

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

Date of report: 12-9-2015

Auditor Information			
Auditor name: Stephanie Huddle			
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Telephone number: 402-479-5660			
Date of facility visit: November 17-19, 2015			
Facility Information			
Facility name: Green River Correctional Complex			
Facility physical address: 1200 River Road, Central City, KY 42330			
Facility mailing address: <i>(if different from above)</i> P.O. Box 9300, Central City, KY 42330			
Facility telephone number: 270-754-5415			
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: DeEdra Hart			
Number of staff assigned to the facility in the last 12 months: 225			
Designed facility capacity: 947			
Current population of facility: 963			
Facility security levels/inmate custody levels: Medium-minimum security/all custody levels			
Age range of the population: 19-74			
Name of PREA Compliance Manager: Debra Banks		Title: PREA Compliance Manager	
Email address: debra.banks@ky.gov		Telephone number: 270-754-5415	
Agency Information			
Name of agency: Kentucky Department of Corrections			
Governing authority or parent agency: <i>(if applicable)</i> Justice and Public Safety Council			
Physical address: 275 East Main, Health Services Building, Frankfort, KY 40602			
Mailing address: <i>(if different from above)</i> P.O. 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 Green River Correctional Complex (GRCC) November 17-19, 2015. Three staff from the Nebraska Department of Correctional Services, all certified as PREA Auditors through the Department of Justice, conducted the audit. Stephanie Huddle served as the Chairperson and Trish Bernhards and Sarah Nelson served as Support Staff. GRCC PREA Compliance Manager Debra Banks ensured the Pre-audit Questionnaire, policies, and examples were available to the Audit Team well in advance of the Audit, allowing more than sufficient time to review documentation prior to the on-site visit.

The Audit began with introductions of the Audit Team and GRCC staff and a tour of the facility. The Auditors noted camera placement and conducted checks to ensure PREA information and notification of the PREA Audit was readily available to the inmates.

Staff interviews were conducted November 17 and 18, with inmate interviews occurring November 18. A total of 30 staff, two volunteers, and 23 inmates were interviewed.

Additional documentation review was conducted November 18 and 19.

A debriefing was held with the Warden, PREA Compliance Manager and PREA Coordinator prior to a formal close-out on November 19.

DESCRIPTION OF FACILITY CHARACTERISTICS

GRCC is a medium/minimum security male facility located in Central City, Kentucky. The facility is designed as a direct supervision model and has both single and double-bunked cells and an open dorm-style housing unit. There are three medium security general population housing units, a maximum security segregation unit and a minimum security unit. The facility has a gym, canteen, and on-site medical department. Visiting opportunities include both contact and no-contact visits. Cameras are located throughout the facility.

Inmate education programs include Adult Basic Education, college programs, and technical school programs. Additional programming includes Alcoholics and Narcotics Anonymous, Anger Management, Victim Awareness, Family Reunification, Life Skills, Life Without a Crutch, Pathfinders, Practical Parenting, Prison to the Streets, and Success after Prison.

Forensic exams are conducted off-site. Emotional support services for incarcerated victims of sexual abuse are offered through the Kentucky Association of Sexual Assault Programs.

GRCC is accredited by the American Correctional Association.

SUMMARY OF AUDIT FINDINGS

The Audit Team was extremely impressed with the work being done at both an agency and facility level. It is evident PREA is a priority and staff are dedicated to the safety of one another, inmates, visitors, and the public.

During the tour, it was noted the institution was remarkably clean and had many programs for inmates to participate in. PREA information was readily available and highly visible to the inmate population. Information regarding PREA and the reporting hotline was painted directly on the walls of each housing unit by the telephones, ensuring it will always be observable. Cross gender announcements were conducted on every housing unit when the Audit Team and facility staff entered. Inmates were courteous in all areas of the facility.

Staff were courteous and helpful throughout the Audit. They were very prepared and it was clear they are always “audit-ready.” The Team was highly impressed with the level of knowledge shown during the staff interviews. All staff were confident in reporting procedures and eager to share their knowledge with the Auditors. It is very evident staff are not only trained, but trained very well and in a thorough manner to ensure they understand their responsibilities regarding PREA allegations. It was obvious staff cared about the safety and well-being of the inmates and enjoyed their jobs at GRCC.

During interviews, inmates displayed knowledge of PREA and their reporting options. It was evident the inmates feel safe at GRCC and would be comfortable reporting an incident of sexual abuse or harassment to facility staff.

Warden Hart is an exemplary leader and is passionate about corrections. Both staff and inmates displayed a high amount of regard for her. Ms. Banks showed a level of compassion and caring second to none; her commitment to PREA was clear not only through working with her during the Audit, but also in the amount of knowledge displayed by staff. Prior to the Audit, Warden Hart and Ms. Banks made several changes regarding privacy and security measures in order to enhance the safety of the inmate population. Policy, procedures, and daily practices show staff have embraced PREA and it has become part of the culture at GRCC.

