight at all times until the alleged abuser is secured. If the report is made to staff other than an officer, security staff would be notified immediately. The staff member that the inmate reported the allegation to would remain with the inmate and ensure their safety until security staff responded.</p> <p>The Auditor randomly reviewed files and talked with staff, both formally and informally, and found no evidence that an inmate was determined to be at imminent risk of sexual abuse. There have been no incidents that required action with regard to this standard.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
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<b>115.63</b>	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. LSCC Completed PAQ</li> <li>2. KYDOC Policy 14.7</li> <li>3. Investigative files</li> </ol>

	<p>Interviews with the following:</p> <ul style="list-style-type: none"> <li>• PCM</li> <li>• Warden</li> </ul> <p>Findings:</p> <p>The KYDOC’s policy is written in accordance with the standard and requires that if the Warden or his/her designee receives an allegation regarding an incident of sexual abuse that occurred at another facility, he/she must make notification within 72 hours. During this review period, the facility reported receiving five notifications from an inmate alleging sexual abuse while incarcerated at another facility that needed to be reported. The auditor reviewed documentation of the notification as required.</p> <p>According to targeted interviews with the Warden and PCM, if they received such a notice, they would immediately report such an allegation to the Warden or Administrator of the other facility. In the event such allegation is received, the Warden shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation at LSCC. The notification shall be documented. The Warden and PCM both confirmed their understanding of their affirmative requirement to report allegations in accordance with the standard.</p> <p>LSCC requires that if the Warden or designee receives notice that a previously incarcerated inmate makes an allegation of sexual abuse that occurred at the LSCC, it would be investigated in accordance with the standards. The LSCC reported they have received two allegations of sexual abuse that occurred at LSCC that an inmate reported while confined at another facility within this audit cycle. Interviews with the Warden and PCM confirm the staff are aware of their obligation to fully investigate allegations received from other facilities. The Auditor reviewed the investigative reports for these allegations and found that an investigation was immediately initiated and handled in accordance with the standards and DOC policy.</p> <p>Further, interviews with the staff revealed that they are aware of their obligations with regard to reporting, and there is a universal understanding and commitment to immediately report any allegations of sexual abuse or harassment, which increases the probability that abuse will be detected, reported and investigated. Staff unequivocally stated that they have a duty to report and take this obligation seriously.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
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<b>115.64</b>	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard

## Auditor Discussion

Evidence Relied upon to make Compliance Determination:

1. LSCC Completed PAQ
2. KYDOC Policy 14.7
3. PREA Checklist
4. Review of investigative files
5. Interviews with Random Staff, PCM, Investigator

Findings:

The KYDOC policy is written in accordance with the standard and indicates actions staff should take in the event of learning an inmate has been sexually assaulted.

Policy requires that when an inmate reports an incident of sexual abuse, the responding staff member: Separate the alleged victim and alleged abuser, preserve and protect and evidence, if the abuse allegedly occurred within a time period that would allow the collection of evidence the first responded advise the victim not take any actions that would destroy any evidence, and take action to prevent the alleged abuser from destroying evidence.

There were 9 allegations of sexual abuse at LSCC during this audit period. The auditor reviewed the investigative reports for all 9 allegations. Per the PAQ, of these allegations of sexual abuse in the past 12 months, in 7 instances the first security staff member to respond to the report separated the alleged victim and abuser. Two (2) allegations were made by inmates no longer housed at LSCC.

Per the PAQ, there have been no instances of reported sexual assault during this review period that required the first responder to preserve or collect physical evidence.

The auditor interviewed 4 inmates during the on-site portion of the audit who had reported sexual abuse or harassment. The inmates stated that staff responded promptly to the allegations. The interviews and a review of the investigative files revealed that the allegations were handled in accordance with KDOC policies and evidence protocols.

The Auditor conducted interviews with staff first responders. Security first responders were asked to explain the steps they would take following an alleged sexual abuse reported to them. Most all staff interviewed said that they would notify their supervisor after separating the inmates and wait for further instructions. The staff were able to appropriately describe their response procedures and the steps they would take, including separating the alleged perpetrator and victim and securing the scene and any potential evidence. The Auditor was informed the scene would be preserved and remain so until the assigned Investigator arrived to process the scene.

A targeted interview with facility investigators indicated that once the initial steps were done and the scene was secure, the State Police would be notified, depending on the nature of the investigation.

	<p>The Auditor conducted interviews with supervisory staff. The Auditor asked what the supervisor response and role would be following a report of sexual assault. The supervisor stated that they would ensure the alleged victim and alleged abuser were removed from the area and kept separately in the facility. The crime scene would be secured and a staff member posted to ensure no one entered the scene. The alleged victim would be taken to medical for treatment of any emergent needs and transported to St. Clair Medical Center for a forensic exam, if needed. The PCM would also be informed. The supervisor stated the Investigator(s) would be the only ones allowed in the crime scene to process the evidence.</p> <p>Policy requires that if the first responder is not a security staff member, the staff immediately notify a security staff member. There were 5 instances during the audit period where a non-security staff member acted as a first responder to an allegation of sexual abuse. The Auditor conducted formal interviews with non-security personnel. Staff were asked what actions they would take following an alleged sexual abuse reported to them. Staff indicated they would ensure the victim remains with them and immediately inform an officer or supervisor. They would also request the victim not take actions to destroy evidence.</p> <p>Medical personnel interviewed stated they would first ensure a victim's emergency medical needs are met. They stated they would request the victim not to use the restroom, shower, or take any other actions which could destroy evidence. Medical staff informed the auditor they would immediately notify a supervisor if they were the first person to be notified of an alleged sexual abuse. Victims would be transported off-site to St. Clair Medical Center for forensic exams if needed.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
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<b>115.65</b>	<b>Coordinated response</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. LSCC Completed PAQ</li> <li>2. KYDOC Policy 14.7</li> <li>3. PREA Checklist</li> <li>4. Sexual Assault Action Plan</li> <li>4. Interview with PCM, Investigator and Warden</li> </ol> <p>Findings:</p>

	<p>LSCC has a coordinated facility plan to address actions in response to an incident of sexual abuse among facility staff, including first responders, supervisory staff, medical, investigative staff and administrators. Interviews with multiple staff indicate that they understand their duties in responding to allegations of sexual assault and are knowledgeable in their role and the response actions they should take. The LSCC has a Sexual Assault Plan listing actions to be taken by staff for each type of sexual assault allegation to ensure that all aspects of the response are covered and nothing is missed. Many of the facility staff involved in responding to incidents of sexual abuse are also a part of the incident review team.</p> <p>The auditor reviewed the 14 investigative files which indicate staff are appropriately responding to allegations of sexual assault, including preservation and/or collection of physical evidence.</p> <p>There have been no instances of reported sexual assault during this review period that required the first responder to preserve or collect physical evidence.</p> <p>The auditor interviewed the Warden, two designated investigators, medical and mental health staff, as well as the PCM, who is also an investigator, who all described the facility's coordinated response in the case of an allegation of sexual abuse or harassment. The response begins with the allegation and first responder action to protect the victim, secure the crime scene and protect any potential evidence. The initial investigation begins with the first responders and supervisors and then the facility investigators. Depending on the nature of the allegation, the investigation will either begin as administrative or criminal. In the case of a criminal investigation, the victim is treated in accordance with policy and provided a forensic exam and ancillary services, as well as advocacy services. The remainder of the investigation is dictated by the nature of the allegation. Regardless, all investigations are completed, and a finding is assigned. It may be referred for criminal prosecution or handled administratively and could require medical and mental health services and monitoring for retaliation and notice to the victim about the outcome of the investigation.</p> <p>All staff at LSCC that the auditor spoke with appear to be well-versed in their role and responsibilities in responding to allegations of sexual assault and are familiar with the facility response plan for incidents of sexual abuse and sexual harassment.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
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<b>115.66</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard

	<p><b>Auditor Discussion</b></p> <p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. LSCC Completed PAQ</li> <li>2. Memo</li> </ol> <p>Interviews with the following:</p> <ul style="list-style-type: none"> <li>• PREA Coordinator</li> </ul> <p>Findings:</p> <p>The LSCC has not entered into any agreement that limits the agency’s ability to remove alleged staff sexual abusers from contact with inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.</p> <p>The KYDOC prohibits entering into a collective bargaining agreement. The Kentucky Department of Corrections does not have any collective bargaining power therefore this standard is non-applicable.</p> <p>Per memo and interview with the PREA Coordinator, the auditor verified that there is not a collective bargaining agreement in place.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
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<b>115.67</b>	<b>Agency protection against retaliation</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. LSCC Completed PAQ</li> <li>2. KYDOC Policy 14.7</li> </ol> <p>Interviews with the following:</p> <ul style="list-style-type: none"> <li>• PCM</li> <li>• Warden</li> </ul> <p>Findings:</p> <p>The KYDOC’s policy is written in accordance with the standard and states retaliation by or against any party, staff or offender, involved in a complaint or report of sexual abuse or sexual harassment shall be strictly prohibited. Retaliation in and of itself,</p>

shall be grounds for disciplinary action and will be investigated. Policy requires staff and inmates who report allegations of sexual abuse or harassment are protected from retaliation for making such reports. Policy and memo from the facility indicates that the PCM is designated as the staff who will be responsible for monitoring retaliation for a minimum period of 90 days. Policy states monitoring shall occur beyond ninety (90) days if the initial monitoring indicates a continuing need and monitoring shall cease if the investigation determines that the allegation is unfounded

The Auditor conducted a formal interview with the staff member responsible for monitoring retaliation. The Auditor asked the staff member how he goes about monitoring retaliation. He stated he reviews all available information related to the inmate during the monitoring period. He reviews all disciplinary charges and Incident Reports, and any other actions related to the inmate including documents maintained in the inmate's file and his electronic record. He stated that anytime there is a change such as job, program or housing, he will look at those actions and any notes made by treatment staff. He also indicated she will make referrals to medical and mental health as needed. The monitoring will also include periodic status checks and notations made on the Retaliation Monitoring Form.

The Auditor asked the staff member the amount of time he will monitor for acts of retaliation. He stated the monitoring period would be a minimum of 90 days, and longer if necessary. He stated that he will meet with them as soon as possible after the allegation is reported and more frequently than every 30 days if needed. In the event the inmate cannot be protected at the facility, the staff can and will recommend a transfer.

In the case of an offender being retaliated on by staff, the administration will discuss staff assignments with the supervisor to ensure the staff member is not placed in an area where the inmate is housed. The inmate can also be transferred, if need be, at the request of staff.

The PCM and Unit Administrators have the authority to move inmates around the facility or to request transfers to other facilities or take other protective measures to assure inmates are not retaliated against. Inmates would not be held in Special Management for protection from retaliation unless requested by the inmate. The PCM also stated that in the case of a transfer, he would email the form to the receiving institution to monitor the inmate for the remainder of the 90 days.

In addition, the Warden has the authority and would intervene in any way necessary to protect employees from retaliation if they reported incidents of sexual abuse or harassment. Per memo, the LSCC has not had any instances where a staff member was monitored for retaliation within this audit period.

The auditor reviewed examples of monitoring for retaliation provided by the facility and found them to be in compliance with the standard. In addition, staff interviews confirmed their knowledge of the requirements for protection from retaliation for both inmates and staff members. The agency has prepared forms that include checklists that would assure and verify compliance with the necessary elements of the standard.

	<p>The facility reported there were no incidents of retaliation in the last 12 months.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
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<b>115.68</b>	<b>Post-allegation protective custody</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. LSCC Completed PAQ</li> <li>2. KYDOC Policy 10.2</li> <li>3. Review of all Investigative Files from the past 12 Months</li> </ol> <p>Interviews with the following:</p> <ul style="list-style-type: none"> <li>• PCM</li> <li>• Staff who supervise inmates in RH</li> </ul> <p>Observation of the following:</p> <ul style="list-style-type: none"> <li>• Observation of Inmates in restrictive housing</li> </ul> <p>Findings:</p> <p>The KYDOC's policy is written in accordance with the standard and requires the use of segregated housing be subjected to the requirements of PREA standard 115.43. Policy states that pending an alternative housing assessment for an inmate who is presently at high risk to be a sexual victim and may need separation from likely abusers. This temporary assignment shall only occur if the assessment cannot be immediately completed. In these cases, the assessment shall be completed within twenty-four (24) hours and in accordance with 28 CFR §115.43. If necessary to restrict or deny an inmate in a special management or restrictive housing unit any usual item or activity, a report shall be made to the appropriate Deputy Warden listing the item or activity denied and the reason and documented in the inmate's case record. All restrictions shall be reviewed by the Warden or Designee.</p> <p>Interviews with staff revealed they would not place an inmate in segregation for reporting sexual abuse or assault. Staff indicated they would not ordinarily place a sexual assault victim in segregation unless he had requested it. Staff explained that other alternatives are explored and segregation is utilized as a last resort. The Auditor was informed of and observed several areas in the facility to place sexual abuse victims to ensure they are protected from abusers without having to place the victim in segregated housing.</p>

	<p>The auditor reviewed all the LSCC restrictive housing areas and through informal discussions with supervising staff, no staff indicated that inmates were assigned to restrictive housing because of their sexual vulnerability. Staff indicated that if an inmate that made an allegation were to be held in restrictive housing, it would be very briefly until other housing was arranged or the initial investigation was complete.</p> <p>The agency has had no incidents that have required restrictive protective custody. Interviews with the supervisory staff as well as the PCM and Unit Administrators confirmed their knowledge of their requirements to appropriately adhere to the elements of standard 115.43, after a victim's allegation of abuse.</p> <p>In addition, during targeted interviews with the Unit Administrator and PCM, they both verified that there have been no instances of inmates being placed in restrictive housing as a result of their sexual victimization or vulnerability. There were no records or documentation to review regarding this standard because there were no instances of the use of restrictive housing to protect and inmate who was alleged to have suffered sexual abuse.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
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<b>115.71</b>	<b>Criminal and administrative agency investigations</b>
	<p><b>Auditor Overall Determination:</b> Exceeds Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. LSCC Completed PAQ</li> <li>2. KYDOC Policy 14.7</li> <li>3. Review of Investigative files</li> <li>4. Interviews with Staff</li> <li>5. Documentation of Investigator Training</li> <li>6. Certificates of Completion for Facility Investigators</li> <li>7. Training Curricula for Investigative Training specific to Corrections</li> </ol> <p>Findings:</p> <p>The KYDOC policy is written in accordance with the standard. Policy requires that the agency conduct administrative investigations of sexual abuse and harassment. Policy states all allegations of sexual abuse and sexual harassment shall be promptly, thoroughly and objectively investigated, including third-party and anonymous reports. A PREA investigation shall be initiated within twenty-four (24) hours of the incident</p>

upon report to the facility or agency investigator or as soon as possible if referred for investigation to the Kentucky State Police (KSP). Policy dictates that Investigators shall:

- a. Gather and preserve all direct and circumstantial evidence, including any available physical and DNA evidence, and any available electronic monitoring data;
- b. Interview the alleged victim, suspected perpetrators, and witnesses; and
- c. Review prior complaints and reports of sexual abuse involving the suspected perpetrator.

Per policy, investigations shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, the review of prior complaints and reports of sexual abuse involving the suspected perpetrator, and investigative facts and findings. Policy also dictates that the credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the individual's status as an offender or staff member. An offender who alleges sexual abuse shall 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 policy stipulates criminal investigations shall be conducted by the State Police, depending on the nature of the investigation. The agency policy stipulates that they will respond to complaints that are received internally and externally by a third party. The policy requires that investigations are responded to promptly. The LSCC investigates all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports. The policy requires administrative investigations to include efforts to determine whether staff actions or failure to act contributed to an act of sexual abuse. Investigative reports are required to include a description of physical evidence, testimonial evidence, the reason behind credibility assessments, and investigative facts and findings.

The auditor reviewed investigative reports for the 14 allegations of sexual misconduct during the past 12 months. There were 9 allegations of sexual abuse and 5 allegations of sexual harassment, most reported directly to staff. All reports contained the required elements as dictated by the standard. The reports at LSCC were detailed, thorough and well-written. As evidenced by the investigative reports, all allegations are investigated promptly, thoroughly, and objectively. The report format is standardized throughout the DOC and review and oversight for all allegations is completed through the PREA Coordinator's office. The auditor found that the close collaboration between the PCM and the backup PCM with respect to investigations ensured that each allegation was thoroughly investigated and ensured a high degree of consistency in how the investigations were handled.

If at any time during the investigation, it appears the charges are criminal in nature, the investigation will be referred to the State Police. The facility is required to maintain written investigative reports for as long as the alleged abuser is incarcerated or employed by the LSCC, plus an additional 5 years in accordance with DOC records retention schedules. Policy prohibits the termination of an investigation if an inmate is released or a staff member is terminated or terminates employment.

LSCC investigators are required by policy to cooperate with outside investigators and attempt to communicate to remain informed about the progress of a sexual abuse investigation. According to a targeted interview with designated facility Investigators, if the State Police were to conduct an investigation of sexual abuse, the facility investigator serves as a liaison and would keep facility administrators informed of the progress of the investigation. The investigator stated that if the State Police investigate an allegation, they typically work together and share information. There have been no allegations referred to the KSP for investigation during this review period. LSCC reports that there have been no substantiated allegations of conduct that appear to be criminal that were referred for prosecution.

At the time of the on-site audit, LSCC employs and provided training records for 21 staff members who have received specialized training to conduct sexual abuse investigations in confinement facilities. The auditor was provided training curricula and training certificates of designated investigators. The auditor reviewed and verified that each of the facility investigators had proof of receiving the specialized training required by the standard. Each investigator had received specialized training to conduct sexual abuse investigations in confinement settings. Targeted interviews with facility investigators and the PCM verified they are available to respond immediately, if necessary.

The Auditor conducted a formal interview with three of the facility's designated PREA Investigators. The Auditor asked the Investigators to describe their process when conducting an investigation. They both stated they interview the victim, alleged perpetrator, inmate witnesses, and staff witnesses, if applicable. They stated they review the scene, and preserve any evidence, if necessary. In accordance with the standard, they will gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data. They review criminal histories on all inmates involved, disciplinary history, incident reports, and classification actions. The investigator reviews video footage if applicable, telephone recordings, staff logs, and any other relevant items which could be considered evidence to support the determination. The investigator will notify the PCM and facility administration of the allegation. If at any point during the investigation he determines there could be potential criminal charges involved, the investigation would be reviewed and discussed and State Police would be contacted. The facility or the LSCC can contact the Commonwealth Attorney for referral and consultation as warranted. The Investigators stated they begin the investigation immediately after receiving an allegation.

All investigative files are maintained electronically in the KOMS system with limited access. Investigative files are maintained for a minimum of five years after the abuser has been released or a staff abuser is no longer employed. In accordance with KDOC policy, an offender who alleges sexual abuse shall not be required to submit to a polygraph examination or other truth-telling device as a condition to proceed with the sexual abuse investigation.

If an allegation is reported anonymously, the Investigator stated the investigation would be handled the same as any other investigation. Staff indicate they would

	<p>continue the investigation even if an inmate is released or a staff member terminates employment during the investigation.</p> <p>The LSCC has had 14 incidents that required investigation during the review period. The auditor reviewed investigative reports for all 14 allegations of sexual misconduct during the past 12 months. A review of the investigative files indicate that the investigators are conducting the investigations in accordance with the standard. The reports show evidence that the investigator is gathering evidence, interviewing witnesses, victims, perpetrators, and conducting the investigation promptly. The investigations appear to be conducted promptly, thoroughly and objectively.</p> <p>After a review, the Auditor determined the facility exceeds the requirements of the standard.</p> <p>Corrective Action: None</p>
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<b>115.72</b>	<b>Evidentiary standard for administrative investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. LSCC Completed PAQ</li> <li>2. KYDOC Policy 14.7</li> <li>3. Review of Investigative files for the past 12 months</li> </ol> <p>Interviews with the following:</p> <ul style="list-style-type: none"> <li>• PCM</li> <li>• Investigative Staff</li> </ul> <p>Findings:</p> <p>The KYDOC’s policy is in compliance with the requirements of the standard and imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>A formal interview with one of the designated Investigators confirmed that the staff responsible for administrative adjudication of investigations is aware of the requirements of the evidentiary standard. The investigator was able to articulate what preponderance meant and how he arrives at the basis for his determinations. There have been 14 allegations of sexual abuse or harassment within the last 12 months for which the auditor reviewed the investigative files. The auditor reviewed an example of a substantiated allegation, including the basis for the determination. A review of the files indicates that the investigations are being conducted in accordance with the standard and the investigators are using preponderance of the evidence as the basis for the determination.</p>

