

**PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS**

Date of report: August 18, 2015

Auditor Information			
Auditor name: Sarah Nelson			
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Telephone number: 402-479-3227			
Date of facility visit: July 21-23, 2015			
Facility Information			
Facility name: Blackburn Correctional Complex			
Facility physical address: 3111 Spurr Road, Lexington, KY 40511			
Facility mailing address: <i>(if different from above)</i> N/A			
Facility telephone number: 859-246-2366			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Steve Haney			
Number of staff assigned to the facility in the last 12 months: 130			
Designed facility capacity: 594			
Current population of facility: 591			
Facility security levels/inmate custody levels: Minimum Security			
Age range of the population: 19-75			
Name of PREA Compliance Manager: Abby McIntire		Title: Deputy Warden of Programs	
Email address: abby.mcintire@ky.gov		Telephone number: 859-246-2366 ext. 286	
Agency Information			
Name of agency: Kentucky Department of Corrections			
Governing authority or parent agency: <i>(if applicable)</i> Justice and Public Safety Cabinet			
Physical address: 275 East Main Street – Health Services Building, Frankfort, KY 40602			
Mailing address: <i>(if different from above)</i> PO Box 2400, Frankfort, KY 40602			
Telephone number: 502-564-2200			
Agency Chief Executive Officer			
Name: LaDonna Thompson		Title: Commissioner	
Email address: ladonna.thompson@ky.gov		Telephone number: 502-564-4726	
Agency-Wide PREA Coordinator			
Name: Charles A. Wilkerson		Title: PREA Coordinator	
Email address: charlesa.wilkerson@ky.gov		Telephone number: 502-382-7245	

AUDIT FINDINGS

NARRATIVE

A PREA Audit was conducted at the Blackburn Correctional Complex (BCC) July 21-23, 2015. Two auditors from the Nebraska Department of Correctional Services, both certified as PREA Auditors through the Department of Justice, conducted the audit as part of the Midwest PREA Audit Consortium. Sarah Nelson served as the Chairperson and Levi Bennett served as the Co-Chair. On July 6, 2015, the audit team received the electronic documentation from BCC staff including the Pre-Audit Questionnaire and proof of standards compliance. This information was well organized and easy to access. BCC's PREA Compliance Manager Abby McIntire provided immediate assistance to questions and requests during the pre-audit review.

On July 21, 2015, the audit team arrived at BCC and met with the KY PREA Coordinator C.A. Wilkerson, PREA Compliance Manager and Deputy Warden Abby McIntire, Warden Steve Haney, Deputy Warden Brandy Harms and Captain Eric Sizemore. The group toured the entire facility to include five dormitory style housing units, the kitchen, canteen, medical department, receiving and discharge, laundry, maintenance, school, library, correctional industries, gym, chapel, and the security control center. Following the tour, the audit team reviewed the staff rosters for each shift and selected individuals to participate in the specialized and random staff interviews. Inmate rosters were also provided and the audit team selected random inmates with at least one being selected from each unit as well as all categories of inmates as required. Note: there were no inmates who were identified as limited English proficient, transgender or intersex, or inmates that had reported sexual abuse assigned to BCC at the time of this audit. Staff interviews began the afternoon of July 21, 2015, and included staff from first and second shifts, medical and mental health, intake staff, investigators, incident review team, retaliation monitoring staff, and supervisory staff. The audit team came in early the next morning to interview the overnight staff. Interviews continued throughout the day to include the Warden, PREA Coordinator, PREA Compliance Manager, the contract administrator, volunteers and human resources. Inmate interviews began the afternoon of July 22, 2015. A total of 10 inmates and 12 staff participated in the random sampling interviews. The audit team completed 22 specialized staff interviews. On July 23, 2015, the audit team met with one of BCC's Unit Administrators who demonstrated the facility's inmate database and system for tracking the risk assessment screenings. The audit team revisiting some areas of the institution and reviewed additional documentation prior to the close-out. The close-out included everyone from the first day and captured an assessment of BCC's compliance with the PREA standards. The facility was well prepared for the audit and staff were courteous and helpful throughout the entire process.