The Audit Team commends Warden Hart, Ms. Banks and all GRCC staff for a highly successful PREA Audit and for being an example of excellence in corrections.

Number of standards exceeded: 3

Number of standards met: 40

Number of standards not met: 0

Number of standards not applicable: 1

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.

GRCC has policy outlining their zero-tolerance standard regarding sexual abuse in confinement. While not every standard is written in policy, those that are required to be are in policy and the facility meets the standards in practice and procedures. An agency-wide PREA Coordinator position has been established. The PREA Coordinator is actively involved with the agency's and facility's efforts towards compliance. A facility PREA Compliance Manager has been identified. The PREA Compliance Manager demonstrates excellent knowledge of the standards and her compassion and genuine caring are evident in the work she does.

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)

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KDOC does contract for the confinement of inmates. The agency has entered into 34 contracts, which address PREA regulations and mandatory compliance. Of these, only one does not require contractors to adopt and comply with PREA standards. This is due to the facility dedicating less than 50% of their beds for KDOC inmates.

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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GRCC complies with a staffing plan that ensures safety and security are maintained. Deviations from the plan are documented. Documentation was provided showing the PREA Coordinator is actively involved in the review of staffing plans. GRCC has continued to increase the number of cameras throughout the facility. Logs were provided showing supervisors conduct unannounced rounds on all shifts throughout the facility and a memo written by the Warden designates the rank of the staff members required to make these 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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GRCC does not house youthful inmates; therefore this standard is non-applicable.

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)

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GRCC staff do not conduct cross gender strip or body cavity searches. A strip search log exists in the event cross gender strip or body cavity searches occur. No cross gender strip, body cavity or pat searches had been conducted in the past 12 months. Staff of the opposite gender are required to announce their presence upon entering a housing unit/living area. A memo written by the Warden was provided as documentation indicating the practice of implementing cross gender announcements. Announcements were consistently made throughout the tour. Staff demonstrated knowledge of this policy and inmates interviewed stated the announcements happen whenever female staff are posted on or enter the housing units. GRCC also created signs that prominently show whether a female staff is on duty/in the unit. This allows inmates who were not present during the verbal announcement to know female staff are present upon their return to the housing units. Transgender inmates are not searched for the sole purpose of determining genital status. Staff receive training specific to conducting both cross gender and transgender inmate pat searches in a respectful manner while still keeping security needs in mind, which was documented on training logs.

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)

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Policy is in place to ensure inmates with disabilities have equal access to PREA information. Information is available in Spanish, Braille, and Spanish Braille. Interpreter lines are also available through Correct Care Solutions. GRCC does not rely on inmate interpreters to communicate PREA information or during PREA investigations. Inmates interviewed understood what PREA is, reporting mechanisms, and their rights.

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)

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GRCC does not hire or promote individuals who have engaged or been convicted of sexual abuse/assault in a confinement setting or in the community, or who have been civilly adjudicated of such an incident. Occurrences of sexual harassment are taken into consideration when determining whether or not to promote a staff member. Potential employees undergo a thorough background check, as do contractors who may have contact with inmates. Background checks are conducted every five years on current employees. Potential employees are asked about any prior incidents of sexual abuse/assault with the understanding omitting or falsifying information may result in termination.

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)

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GRCC takes inmate safety very seriously. PREA is a component of expanding any portion of the facility and also when determining what, if any, additional video monitoring and other technology should be utilized. Documentation was provided indicating camera enhancements are added annually as budget allows. Annual planning for 2014-2015 showed a request to add cameras to common areas of the facility.

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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GRCC conducts administrative investigations internally. Criminal investigations are conducted by the Kentucky State Police. Forensic exams are conducted off-site by SAFEs and provided at no cost to the victim. Advocacy is available through the Kentucky Association of Sexual Assault Programs. Documentation was provided showing a victim advocate was contacted to provide victim services to a victim of sexual abuse.

***In reviewing policy, it was noted inmate victims are taken for forensic exams if the report is made within 48 hours of the assault. The Kentucky Sexual Assault Response Team Advisory Committee has issued guidance indicating a Kentucky State Police Sexual Assault Evidence Collection Kit will be used if patients report an assault within 96 hours of the examination. It is recommended GRCC implement policy and practice that meets the 96 hour guideline issued by the Kentucky SART Advisory Committee.**

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.

All allegations meeting PREA criteria are investigated, either internally (administrative) or externally (criminal). All allegations within the past 12 months were investigated. The KDOC website provides information regarding the 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.