	<p>The DOC's training curriculum for conducting sexual assault and sexual harassment investigations in a confinement setting reviews the PREA standards, including the requirement of no standard higher than preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. All investigators complete this training.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
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<b>115.73</b>	<b>Reporting to inmates</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. LSCC Completed PAQ</li> <li>2. KYDOC Policy 14.7</li> <li>3. Review of investigative files and notification to inmate</li> </ol> <p>Interviews with the following:</p> <ul style="list-style-type: none"> <li>• PCM</li> <li>• PREA Coordinator</li> <li>• Investigator</li> </ul> <p>Findings:</p> <p>The KYDOC policy is written in accordance with the standard and requires an inmate be notified when a sexual abuse allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. Policy states that following an investigation where the alleged victim has reported the case of sexual abuse, the alleged victim shall be informed within thirty (30) days of the conclusion of the investigation. 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; Alleged perpetrator is no longer employed; d. Alleged perpetrator has been indicted or convicted on a charge related to sexual abuse. The obligation to inform the alleged victim shall terminate if the offender is released from custody.</p> <p>The auditor conducted targeted interviews with the PCM and Investigator. The agency is responsible for administrative investigations. There have been no allegations referred to the Kentucky State Police for investigation during this audit period.</p> <p>Staff indicated that inmates are informed of the results of an investigation at the</p>

	<p>conclusion of the investigation. A standardized form is used throughout the department for offender notification. There is a notification form for offender allegations, as well as staff allegations.</p> <p>During the past 12 months, there have been 9 allegations of sexual abuse. Per the PAQ, notification was made to 9 inmates. Documentation is maintained for all notifications.</p> <p>Per policy, for substantiated or unsubstantiated allegations of sexual abuse committed by a staff member against an inmate, the agency would the agency subsequently informed the inmate whenever:</p> <p>The staff member was no longer posted within the inmate's unit;  The staff member was no longer employed at the facility;  The agency learned that the staff member has been indicted on a charge related to sexual abuse within the facility; or  The agency learned that the staff member has been convicted on a charge related to sexual abuse within the facility. Per the PAQ, no such notifications have been required in the past 12 months. Additional notification would be sent as needed to reflect changes to the staff member's employment status or criminal indictment/conviction.</p> <p>Four inmates who reported sexual abuse or harassment at LSCC were interviewed during the on-site portion of the audit for targeted interviews. The inmates reported that they had received notification of the outcome of the investigation and that the staff had interviewed them and kept them apprised of the investigation.</p> <p>The Auditor reviewed the investigative files for all reported allegations of sexual assault during the review period. The LSCC made notification to the inmates at the conclusion of the investigation as required. Interviews with a facility investigator and PCM confirmed their knowledge of their affirmative requirement to report investigative finding to inmates in custody.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
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<b>115.76</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. LSCC Completed PAQ</li> <li>2. KYDOC Policy 3.22</li> <li>3. Interviews with Staff</li> </ol>

	<p>Findings:</p> <p>The KYDOC PREA and disciplinary policies were reviewed and are in compliance with the requirements of the standard. Staff is subject to disciplinary sanctions up to and including termination for violating the sexual abuse or sexual harassment policies. Policy requires that staff found responsible for sexual abuse of an inmate shall be terminated from employment. Termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse. Employees who are found to have violated agency policy related to sexual abuse and harassment, but not actually engaging in sexual abuse shall be disciplined in a manner commensurate with the nature and circumstances of the acts as well as the previous disciplinary history of the staff and comparable to other comparable offenses by other staff with similar disciplinary histories.</p> <p>According to the submitted PAQ, in the past 12 months, there were zero staff terminations or disciplinary actions related to the sexual abuse or harassment of inmates. A review of the investigative files and interviews with the staff corroborated this information.</p> <p>Interviews with facility staff and administrators verified that staff consider a violation of the PREA policy to be of sufficient seriousness to warrant termination and prosecution in accordance with the law. In both formal and informal staff interviews, the staff were aware that the agency has a zero-tolerance policy regarding sexual abuse and any such incidents would be investigated and reported to the appropriate agency for prosecution, if necessary.</p> <p>The Auditor interviewed facility administration regarding the facility's staff disciplinary policy. Facility administration indicated that if a staff member is terminated for violating the facility's sexual assault and harassment policy, and if the conduct is criminal in nature, it would be referred to the State Police and Commonwealth Attorney's office for possible prosecution. If an employee under investigation resigns before the investigation is complete, or resigns in lieu of termination, that does not terminate the investigation or the possibility of prosecution if the conduct is criminal in nature. The facility would still refer the case to the Commonwealth Attorney's office when a staff member terminates employment that would have otherwise been terminated for committing a criminal act of sexual abuse or sexual harassment.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
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<b>115.77</b>	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

Evidence Relied upon to make Compliance Determination:

1. LSCC Completed PAQ
2. KYDOC Policy 3.22
3. Interviews with Staff

Findings:

The KYDOC PREA and disciplinary policies were reviewed and are in compliance with the requirements of the standard. Policy stipulates that contractors and volunteers who violate the sexual abuse or sexual harassment policies are prohibited from having contact with inmates and will have their security clearance for the DOC and LSCC revoked. In the past 12 months, there have been no instances where volunteers or contractors have engaged in sexual abuse or harassment. Staff verified during targeted interviews that there had been no instances of sexual abuse or harassment by contractors or volunteers in the past 12 months. The auditor reviewed the investigative files, which corroborated this information. In accordance with policy, LSCC takes appropriate remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. Policy states that if the findings are inconclusive but the investigation reveals potentially problematic conduct, preventative action shall be taken. The accused shall be reminded of Corrections' policy and further preventative measures may be taken including additional training to avoid a further recurrence or permanent reassignment.

A targeted interview with 5 contract staff members verified that they consider a violation of the PREA policy to be of sufficient seriousness to warrant termination from the facility. The contract staff were aware that the agency has a zero-tolerance policy regarding sexual abuse and any such incidents would be investigated and reported to the appropriate agency for prosecution, if necessary.

The Auditor interviewed facility administration regarding the disciplinary policy regarding contract staff and volunteers. Facility administration indicated that contractors and volunteers who violate the sexual abuse or sexual harassment policies will have their security clearance revoked immediately. Contract staff would most likely be terminated by the contract employer. Volunteers would have their clearance revoked. If the conduct is criminal in nature, it will be referred to investigators, with referral to the State Police and the Commonwealth Attorney's office for possible prosecution, as well as reported to any relevant licensing bodies.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Evidence Relied upon to make Compliance Determination:

1. LSCC Completed PAQ
2. KYDOC Policy 15.2, 14.7
3. Inmate Handbook
4. Review of Investigative Files
5. Review of Classification Records
6. Interviews with Staff

Findings:

The KYDOC policy directs that inmates are not permitted to engage in non-coercive sexual contact and may be disciplined for such behavior. Policy states offenders may be disciplined for substantiated incidents of offender-on-offender sexual abuse according to CPP 15.2. If an offender has pending disciplinary sanctions for alleged offender-on-offender sexual abuse, consideration shall be given as to whether the offender's mental disabilities or mental illness contributed to his or her behavior when determining what level of sanction, if any, will be imposed.

Policy dictates that staff is prohibited from disciplining an inmate who makes a report of sexual abuse in good faith and based on a reasonable belief the incident occurred, even if the investigation does not establish sufficient evidence to substantiate the allegation. Policy states 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 allegation.