DESCRIPTION OF FACILITY CHARACTERISTICS

BCC is the largest minimum security institution operated by the Kentucky Department of Corrections and is located just outside of Lexington, Kentucky. BCC houses adult male felons and has a design capacity of 594. The physical plant consists of 52 buildings that house academic and technical programs and industrial and support services on over 400 acres of land. There are five dormitory style housing units each unique in design with inmate counts ranging from 67 to 200 inmates. In addition, BCC also has a farming operation located on grounds that is operated by the Agriculture and Dietary Branch of the Kentucky Department of Corrections as well as a Thoroughbred Retirement Foundation (TRF) program. Medical services are located on site with Correct Care Solutions Staff providing contracted health services. Cameras are located throughout the facility. Technical programs include carpentry, masonry and prison industries operations include the production of mattresses, panels and signs. Additional programming includes Inside Out Dads, Moral Reconciliation Therapy, New Direction, Pathfinders and Anger Management. There are numerous education classes and religious activities. BCC has a total of 130 full time personnel positions.

SUMMARY OF AUDIT FINDINGS

The audit team was impressed by the knowledge of staff at all levels regarding the importance of PREA. All staff interviewed had a clear understanding of the reporting requirements and the immediate action needed to ensure inmate safety. It was apparent that supervisory staff have made PREA a priority and have passed this information on to those they supervise. Staff assigned to complete PREA investigations have a clear understanding of their responsibilities and in most cases, investigations are initiated the same day the allegation was reported. The audit team reviewed 80% of the investigations and found them to be clear and complete. The investigative staff are doing a great job of utilizing their resources and completing fair and thorough investigations.

Inmates were respectful and familiar with PREA. All the inmates interviewed knew about the reporting hotline and how to access it. Overall the inmates felt safe and protected due to BCC's efforts in implementing the PREA standards.

Policies governing PREA standards for BCC are covered under Kentucky Corrections Policies and Procedures, 14.7, *Sexual Abuse Prevention and Intervention Programs* and 3.22, *Staff Sexual Offenses*. These policies capture all the requirements mandated by PREA and are accessible to facility staff.

During the facility tour, it was noted that there were no cameras in either level of the canteen area. Having no cameras in a working area which appeared to be isolated from supervision for periods of time, generated concern due to the low number of staff/inmates assigned to work the area. This canteen area is used to store excess canteen goods and inmate workers and staff alike have access to the area on a daily basis. This concern was passed on to the Warden, the PREA Compliance Manager and the PREA Coordinator, who immediately corrected the issue by installing three cameras in the area the next day. Camera placement included, one camera in the main canteen area, one in the stairwell descending to the basement storage area and one in the basement storage area.

During a tour of Dorm #2 it was discovered that the toilets closest to the walkway surrounding the control station were in full view. Staff and inmates expressed the same concern during interviews and again, once the issue was discussed with management staff, immediate corrective action was taken. The next day, approximately 12 inches of reflective tint was placed at the base of the windows so that privacy was ensured without compromising security. The audit team was extremely impressed by the response from BCC staff. It was clear PREA is a priority and staff are dedicated to the safety of inmates, staff, visitors and the public.

Number of standards exceeded: 0

Number of standards met: 41

Number of standards not met: 0

Number of standards not applicable: 2

Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

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

Auditor 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.

BCC's policy governing zero tolerance of sexual abuse and sexual harassment is covered in 14.7, Sexual Abuse Prevention and Intervention Programs. An agency-wide PREA Coordinator position has been established (C.A. Wilkerson) and a PREA Compliance Manager (Abby McIntire) is assigned to BCC. Both positions are knowledgeable in the standards and proved to have sufficient time and authority to coordinate BCC's efforts to comply with the PREA standards.

Standard 115.12 Contracting with other entities for the confinement of inmates

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

Auditor 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.

The agency contract administrator conducts PREA compliance visits (reviews) to each contracted facility at least once per year. During the PREA compliance visits, the agency contract administrator reviews required documentation and uses the KDOC PREA Contract Monitoring Tool. PREA compliance results have been completed for 33 of 34 contracted facilities. Of the 34 contract facilities, 32 have submitted PREA compliance results to the PREA Coordinator. The two remaining facilities are scheduled to submit PREA compliance results by April 1, 2016.