GRCC is responsible for training all of their staff. The training incorporates all elements of the standards and employees are trained in PREA on an annual basis, which was verified by documentation indicating the training was completed and understood. It was highly apparent through staff interviews training is conducted, both in formal classes and informally through conversation and supervisor rounds. The PREA Compliance Manager is responsible for ensuring staff are trained; her curriculum is thorough for both pre-service and in-service. Staff were incredibly knowledgeable regarding the zero tolerance policy and their role in reporting and responding to allegations and incidents of sexual abuse. Staff were able to speak of their training regarding cross gender and transgender pat searches.

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. When interviewed, volunteers were knowledgeable regarding PREA and their duty to report.

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)

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During the past 12 months, 488 inmates received information at intake regarding the zero tolerance policy and how to report incidents. Education is provided in formats accessible to all inmates. PREA information is painted directly on the walls of all housing units, making access readily available and highly visible, and can also be found in inmate handbooks.

Videos are shown periodically on the housing units as an additional method of providing information. Inmates who were interviewed stated they had received education and information regarding PREA. Several inmates had been incarcerated prior to the implementation of PREA, but stated they had since received information at GRCC.

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)

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.

GRCC has six staff who investigate PREA allegations, all of whom completed training specific to conducting PREA investigations. The 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. Documentation is maintained showing staff attended the 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)

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.

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 signs of sexual abuse/harassment, how to preserve physical evidence of sexual abuse, how to respond in a professional and respectful manner and how to report incidents/suspicious. GRCC has 15 medical and mental health care practitioners who work there on a regular basis; 100% of these staff have received the required training. Documentation of training records was provided. Staff were knowledgeable during interviews regarding PREA and their responsibilities.

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)

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 assessed upon intake for their risk of being sexually abusive or abused within the required 72 hour time frame. GRCC had 966 inmates whose length of stay was 72 hours or more; 100% of these inmates were screened. The intake screening form utilized contain all required elements with the exception of whether the inmate is detained for immigration purposes. GRCC does not house inmates for such purposes and revising the screening tool to include this is not necessary. Policy requires inmates be screened a second time within 30 days, taking into consideration additional, relevant information. GRCC policy prohibits inmates from being disciplined for refusing to answer any questions during the screening process. The facility implements appropriate controls regarding dissemination of information.

***It is recommended a memorandum be added to the audit files regarding GRCC and other KDOC facilities not housing inmates detained solely for immigration purposes.**

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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Information from screening is used when placing inmates in housing, work or programming assignments, which was confirmed during interviews of staff responsible for risk screening. Any housing/programming for transgender inmates is decided on a case-by-case basis; policy is in place ensuring placement of transgender and intersex inmates is reviewed at least twice each year. Policy also ensures transgender inmates' own views regarding their safety will be given consideration and they are given the opportunity to shower separately.

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)

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Policy is in place prohibiting the placement of inmates at high risk for sexual victimization in involuntary protective custody. There were no inmates at GRCC placed in involuntary protective custody within the past 12 months due sexual safety concerns. Should inmates be placed in segregation for this reason, policy is in place ensuring access to programs, privileges and education; reasons this could not be provided would be documented.

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 an outside reporting mechanism and the anonymous hotline information is painted on the walls of every housing unit near the telephones. Staff are required to accept all reports, and expressed understanding of this policy during interviews, including the requirement to report the incident or allegation immediately. Staff were also aware they could call a reporting hotline in order to report an allegation privately.

*Inmates have numerous sources of information regarding sexual abuse, however, information regarding retaliation is not as readily available. It is recommended appropriate language be added to the inmate handbooks.

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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GRCC has policy 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. Inmates may submit grievances to staff other than those involved with the grievance; the grievances are not referred to the staff member who is the subject of the complaint. GRCC has not had any grievances pertaining to sexual abuse within the past 12 months. Third parties may assist inmates with filing grievances; there were no such grievances within the past 12 months. Policy exists regarding emergency grievances; there were no emergency grievances files at GRCC 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 through the Kentucky Association of Sexual Assault Programs. A copy of the MOU was provided as documentation. Information pertaining to outside advocacy services is available in the inmate handbook.

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 regarding the procedures 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)

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All staff are required to immediately report any incident or allegation of sexual abuse or retaliation; staff interviewed were very knowledgeable about these requirements. They were also aware of the need for discretion. Medical and mental health staff were familiar with their reporting requirements and limitations on confidentiality and informed the

inmates of such during initiation of services. KDOC is not considered a mandatory reporter under Kentucky law; as such, there is no obligation to report to outside authorities an incident involving a vulnerable adult or victim under the age of 18. All allegations are referred for investigation and given to investigative staff.

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)

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Policy is in place regarding immediate protection of inmates. All staff interviewed were aware of these requirements and knew what to do if an inmate reported an allegation to them. There were no inmates determined to be subject to substantial risk of imminent sexual abuse during the past 12 months.