LSCC prohibits sexual activity between inmates. Inmates found to have participated in sexual activity are internally disciplined for such activity. If the sexual activity between inmates is found to be consensual, staff will not consider the sexual activity as an act of sexual abuse. Instances of sexual activity between inmates, if reported to be consensual, are still investigated and each case is taken at face value. The auditor reviewed incidents of consensual sexual behavior during the review period where inmates received disciplinary action.

KYDOC policy states inmates are subject to formal disciplinary action following an administrative finding that they engaged in inmate-on-inmate sexual abuse.

According to the facility, there have been no substantiated instances of inmate-on-inmate sexual abuse. Staff verified that any substantiated report of inmate-on-inmate abuse would result in a disciplinary charge for the perpetrator. There have been no criminal findings of guilt for inmate-on-inmate sexual abuse. The auditor reviewed the investigative files for all 14 allegations of sexual misconduct within the last 12 months and confirmed this information.

An interview with the staff member responsible for disciplinary hearings indicated that if there is a substantiated incident, the perpetrator would receive disciplinary action. The hearings officer stated that any mental health concerns would be considered, and mental health staff consulted as needed.

According to policy, disciplinary action for inmates is proportional to the abuse committed as well as the history of sanctions for similar offenses by other inmates with similar histories.

Agency policy requires that staff consider whether an inmate's mental health contributed to their behavior before determining their disciplinary sanctions.

There is mental health staff on site to provide mental health services to the inmates at LSCC. Mental health staff provides an array of services, including programming, supportive counseling and crisis intervention. Mental health staff are on call for emergent needs and can transfer inmates if they need more in-depth mental health treatment. Any decision to offer counseling or therapy to offenders and the initiation of any such counseling or therapy for individuals who have committed sexual offenses would be done at the discretion of the mental health staff in conjunction with a treatment plan for the offender. Psychology staff stated that they would provide services to inmate perpetrators, if requested.

Agency policy stipulates that inmates will not be disciplined for sexual contact with staff unless it is substantiated that the staff did not consent. There were no substantiated instances of inmate on staff sexual assault during the audit period.

Agency policy prohibits disciplining inmates who make allegations in good faith with a reasonable belief that prohibited conduct occurred. Interviews with staff and inmates and a review of investigative reports confirm that LSCC is adhering to the provisions of the standard.

The Auditor reviewed investigative files, classification files, inmate records and interviewed staff, including a targeted interview with the PCM. There is no evidence to suggest an inmate received a disciplinary charge for making an allegation of sexual abuse or sexual harassment in good faith.

Interviews with staff and inmates confirmed their knowledge of the policy regarding inmates engaging in non-coerced sexual activity. Furthermore, the staff and inmates were aware that the agency has an internal disciplinary process for inmates who engage in sexually abusive behavior against other inmates and knew that they could be disciplined for sexual abuse.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Evidence Relied upon to make Compliance Determination:

1. LSCC Completed PAQ
2. KYDOC Policy 14.7
3. PREA Screening and Follow-up
4. Random Review of Files
5. Follow up mental health referral within 14 days
6. Interviews with Staff, including the following:
  - a. PCM
  - b. MH Staff
  - c. Medical Staff
7. Interviews with Inmates

Findings:

The KYDOC's policy is consistent with the requirements of the standards. The policy requires staff to offer a follow-up meeting with medical or mental health staff within 14 days of arrival at the facility for an inmate that reports sexual victimization, either in an institutional setting or in the community. Policy states that when an 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 fourteen (14) days of the assessment. The dissemination of information related to and resulting from the assessment shall be controlled and limited to staff necessary to inform treatment plans and make security and management decisions regarding housing, beds, work, education and program assignments. Medical and mental health professionals shall obtain informed consent from the offender prior to reporting information related to a prior sexual victimization that did not occur in a facility, unless the offender is under 18 years old.

It is the policy of the KYDOC to identify, monitor and counsel inmates who are at risk of sexual victimization, as well as those who have a history of sexually assaultive behavior.

A random review of inmate files indicated that the screenings were being conducted in accordance with the standards and the policy. In addition, there were several documented instances provided by the facility where inmates who were identified as needing follow up care, were offered the follow-up care within the 14-day period prescribed by the standards. An interview with medical staff and mental health staff confirms that if an inmate answers yes on the screening question that they have experienced previous victimization, it triggers an alert for a referral and the inmate is offered a follow-up meeting, which is scheduled at that time. The mental health provider indicated that the 14-day follow-ups entailed a face-to-face meeting with the inmate and the inmate can refuse the appointment.

Of the currently housed inmates at the time of the on-site review, there were 3

inmates identified as having reported previous sexual victimization that were interviewed during the targeted inmate interviews. The inmates all recall being offered mental health services. The inmates were all aware they could refuse the appointment. The inmates were all also aware of the availability of follow-up services should they need or request them.

The Auditor conducted a formal interview with mental health staff. The staff member indicated that inmates identified as needing follow-up care are scheduled to be seen within 14 days. When asked who this information would be shared with, the staff was clear about confidentiality and that this information would be only be shared with those who needed to know. Mental health staff confirm that services and follow-up are offered to both inmates at risk of victimization, as well as inmates who have a history of sexually assaultive behavior.

Policy states that all information in an intake screening, incident report or investigation of a sexual offense shall be kept confidential except to the extent necessary to report to an appropriate supervisor, adequately investigate, provide treatment, or make security or management decisions. An individual interviewed in the course of resolving the complaint shall be cautioned to treat the information as confidential. Breach of this confidentiality shall be grounds for disciplinary action. Due to the sensitive nature of a sexual offense incident as outlined in this policy, all investigative reports, incident reports, KOMS created incident reports (IRT), sexual abuse incident reviews, and investigative notes and documents on sexual offense incidents shall remain confidential and shall not be subject to open records.

This information is recorded in the KOMS electronic system and each staff member with access has an individual login and password. An interview with the PREA Coordinator and PCM confirmed that information related to sexual victimization and sexual abusiveness is kept secure and confidential with limited staff access. This information is limited access and only used to make housing, bed, work, education, and other program assignments.

KYDOC policy states that medical and mental health personnel will 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. Interviews with medical and mental health staff confirm that they would gain informed consent before reporting information about prior sexual victimization that did not occur in an institutional setting. The auditor reviewed examples provided by the facility of completed informed consent forms.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Evidence Relied upon to make Compliance Determination:

1. LSCC Completed PAQ
2. KYDOC Policy 14.7
3. Shift Supervisor Checklist
4. Interviews with Staff, including the following:
  - a. PCM
  - b. Investigator
  - c. Medical Staff
  - d. Random Security Staff
5. Interviews with Inmates

Findings:

The KYDOC policy is written in compliance with the standard and states that all inmate victims of sexual abuse will receive timely, unimpeded access to emergency medical treatment and crisis intervention services. Policy states that all offenders who have been victims of sexual abuse in any correctional facility shall be offered medical and mental health evaluations and as deemed appropriate, any necessary treatment related to the sexual abuse. This includes timely and 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. This also includes timely and comprehensive information about emergency contraception, pregnancy testing, sexually transmitted infection testing and prophylaxis, and lawful pregnancy-related medical services deemed appropriate by the medical practitioner.