Standard 115.13 Supervision and monitoring

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

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The BCC complies with a staffing plan that ensures safety and security is maintained. BCC uses generally accepted correctional practices in identifying and designating mandatory posts. Mandatory posts are listed on the shift rosters and are reviewed daily to ensure no deviations from the staffing of the facility. Posts which are established as mandatory are evaluated each year, sometimes sooner if needed. There have been no findings of inadequacy from federal investigative agencies, nor from any internal or external oversight bodies. BCC is an ACA certified facility. BCC has installed several cameras and lighting updates. BCC considers the facility's physical plant and is working to add more lighting; however, is waiting for the local power company to update the capabilities to handle the additional lighting. The number of supervisors, Lieutenants and Captains as well as the locations of the Unit Administrator's officers is also considered into the staffing plan. BCC uses an incident review team to provide information as to the prevalence of substantiated and unsubstantiated incidents of sexual abuse along with recommendations to assignments in living and work areas. Shift rosters are reviewed daily by the BCC Warden and/or one of the two Deputy Wardens. BCC does not deviate from minimum staffing. Overtime will always occur if a mandatory posts needs filled. Supervisors conduct unannounced rounds on all shifts throughout the facility and a review of post logbooks indicated compliance. Staff have received instructions and have signed off on policy and procedures acknowledging it is against policy to alert other staff of intermediate or mid-level employees conducting unannounced rounds

Standard 115.14 Youthful inmates

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

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BCC does not house youthful inmates. Policy 18.3, *Confinement of Youthful Offenders*, is in place indicating the placement of youthful offenders.

Standard 115.15 Limits to cross-gender viewing and searches

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

Auditor 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.

BCC staff do not conduct cross gender strip or body cavity searches. BCC is an all-male facility and does not house female

inmates. All female staff at BCC announce their presence on the housing units except during emergency responses. Not only is an announcement made, there is also a sign in every housing unit dorm entry way that indicates when female staff are on duty. This allows additional female staff to know whether or not to make an announcement and also informs the inmates returning to the housing unit of female staff presence. It was evident from the tour and staff and inmate interviews these announcements and uses of the signs are routinely made. Such announcements are logged in the post logbooks on the housing units. All staff interviewed were aware of the policy prohibiting staff from searching and physically examine of transgender or intersex inmate for the sole purpose of determining the inmate's genital status. All staff interviewed was aware the department had a policy regarding cross-gender pat searches and searches of transgender and intersex inmates. Staff did not recall all the training; however, were able to express that they should remain professional and respectful during the searches. During the tour it was discovered that some of the inmate toilets in Dorm #2 were fully visible by staff and did not ensure adequate privacy. This concern was further stated during the staff and inmate interviews. BCC staff responded quickly and applied a reflective tint to a portion of the windows in the inmate restrooms which prevented anyone from fully viewing inmates using the toilets without compromising security.

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

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

Auditor 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.

BCC has policy in place to ensure inmates with disabilities have equal access to PREA information. All staff interviewed from the Deputy Warden to Officers claim there are no current inmates assigned to BCC who have disabilities or are limited English that result in the necessity of an interpreter. Staff interviewed were aware of KDOC has a policy prohibiting the use of inmate interpreters, inmate readers or other types of inmate assistants. PREA information is available in large print, braille and video.

Standard 115.17 Hiring and promotion decisions

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

Auditor 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.

BCC's policy for hiring and promotions is 3.6, *Background Investigations of Employees and Applicants for Promotion and Employment of Ex-Offenders*. The Human Resources Administrator stated the facility considers all prior incidents of sexual harassment when determining whether to hire or promote. This is also considered when contractors have contact with inmates. BCC Human Resources conducts annual criminal record background checks of current employees and contractors who have or may have contact with inmates.

Standard 115.18 Upgrades to facilities and technologies

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

Auditor 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.

BCC follows the policy set by KDOC, 7.1, *Construction, Renovation and Expansion Guidelines* when considering expansion or modification to the facility. BCC has not had any substantial expansion or modifications for the facility since August 20, 2012. BCC is continuously assessing areas that have a need for enhancement in order to reduce blind areas that have limited supervision in order to reduce the opportunities for occurrences of inmate sexual abuse. BCC has installed a number of cameras throughout the facility. During the audit tour, it was determined that the lower level of the canteen could benefit from camera installation due to limited supervision and accessibility by staff and inmates. BCC staff was receptive to the suggestion and was able to install three cameras to the area within 24 hours.