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)

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Policy is in place requiring notification to another facility in the event an allegation is made while at GRCC. This notification occurs within 72 hours and is documented. There was one report from an inmate alleging he was abused while confined at another facility in the past 12 months. GRCC received four notifications within the past 12 months from other facilities.

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)

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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.

GRCC has policy regarding actions taken by first responders. There were 14 allegations an inmate was sexually abused in the past 12 months. One such allegation was made within a time frame allowing for evidence collection. Staff understood their responsibilities regarding their role and keeping inmates safe if an allegation was made or an incident occurred.

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)

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GRCC has a written plan outlining responsibilities of first responders, medical/mental health practitioners, investigative staff, and facility leadership.

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)

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GRCC has not entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012.

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 PREA Compliance Manager is responsible for monitoring retaliation. The PREA Compliance Manager does an excellent job of completing all aspects of retaliation monitoring, which was articulated during her interview. Multiple protection measures are employed to ensure inmates and staff are not subjected to retaliation. Staff and inmates are monitored for a minimum of 90 days but will be extended if necessary. There were no incidents of retaliation within the past 12 months.

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.

Existing policy prohibits placing inmates who allege they suffered sexual abuse in involuntary protective custody unless no other reasonable means to ensure safety can be determined. There were no inmates in the past 12 months who were placed in involuntary protective due to allegedly suffering sexual abuse.

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.

Policy is in place regarding both administrative and criminal investigations. All staff who investigate sexual abuse allegations have completed the specialized PREA training. Substantiated cases of criminal conduct are referred for prosecution by KSP. There was one such investigation since August 2012. The retention schedule showed investigations are kept as long as the abuser is incarcerated or employed, plus five years. Investigations reviewed were found to be thorough and detailed. Investigators who were interviewed displayed a high degree of awareness regarding their duties.

*It is recommended all investigators be reminded to include PREA investigation history of alleged perpetrators and alleged victims in each investigation, as is required by the standards.

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.

Policy ensures preponderance of the evidence is the standard of proof in determining whether allegations of abuse or harassment are substantiated.

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, 14 investigations were completed by the facility. Ten inmates were notified of the outcome. GRCC obtains information from KSP regarding the results of their investigations into criminal allegations. One investigation were completed by KSP; that inmate was notified of the result of the investigation. Inmates are also notified 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 inmate 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.

Policy is in place regarding staff disciplinary sanctions. In the past 12 months, two staff violated sexual abuse/harassment

policy, both of whom resigned or were terminated. There were no additional staff who were disciplined for violating sexual abuse or harassment policies. GRCC contacts the KSP in the event additional evidence indicates the incident may be of a criminal sexual nature.

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 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. Appropriate remedial measures are taken for other violations of PREA policy.

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. Sanctions are commensurate with past history, the nature of the offense, and comparable sanctions given to other inmates for the same type of misconduct. An inmate's mental health status is also taken into consideration, including the possible use of therapy. Inmates are not disciplined for having sexual contact with staff unless the staff member did not consent to the contact. Inmates are not disciplined for making reports in good faith, even if the allegation is determined to be unfounded. GRCC does prohibit consensual sexual contact/activities between inmates.

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 screening. In the past 12 months, 100% of inmates who disclosed such victimization were offered the follow-up meeting. Information is kept as confidential as possible, with information shared for the purpose of housing/living, programming, and work assignments. Medical and mental health staff interviewed stated informed consent is obtained prior to reporting information about prior sexual victimization that did not occur in an institutional setting.

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.

Upon receiving a report, responding staff keep the inmate victim within sight at all times to ensure safety. Victims are typically transported to an outside hospital within one hour of reporting an incident of sexual abuse. They also receive information regarding available treatment options, including sexually transmitted infections. All treatment is provided at no cost to the inmates.

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, regardless of whether abuse occurred at GRCC or another confinement facility, 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. All treatment is provided at no cost to the inmates. GRCC ensures staff attempt to conduct a mental health evaluation of inmates who abuse inmates.

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.

Sexual abuse incident reviews are conducted by the appropriate staff within 30 days upon the closing of an investigation for all allegations determined to be substantiated or unsubstantiated. GRCC submitted 13 incident reviews during the past 12 months.

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.

Data is collected and aggregated annually and the Survey of Sexual Violence is submitted within the time frame outlined by the governing agency of that form. Data is maintained and collected from documents, investigations, incident reviews, and other available reports.

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 and make corrective action plans when needed. The data is used in annual reports for individual facilities and the agency. Data is 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. There are no names or identifying information listed in the reports.

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.

All collected data is securely retained. Annual reports pertaining to this data are available on the KDOC website. No names or identifying information is included. Data is kept at least 10 years. GRCC provided documentation of their retention schedule.

AUDITOR CERTIFICATION

I certify that:

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



Auditor Signature

12-9-2015

Date