Interviews with medical staff confirm that victims of sexual abuse would receive timely, unimpeded access to emergency medical treatment and crisis intervention services. Contract medical staff through Wellpath provide coverage 24 hours per day, seven days a week. The staff are aware of their responsibilities regarding protection of the victim and evidence in the case of a report of sexual assault. In addition, the contracted medical and mental health staff are available 24 hours per day in the case of emergency and/or for crisis intervention services. This was confirmed by the PCM and medical staff. For services that are outside the scope of their experience, the victim can be treated at the local emergency department. Forensic exams are conducted off-site at the St. Clair Medical Center by qualified forensic nurse examiners. An advocate from the rape crisis center, Pathways, Inc. is available at the request of the victim. The auditor verified the availability of both services.

There were no documented allegations of sexual abuse requiring emergency medical or mental health services during the review period. This was confirmed by staff and a review of the investigative files.

KYDOC policy states that all inmate victims of sexual abuse will be offered information

	<p>and access to sexually transmitted infections prophylaxis in accordance with professionally accepted standards of care, where medically appropriate. Medical staff was interviewed and confirmed the fact that they knew that they had an affirmative responsibility to provide care without regard to the ability of the victim pay for services or identify the alleged abuser, and the requirement to make a provision for STD prophylaxis if required. They confirmed that victims of sexual abuse would be offered these services either at the emergency room or as a follow-up once returned to the facility. There have been no allegations of sexual assault at the LSCC in the last 12 months requiring these services. This was confirmed by staff and a review of the investigative files.</p> <p>LSCC policy states that forensic examinations will be performed by Sexual Assault Forensic Examiners (SAFE's) or Sexual Assault Nurse Examiners (SANE) at a local hospital without a financial cost to the victim. The facility has an agreement with St. Clair Medical Center to perform this service. Interviews with medical staff confirm that victims of sexual abuse would not be charged for services received as a result of a sexual abuse incident. There have been no allegations of sexual assault at the LSCC in the last 12 months requiring these services. Documentation provided and staff interviews confirmed these practices.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
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<b>115.83</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. LSCC Completed PAQ</li> <li>2. KYDOC Policy 14.7</li> <li>3. Interviews with Staff, including the following: <ol style="list-style-type: none"> <li>a. Mental Health Staff</li> <li>b. Medical Staff</li> </ol> </li> <li>4. Interviews with Inmates</li> </ol> <p>Findings:</p> <p>The KYDOC policy is written in compliance with the standard and states that the facility will offer medical and mental health evaluation and treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. The evaluation and treatment of such victims will include follow up services, treatment plans, and referrals for continued care following their transfer or release.</p>

Interviews with medical and mental health staff confirm that these services would be available to inmates who have been victims of sexual abuse, and these services would be consistent with the community level of care. Interviews with medical and mental health staff reveal that they feel the care is much better than the community level of care due to access and availability of services.

Inmate victims of sexual abuse while in the facility will be offered tests for sexually transmitted infections as medically appropriate. Interviews with medical staff confirm that inmate victims of sexual abuse would be offered tests for sexually transmitted infections and emergency prophylaxis. There have been no allegations of sexual assault at the LSCC in the last 12 months requiring these services. The Auditor reviewed the investigative reports and found that LSCC is offering tests and services as appropriate. KYDOC policy states that all treatment services for sexual abuse will be 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. Interviews with medical staff confirm that these services would be provided to the inmate at no cost. There have been no allegations of sexual assault at LSCC in the last 12 months requiring these services. This was confirmed by staff and a review of investigative reports.

The auditor reviewed documentation provided by the facility of ongoing services and mental health care for inmates identified as victims. In addition, the facility provided documentation of mental health evaluation and follow-up of identified inmate-on-inmate abusers. In a targeted interview with the mental health staff, she stated that both high risk victims and high-risk abusers would be offered services. The auditor also reviewed documentation of services provided as a result of an allegation.

Staff interviews confirmed the presence of policies and procedures consistent with the standard and also confirmed the medical and mental health staffs' knowledge of the policy and standard. Staff are well-versed in their responsibilities with respect to PREA related incidents. Interviews with inmates confirm they are generally aware of the availability of services should they request or require them. Pathways, Inc., the local rape crisis center is available for crisis counseling and/or advocacy services and inmates can request to speak with mental health. There were no allegations of sexual assault during this review period where the inmate was transferred to the hospital. This was confirmed by staff and a review of investigative reports.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

<b>115.86</b>	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

Evidence Relied upon to make Compliance Determination:

1. LSCC Completed PAQ
2. KYDOC Policy 14.7
3. Incident Reviews
4. Interviews with Staff

Findings:

The KYDOC has a policy that governs the review of all substantiated or unsubstantiated allegations of sexual abuse. Agency policy states that a sexual abuse incident review will be conducted within 30 days after the conclusion of every sexual abuse investigation unless the allegation has been determined to be unfounded. The review team will consist of upper-level management officials, supervisors, investigators, and medical/mental health personnel. During this review period there have been 14 total allegations of sexual misconduct and corresponding administrative allegations in the previous 12 months at LSCC. Of these allegations, 9 were sexual assault and 5 were sexual harassment. Excluding unfounded incidents, there were 6 criminal and/or administrative investigations of alleged sexual abuse completed at the facility. The auditor reviewed examples of the incident reviews provided by the facility. They were completed within 30 days and considered all elements as required by the standard.

In accordance with the standard, KYDOC policy states that the review team will consider a need to change policy or practice to better prevent, detect, or respond to sexual abuse; if the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, perceived status, gang affiliation; the area in the facility where the alleged incident occurred to assess whether physical barriers in the area may permit abuse; the adequacy of staffing levels in that area during different shifts; and whether monitoring technology should be deployed or augmented to supplement supervision by staff. An interview with two members of the incident review team, as well as the Warden and PCM confirms if there was an incident that required a review, all these factors would be considered. An interview with the PCM confirms that a report of the findings, including recommendations for improvement, would be completed and submitted for inclusion in the file. The Warden will review the recommendations. The PCM also stated any recommendations would be implemented, or the reasons for not doing so would be documented.

The LSCC has appointed a team that conducts incident reviews at the conclusion of any sexual assault investigations as stipulated by the standard. This was confirmed by formal interview of the Warden and PCM. A written report of the findings is prepared and maintained by the PCM. He indicated that the reviews take place within 30 days of the conclusion of the investigation.