Standard 115.21 Evidence protocol and forensic medical examinations

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

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BCC has a policy and procedures outlining evidence protocols and requirements for forensic exams by medical professionals. BCC refers all allegations of sexual abuse at the facility to the Kentucky State Police for investigation. BCC does not have any on-site SANE or SAFE staff. These examinations are provided by SANE and SAFE nurses at Lexington Metro Hospital. During this audit, there were no inmates who had reported sexual abuse. The Bluegrass Rape Crisis Center is established to provide support and follow-up as needed to victims of sexual abuse and procedures are outlined in an MOU. BCC has requested KSP follow protocol as defined by the standards. Information regarding victim services are posted on the housing units and provided to inmates during orientation.

Standard 115.22 Policies to ensure referrals of allegations for investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

Auditor 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.

BCC complies with policy 14.7 which dictates all allegations of sexual abuse and sexual harassment shall be promptly, thoroughly and objectively investigated. The BCC has two trained PREA investigators. One of the investigators conducts staff and inmate related investigations and the other investigator is assigned allegations involving inmate on inmate. In the past 12 months, BCC had received 24 allegations of either sexual abuse or sexual harassment. All of these were administrative investigations and none were determined to be criminal investigations. All allegations within the past 12 months were investigated. The KDOC website provides information regarding KSP's responsibility to investigate criminal allegations.

Standard 115.31 Employee training

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

Auditor 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.

BCC trains all staff in all PREA required elements. A review of the KDOC Division of Training Lesson Plan and Power Point presentation along with a review of training transcripts for BCC staff demonstrate training is provided for pre-service and in-service. Training is tailored to the gender of the inmates and additional training is provided if an employee is reassigned to a female facility. 100% of BCC staff received PREA training within the last year either through Pre-Service or In-Service. Pre-service staff sign an acknowledgement indicating they have received training on PREA and understand the zero-tolerance policy.

Standard 115.32 Volunteer and contractor training

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

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All volunteers and contractors receive appropriate training. Documentation of such training is maintained. Contractors and volunteers are required to sign a PREA Training Acknowledgement form indicating they understand all PREA related policies and

procedures. Interviews demonstrated BCC volunteers are aware of the zero tolerance policy and how to report incidents of sexual abuse and sexual harassment.

Standard 115.33 Inmate education

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

Auditor 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.

BCC has a process in place to provide all incoming inmates with information explaining the zero-tolerance policy regarding sexual abuse and sexual harassment and how to report such incidents. Inmates are provided with a handbook upon intake that covers PREA topics. Each inmate must sign, initial and date that they have received and reviewed the inmate handbook. An inmate orientation is conducted within 30 days of intake and includes a comprehensive education both through a PREA video and in person to give inmates an opportunity to ask questions. Inmates are provided this education in formats accessible to all inmates. During the past 12 months, 1125 inmates received the comprehensive education. A roster containing the inmates' names and date is maintained by the PREA Compliance Manager to track such training. Flyers are posted throughout the facility and housing units informing inmates of their right to be safe from sexual abuse. These flyers include reporting mechanisms available. It was evident from interviews conducted with inmates they knew about PREA policies and how to access the PREA hotline. Some inmates were not sure if the hotline was confidential and how often the phones were available to access the hotline number.

Standard 115.34 Specialized training: Investigations

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

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All BCC PREA investigators are required specialized PREA training and documentation is maintained demonstrating such. This training includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and criteria required to substantiate an administrative case. BCC has 12 staff who have completed the required training.

Standard 115.35 Specialized training: Medical and mental health care

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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In addition to the regular PREA training, all full and part time medical and mental health care practitioners receive training in how to detect and assess the signs of sexual abuse/harassment, how to preserve evidence of sexual abuse, how to respond professionally and respectfully, and how to report incidents/suspicious. BCC has 18 medical and mental health staff who work regularly and 100% of these staff have received the required training. All training documentation is maintained electronically.

Standard 115.41 Screening for risk of victimization and abusiveness

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

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Inmates are assessed upon intake for their risk of being sexually abusive or abused within 24 hours of their arrival at BCC. The PREA risk assessment used by BCC is objective and takes into consideration all required criteria to assess inmates for risk. These risk assessments are maintained and tracked in the KOMS system. A review of the KOMS system to include the intake screening and 30 day reassessment, if necessary, was completed on a random sampling of eight inmates. Of these, one did not show an initial screening completed within 72 hours and two did not show reassessment with 30 days. BCC staff were notified of these discrepancies and the need to ensure timely completion of these assessments. BCC policy prohibits inmates from being disciplined for refusing to answer any questions during the screening process. A review of the KOMS system ensured access to appropriate staff.