Sexual Abuse Incident Reviews are conducted in a standardized method department wide. Team members meet to discuss the various components required by the standard and then this is documented on the Sexual Abuse Incident Review Report Form. The PREA Coordinator's office and assigned staff track the incident reviews to

	<p>ensure that they are complete and require a copy be submitted to them upon completion in the required timeframe. This oversight and standardization are completed for all sexual abuse related abuse allegations.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
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<b>115.87</b>	<b>Data collection</b>
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	<p><b>Auditor Overall Determination:</b> Exceeds Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. LSCC Completed PAQ</li> <li>2. KYDOC Policy 14.7</li> <li>3. Annual Report 2022</li> <li>4. Monthly Report</li> <li>5. Memo</li> <li>6. Interviews with Staff</li> </ol> <p>Findings:</p> <p>The KYDOC policy is consistent with the requirements of the standard and states that the agency will collect annually accurate, uniform data for every allegation of sexual abuse necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice and complete an annual report based upon said data. The Auditor reviewed the Annual Report available on the facility website, including aggregated sexual abuse data for calendar year 2022. Data for 2023 was not yet available at the time of the review.</p> <p>An interview with the PREA Coordinator confirms the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. Data from the previous calendar year is supplied to the Department of Justice no later than June 30th, if requested.</p> <p>The facility is collecting and aggregating sexual abuse data on an annual basis as required by the standard. The report uses a standardized set of definitions, which are available on the facility website and in the KYDOC policy.</p> <p>The agency obtains incident-based and aggregated data from every facility with which it contracts for the confinement of its inmates.</p> <p>Each KYDOC facility, completes monthly reports and submits them to the PREA Coordinator’s office for review. The Auditor reviewed examples of monthly reports for</p>

	<p>LSCC. The KYDOC collects accurate, uniform data for every PREA related allegation using a standardized instrument and set of definitions using our Kentucky Offender Management System (KOMS). Each incident is logged in the KOMS system which allows for review and accurate collection of data throughout the agency.</p> <p>After a review, the Auditor determined the facility exceeds the requirements of the standard.</p> <p>Corrective Action: None</p>
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<b>115.88</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. LSCC Completed PAQ with ADP</li> <li>2. Statistical Report 2022</li> <li>3. Annual Report 2022</li> <li>4. Website with sexual abuse data</li> <li>5. Interviews with Staff</li> </ol> <p>Findings:</p> <p>The KYDOC policy is consistent with the requirements of the standard and indicates that data collected pursuant to 115.87 will be made readily available to the public through the agency website, excluding all personal identifiers after final approval.</p> <p>The Auditor reviewed the Annual Reports available on the agency website, including data for calendar year 2022. Data for 2023 was not yet available at the time of the review. The reports indicate that the agency reviewed the data collected in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. The report, entitled "Annual PREA Report" includes an overview of the facility's plan for addressing sexual abuse and aggregated data. The annual report indicates the agency's efforts to address sexual abuse include continually providing education and staff training, as well as evaluating processes and standardization. Interviews with the PREA Coordinator and the Commissioner confirm these efforts.</p> <p>The report is signed by the Commissioner and there is no personally identifying information in the report.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>

<b>115.89</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. LSCC Completed PAQ</li> <li>2. KYDOC Policy 14.7</li> <li>3. Annual Report</li> <li>4. Statistical Report</li> <li>5. KYDOC Website containing sexual abuse data</li> <li>5. Interviews with Staff</li> </ol> <p>Findings:</p> <p>The LSCC policy is consistent with the requirements of the standard, which mandates that sexual abuse data be securely maintained and indicates that data collected pursuant to 115.87 will be made readily available to the public through the agency's website, excluding all personal identifiers after final approval by the Commissioner. Policy states the agency will ensure all data collected is securely retained for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise. All sexual abuse data and files are maintained in the KOMS electronic system, with limited facility access, including the PCM, and senior facility management. Aggregated sexual abuse data is gathered from the investigative reports. The Auditor reviewed the agency's website, which included annual reports with aggregated sexual abuse data, as well as an analysis of the data. There were no personal identifiers contained within the report. The Auditor was informed sexual abuse and sexual harassment data is maintained for a minimum of 10 years after collection.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>

<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. Previous Audit Report</li> <li>2. PAQ</li> <li>3. On-Site Review</li> </ol> <p>Interviews with the following:</p>

- PREA Coordinator
- Warden
- PCM
- Random and Targeted Inmates

Observation of the following:

- Observation of, and access to all areas of the LSCC during the site review

The LSCC had its last PREA Audit June 28-30, 2021. The Auditor reviewed the facility's previous PREA report, completed by this auditor. The Auditor was given full access to the facility. The facility administration was open to feedback and all recommendations were implemented immediately. The facility provided the Auditor with a detailed tour of the facility. The Auditor was able to request, review and receive all requested documents, reports, files, video, and other information requested, including electronically stored information. All requested documentation was provided in a timely manner.

All staff at LSCC cooperated with the Auditor and allowed the Auditor to conduct interviews with staff and inmates in a private area. The auditor was permitted to conduct unimpeded private interviews with inmates at the LSCC, both informally and formally. The Auditor was given private interview rooms to interview inmates, which were convenient to inmate housing areas. The LSCC staff facilitated getting the inmates to the auditor for interviews in a timely and efficient manner. Informal interviews with inmates confirm that they were aware of the audit and the ability to communicate with the auditor.

The auditor was able to observe both inmates and staff in various settings.

Prior to the on-site review, letters were sent to the facility to be posted in all inmate living areas which included the Auditor's address. The Auditor observed notices posted in each inmate living unit that were emailed to the PREA Compliance Manager prior to the Audit. The Auditor received documentation that the notices to inmates were posted six weeks in advance of the first day of the audit. The auditor received no confidential letters from an inmate at LSCC.

KYDOC Central Office Staff completed a mock PREA audit at the facility in January 2024. This report was made available to the Auditor.

The facility had an onsite review and audit within the three-year period of the last audit and has completed the onsite review and audit process. After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard

	<p><b>Auditor Discussion</b></p> <p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"><li>1. Previous Audit Report</li><li>2. KYDOC Website</li></ol> <p>Interviews with the following:</p> <ul style="list-style-type: none"><li>• PREA Coordinator</li></ul> <p>The Auditor reviewed the KYDOC website which contains a link for the August 2021 PREA Audit Report.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
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<b>Appendix: Provision Findings</b>		
<b>115.11 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.11 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.11 (c)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.12 (a)</b>	<b>Contracting with other entities for the confinement of inmates</b>	
	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
<b>115.12 (b)</b>	<b>Contracting with other entities for the confinement of inmates</b>	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	yes

	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.)	
<b>115.13 (a)</b>	<b>Supervision and monitoring</b>	
	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	yes

	consideration: Any applicable State or local laws, regulations, or standards?	
	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
<b>115.13 (b)</b>	<b>Supervision and monitoring</b>	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
<b>115.13 (c)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.13 (d)</b>	<b>Supervision and monitoring</b>	
	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

<b>115.14 (a)</b>	<b>Youthful inmates</b>	
	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
<b>115.14 (b)</b>	<b>Youthful inmates</b>	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	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
<b>115.14 (c)</b>	<b>Youthful inmates</b>	
	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
<b>115.15 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.15 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the	na

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

<b>115.16 (a)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	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	yes

	with inmates with disabilities including inmates who: Have intellectual disabilities?	
	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
<b>115.16 (b)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
<b>115.16 (c)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	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
<b>115.17 (a)</b>	<b>Hiring and promotion decisions</b>	
	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	yes

	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?	
	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
<b>115.17 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	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
<b>115.17 (c)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.17 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes

<b>115.17 (e)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.17 (f)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.17 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.17 (h)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.18 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	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
<b>115.18 (b)</b>	<b>Upgrades to facilities and technologies</b>	

	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na
<b>115.21 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.21 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	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
<b>115.21 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.21 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.21 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.21 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.21 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	yes
<b>115.22 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	

	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
<b>115.22 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	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
<b>115.22 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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
<b>115.31 (a)</b>	<b>Employee training</b>	
	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
<b>115.31 (b)</b>	<b>Employee training</b>	
	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
<b>115.31 (c)</b>	<b>Employee training</b>	
	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
<b>115.31 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.32 (a)</b>	<b>Volunteer and contractor training</b>	

	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
<b>115.32 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
<b>115.32 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.33 (a)</b>	<b>Inmate education</b>	
	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
<b>115.33 (b)</b>	<b>Inmate education</b>	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
<b>115.33 (c)</b>	<b>Inmate education</b>	
	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
<b>115.33 (d)</b>	<b>Inmate education</b>	
	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
<b>115.33 (e)</b>	<b>Inmate education</b>	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
<b>115.33 (f)</b>	<b>Inmate education</b>	
	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
<b>115.34 (a)</b>	<b>Specialized training: Investigations</b>	
	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
<b>115.34 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and	yes

	Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
	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
<b>115.34 (c)</b>	<b>Specialized training: Investigations</b>	
	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
<b>115.35 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	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	yes

	suspicious 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.)	
<b>115.35 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	yes
<b>115.35 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	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
<b>115.35 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	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
<b>115.41 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.41 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.41 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective	yes

	screening instrument?	
<b>115.41 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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)	yes

	Whether the inmate is detained solely for civil immigration purposes?	
<b>115.41 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.41 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.41 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.41 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.41 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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	yes

	information is not exploited to the inmate's detriment by staff or other inmates?	
<b>115.42 (a) Use of screening information</b>		
	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
<b>115.42 (b) Use of screening information</b>		
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
<b>115.42 (c) Use of screening information</b>		
	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	yes

	present management or security problems?	
<b>115.42 (d)</b>	<b>Use of screening information</b>	
	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
<b>115.42 (e)</b>	<b>Use of screening information</b>	
	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
<b>115.42 (f)</b>	<b>Use of screening information</b>	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
<b>115.42 (g)</b>	<b>Use of screening information</b>	
	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	yes

	solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	
<b>115.43 (a)</b>	<b>Protective Custody</b>	
	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
<b>115.43 (b)</b>	<b>Protective Custody</b>	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
<b>115.43 (c)</b>	<b>Protective Custody</b>	

	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
<b>115.43 (d) Protective Custody</b>		
	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
<b>115.43 (e) Protective Custody</b>		
	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
<b>115.51 (a) Inmate reporting</b>		
	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
<b>115.51 (b) Inmate reporting</b>		
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	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	yes

	anonymous upon request?	
	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
<b>115.51 (c)</b>	<b>Inmate reporting</b>	
	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
<b>115.51 (d)</b>	<b>Inmate reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
<b>115.52 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.52 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	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
<b>115.52 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	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	na

	this standard.)	
	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
<b>115.52 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.52 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.52 (f)</b>	<b>Exhaustion of administrative remedies</b>	

	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
<b>115.52 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.53 (a)</b>	<b>Inmate access to outside confidential support services</b>	
	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,	na

	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.)	
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
<b>115.53 (b)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
<b>115.53 (c)</b>	<b>Inmate access to outside confidential support services</b>	
	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
<b>115.54 (a)</b>	<b>Third-party reporting</b>	
	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
<b>115.61 (a)</b>	<b>Staff and agency reporting duties</b>	
	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	yes

	abuse or sexual harassment or retaliation?	
<b>115.61 (b)</b>	<b>Staff and agency reporting duties</b>	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
<b>115.61 (c)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.61 (d)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.61 (e)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.62 (a)</b>	<b>Agency protection duties</b>	
	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
<b>115.63 (a)</b>	<b>Reporting to other confinement facilities</b>	
	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
<b>115.63 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

<b>115.63 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.63 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
<b>115.64 (a)</b>	<b>Staff first responder duties</b>	
	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
<b>115.64 (b)</b>	<b>Staff first responder duties</b>	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
<b>115.65 (a)</b>	<b>Coordinated response</b>	
	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	yes

	response to an incident of sexual abuse?	
<b>115.66 (a)</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>	
	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?	no
<b>115.67 (a)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.67 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
<b>115.67 (c)</b>	<b>Agency protection against retaliation</b>	
	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	yes

	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?	
	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
<b>115.67 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
<b>115.67 (e)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.68 (a)</b>	<b>Post-allegation protective custody</b>	
	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
<b>115.71 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations	yes

	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).)	
	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
<b>115.71 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
<b>115.71 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.71 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.72 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	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
<b>115.73 (a)</b>	<b>Reporting to inmates</b>	
	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

<b>115.73 (b)</b>	<b>Reporting to inmates</b>	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
<b>115.73 (c)</b>	<b>Reporting to inmates</b>	
	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
<b>115.73 (d)</b>	<b>Reporting to inmates</b>	
	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	yes

	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?	
<b>115.73 (e)</b>	<b>Reporting to inmates</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.76 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.76 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.76 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.76 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.77 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	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
<b>115.77 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
<b>115.78 (a)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (b)</b>	<b>Disciplinary sanctions for inmates</b>	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
<b>115.78 (c)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (d)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (e)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (f)</b>	<b>Disciplinary sanctions for inmates</b>	
	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	yes

	evidence sufficient to substantiate the allegation?	
<b>115.78 (g)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.81 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.81 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
<b>115.81 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.81 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.81 (e)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior	yes

	sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	
<b>115.82 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.82 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.82 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.82 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.83 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.83 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
<b>115.83 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse</b>	

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

<b>115.86 (a)</b>	<b>Sexual abuse incident reviews</b>	
	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
<b>115.86 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.86 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.86 (d)</b>	<b>Sexual abuse incident reviews</b>	
	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
<b>115.86 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

<b>115.87 (a)</b>	<b>Data collection</b>	
	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
<b>115.87 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.87 (c)</b>	<b>Data collection</b>	
	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
<b>115.87 (d)</b>	<b>Data collection</b>	
	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
<b>115.87 (e)</b>	<b>Data collection</b>	
	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
<b>115.87 (f)</b>	<b>Data collection</b>	
	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
<b>115.88 (a)</b>	<b>Data review for corrective action</b>	
	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	yes

	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?	
<b>115.88 (b)</b>	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
<b>115.88 (c)</b>	<b>Data review for corrective action</b>	
	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
<b>115.88 (d)</b>	<b>Data review for corrective action</b>	
	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
<b>115.89 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
<b>115.89 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
<b>115.89 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.89 (d)</b>	<b>Data storage, publication, and destruction</b>	
	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
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	

	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
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	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.)	yes
	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
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	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
<b>115.403</b>	<b>Audit contents and findings</b>	

<b>(f)</b>		
	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