Standard 115.42 Use of screening information

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

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BCC uses the screening information to determine housing, bed, work, education and program assignment with the goal of keeping inmates at high risk of being sexually victimized separate from those at high risks of being sexually abusive. The KOMS system has an auto feature to alert staff in charge of these assignments of possible PREA conflicts. During this audit period, there were no transgender or intersex inmates at BCC. BCC does have the ability to provide transgender and intersex inmates single rooms if deemed necessary.

Standard 115.43 Protective custody

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

Auditor 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.

BCC has a policy in place ensuring inmate would only be placed in a segregation unit if no other safe options were available and would be assessed within 24 hours of placement. In the last 12 months, there were no inmates at BCC placed in involuntary segregated housing. BCC has five short term holding cells to provide for immediate protection if necessary. Inmates at BCC requesting protective custody are transported outside of BCC.

Standard 115.51 Inmate reporting

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

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Inmates have multiple methods to report allegations of abuse/harassment. During interviews, all inmates were aware of how they could report an incident. Inmates have both an outside reporting mechanism and an anonymous hotline available to them. Staff are required to accept all reports, and expressed understanding of this policy during interviews. Staff were also aware they could call a reporting hotline in order to report an allegation privately.

Standard 115.52 Exhaustion of administrative remedies

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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BCC has policy 14.6 regarding grievances dealing with sexual abuse, upon which no time limit is imposed. Inmates are not required to first use an informal grievance process or attempt to resolve the issue with staff. All aspects of this standard in regard to timelines, who can file, and proper procedures are met. BCC did not have any grievances files in the past 12 months alleging sexual abuse. Policy exists regarding emergency grievances; there were no emergency grievances filed at BCC pertaining to risk of sexual abuse within the past 12 months.

Standard 115.53 Inmate access to outside confidential support services

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

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Inmates have access to outside victim support services. KDOC and the Kentucky Association of Sexual Assault Programs (KASAP) have developed an MOU to assure a unified effort to provide inmates with confidential emotional support service related to sexual violence. A 24 hour confidential crisis line and mailing address to the Bluegrass Rape Crisis Center is posted throughout the facility and included in the inmate handbooks. This information indicates communication is confidential pursuant to KRS 211.608. Interviews with inmates indicated most were aware of these outside support services.

Standard 115.54 Third-party reporting

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

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Third parties can report allegations through a telephone hotline. Information is on the agency website.

Standard 115.61 Staff and agency reporting duties

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

Auditor 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.

All custody and non-custody staff interviewed proved to have extensive knowledge of the need to immediately report to the Shift Supervisor any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment. In addition, staff understood the importance of maintaining confidentiality other than the extent necessary to make treatment, investigation, and other security and management decisions. Medical and mental health staff stated all inmates are provided and sign that they understand the limitations of confidentiality during the intake process at BCC and health staff's duty to report any knowledge, suspicion, or information regarding incidents of sexual abuse or sexual harassment. A memo was posted in the Psychologist Associates office also advising inmates of this responsibility. BCC does not house inmates under the age of 18.

Standard 115.62 Agency protection duties

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

Auditor 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.

All custody and non-custody staff interviewed understood the importance of immediate action to include protection of the victim by separation and notification to the Shift Supervisor. Investigations are typically initiated the same day the allegation is made and separation is maintained until the completion of the interview and sustained if act is determined to be substantiated.

Standard 115.63 Reporting to other confinement facilities

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

Auditor 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.

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BCC had one example of an inmate who reported sexual abuse while at another facility. The BCC PREA Compliance Manager reported the incident to the PREA Compliance Manager at LLCC and the PREA Coordinator one day after receiving the allegation. A Sexual Offense Allegation Reporting form indicated the inmate reported the incident to mental health staff, which allegedly occurred over a year ago. BCC has had no reports from inmates alleging sexual abuse/harassment after transferring to other facilities/agencies. Warden understood the importance of initiating an investigation immediately upon report of an allegation received from another facility that occurred to an inmate while housed at BCC.

Standard 115.64 Staff first responder duties

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

Auditor 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.

Interviews were conducted on 12 security and non-security staff. All staff were able to confidently state the responsibilities of the first responders to include the separation of the alleged victim and abuser, the need to immediately notify the Shift Supervisor, the preservation of evidence to include physical evidence that could be compromised by washing, brushing teeth, changing clothes, drinking or eating and the need to notify medical staff. All staff understood the importance of providing a written report and the need to maintain confidentiality. All staff including non-security staff up to and including the Warden, carry a pocket-size laminated Sexual Assault Response Card on their person at all times while on duty. The card identifies the initial steps as required by this standard. Although staff have this card available to reference, no one interviewed needed to refer to the card to be able to state the first responder responsibilities.

Standard 115.65 Coordinated response

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

Auditor 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.

BCC has PREA Action Plans which indicate the requirements and response for each position to include first responders, shift supervisor, mental health, medical and investigators. First responders are issued a Sexual Assault Response Card indicating the actions taken in response to incidents of sexual abuse. The BCC PREA Action Plans were available throughout the facility to include the offices of the shift supervisor, Captains, Deputy Wardens, Armory and Warden.

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

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

Auditor 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.

A memo from the PREA Compliance Manager indicated this standard is non-applicable. Neither the BCC nor the KDOC has any collective bargaining power.

Standard 115.67 Agency protection against retaliation

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

Auditor 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.

The agency has a policy CPP, 14.7, protecting all inmates and staff who report sexual abuse and sexual harassment. The Warden has designated one Captain and one Lieutenant to monitor retaliation on all substantiated and unsubstantiated allegations. A Protection against Retaliation form is completed on each inmate and staff member and includes a check list of all standard language. Contact is made at least monthly and includes a review of disciplinary reports, housing, or program changes on inmates. It was discovered that staff at BCC were maintaining a Protection against Retaliation form and checks on inmates after they had transferred from BCC. These checks did not include actual contact with the inmate. It was recommended that these checks continue by the designated staff at the receiving institution. Furthermore, it was suggested that the retaliation checks be completed by someone other than the staff person who conducted the investigation. This may lend to a more conducive reporting environment without regard to investigative outcomes. Lastly, BCC staff were encouraged to initiate all monitoring for retaliation contact. Based on interviews it was discovered some of these checks were done only if staff or inmates reported issues.

Standard 115.68 Post-allegation protective custody

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

Auditor 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.

BCC does not have a restrictive housing or protective custody unit. BCC does have five short term holding cells used for the placement of inmates awaiting transfer or other short term needs for up to 72 hours. There have been no inmates who have alleged to have suffered sexual abuse placed in these holding cells in the last 12 months.

Standard 115.71 Criminal and administrative agency investigations

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

Auditor 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.

Auditors reviewed policy CPP 14.7, investigation records, training records and a letter of compliance from the Kentucky State Police. The KDOC policy CPP 14.7 outlines both administrative and criminal investigations. There are two designated investigators at BCC; the Internal Affairs Captain handles all staff and inmate PREA related investigations and there is one Lieutenant assigned to conduct all inmate on inmate PREA investigations. Training records were reviewed on both assigned Investigators and reflected 20 hours of specialized PREA investigator training course. There were no criminal investigations conducted or referred for prosecution in the last 12 months. There was one substantiated allegation referred for prosecution since August 20, 2012; however, KSP determined not to prosecute. The retention schedule showed investigations are kept as long as the abuser is incarcerated or employed, plus five years. A review of 80% of the investigations conducted in the last 12 months showed all elements required by this standard in place.

Standard 115.72 Evidentiary standard for administrative investigations

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

Auditor 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.

KDOC policy 14.7 dictates no standard higher than a preponderance of the evidence as the standard of proof in determining

whether allegations of abuse or harassment are substantiated. Interviews with the investigative staff and reviews of PREA investigations indicate this policy is being followed.

Standard 115.73 Reporting to inmates

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

Auditor 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.

Inmates are notified of the results of the investigation into their allegations. In the past 12 months, 24 administrative investigations were completed by the facility. Sixteen inmates were notified of the outcome; the other eight inmates had discharged prior to the completion of the investigation. BCC had no examples of investigations of alleged inmate sexual abuse completed by an outside agency. Inmates will be notified per policy of the status of inmate or staff perpetrators, including whether or not there is an indictment or conviction as a result of the investigation; all notifications are documented.

Standard 115.76 Disciplinary sanctions for staff

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

Auditor 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.

BCC complies with policy 3.22, *Staff Sexual Offenses* with regard to staff disciplinary sanctions for violating agency sexual abuse or sexual harassment policies. In the past 12 months, BCC has had two staff who have violated agency sexual abuse/sexual harassment policies. One was terminated/resigned as a result. Policy is in place to ensure actions that may be criminal are reported to KSP and relevant licensing bodies, although there were no such instances in the past 12 months.

Standard 115.77 Corrective action for contractors and volunteers

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

Auditor 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.

Policy 3.22 ensures contractors and volunteers who sexually abuse inmates are prohibited from contact with them and referred to relevant licensing bodies, as well as KSP when the alleged act may be criminal in nature. There were no instances in which contractors or volunteers have been reported to law enforcement for engaging in sexual abuse of inmates. BCC has had one example in remedial action was taken to protect inmates from a contract employee who was found guilty of sexual harassment. This employee was no longer allowed contact with inmates at the work location.

Standard 115.78 Disciplinary sanctions for inmates

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

Auditor 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.

Inmates are subject to discipline for perpetrating sexual abuse and harassment. There were two administrative findings of inmate-on-inmate sexual abuse at BCC. There were no instances of criminal findings of inmate perpetrated sexual abuse. Sanctions are commensurate with past history, the nature of the offense and comparable sanctions given to other inmates for the same type of misconduct, along with consideration to an inmate's mental health status. BCC has had no inmates disciplined for sexual contact with staff; however, policy is in place indicating such.

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

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

Auditor 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.

Inmates are offered a follow-up meeting with medical or mental health staff within 14 days if they disclose prior sexual victimization or perpetration during risk assessment. In the past 12 months, 100% of inmates who disclosed such victimization were offered follow-up. Information is kept as confidential as possible, with information shared for the purpose of housing/living, programming and work assignments.

Standard 115.82 Access to emergency medical and mental health services

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

Auditor 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.

Policy 14.7 dictates the medical department shall promptly make arrangements for alleged victims to be transported to an outside facility for an examination and treatment. All treatment is provided at no cost to the inmate. BCC PREA Sexual Assault Plan as well as interviews with employees and inmates confirms compliance with this standard.

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

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

Auditor 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.

All inmate victims are offered medical and mental health evaluations, including testing for sexually transmitted infections. Such treatment includes plans for follow-up care in the event they are transferred to another facility or released from custody. There have been no inmate victims of sexual abuse at BCC during this reporting period.

Standard 115.86 Sexual abuse incident reviews

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

Auditor 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.

BCC policy 14.7 provides that all sexual abuse incident reviews are conducted by an incident review team within 30 days upon the closing of an investigation for all allegations determined to be substantiated or unsubstantiated. The audit team reviewed 80%

of the incident reviews and all were completed within the 30 day time frame. BCC has had eight incident reviews in the past 12 months. The review team at BCC includes upper management staff with input from line staff, investigators and medical and medical health staff. It was suggested that review team staff sign legibly and include their title. Per policy, all required elements are taken into consideration by the review committee.

Standard 115.87 Data collection

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

Auditor 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.

The PREA Grant Statistics for BCC shows all substantiated, unsubstantiated and unfounded incidents for the month. BCC uses information on the Sexual Offense Allegation Reporting form to maintain, review and collect data. This information is maintained electronically by the PREA Compliance Manager.

Standard 115.88 Data review for corrective action

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

Auditor 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.

Collected data is reviewed to identify problem areas, make corrective action plans, when needed. Said data is used in annual reports for individual facilities and the KDOC. Data will be compared from the previous year in order to assess progress and concerns. These reports are approved by the Commissioner and are available on the KDOC website; in the event the reports contain identifying information, it will be redacted prior to publication. BCC has had an increase in the number of reported allegations of sexual abuse and sexual harassment most likely due to a more conducive reporting environment.

Standard 115.89 Data storage, publication, and destruction

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

Auditor 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.

Standard requirements are included in KDOC policy 14.7. All PREA data is kept a minimum of 10 years. Annual reports pertaining to this data are available on the KDOC website, [corrections.ky.gov/community information/documents/PREA](http://corrections.ky.gov/community_information/documents/PREA). All identifying information is removed prior to publication.

AUDITOR CERTIFICATION

I certify that:

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

Sarah Nelson

August 17, 2015

Auditor Signature

Date