

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

**Date of report:** April 18, 2016

<b>Auditor Information</b>			
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<b>Date of facility visit:</b> March 29, 30 2016			
<b>Facility Information</b>			
<b>Facility name:</b> Northpoint Training Center			
<b>Facility physical address:</b> 710 Walter Reed Road, Burgin, KY 40310			
<b>Facility mailing address:</b> <i>(if different from above)</i> P.O. Box 479, Burgin, KY 40310			
<b>Facility telephone number:</b> 859-239-7012			
<b>The facility is:</b>	<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		
<b>Facility type:</b>	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
<b>Name of facility's Chief Executive Officer:</b> Don Bottom			
<b>Number of staff assigned to the facility in the last 12 months:</b> 296			
<b>Designed facility capacity:</b> 1256			
<b>Current population of facility:</b> 1232			
<b>Facility security levels/inmate custody levels:</b> Medium/Community, Minimum, Restricted, Medium, Close, Maximum			
<b>Age range of the population:</b> 19-77			
<b>Name of PREA Compliance Manager:</b> Brad Adams		<b>Title:</b> Deputy Warden	
<b>Email address:</b> brad.adams@ky.gov		<b>Telephone number:</b> 859-239-7012	
<b>Agency Information</b>			
<b>Name of agency:</b> Kentucky Department of Corrections			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> Justice and Public Safety Cabinet			
<b>Physical address:</b> 275 East Main Street, Health Services Building, Frankfort, KY 40602			
<b>Mailing address:</b> <i>(if different from above)</i> P.O. Box 2400 Frankfort, KY 40602			
<b>Telephone number:</b> 502-564-4726			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Rodney Ballard		<b>Title:</b> Commissioner	
<b>Email address:</b> Rodney.ballard@ky.gov		<b>Telephone number:</b> 502-564-4726	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Charles A. Wilkerson		<b>Title:</b> PREA Coordinator	
<b>Email address:</b> charlesa.wilson@ky.gov		<b>Telephone number:</b> 502-382-7245	

## **AUDIT FINDINGS**

### **NARRATIVE**

The Northpoint Training Center was ready for their initial PREA audit. The staff and inmates at this facility are well versed in policy and practice in ways to prevent, detect, and respond to sexual harrassment, sexual abuse or sexual assault that may occur. During the tour of the facility, it was noted PREA related information was predominately displayed in all inmate areas and inmate visiting areas. The access to reporting such incidents was readily available. Other special points to make about the tour was noting the location of cameras and particians. The NTC has a large number of cameras for the size of the facility and they have plans to install more. These cameras are strategically placed to help protect inmates and staff. We were told and could see if there were not cameras in specific locations, there were staff. There were particians in every dressing / showering and toilet rooms in every housing unit. The inmates all reported feeling safe and having private areas to dress and shower. The inmates that identify as being potential victims also reported feeling safe and that if they had issues, they would easlily be able to come talk to staff members.

As the audit chair, I did receive five letters prior to the audit from inmates housed at NTC. All letters were taken seriously and all issues brought up in the letters were addressed without issue or further review.

Five standards were exceeded and the other standards that pertained to this facility were met. The NTC has zero standards that did not meet requirements. It was very apparent that the PREA Compliance Manager, Brad Adams, wanted nothing less than to meet all standards, if not exceed as many as possible. Staff were very prepared and understood the importance of PREA in their facility. This attitude must be contributed to Mr. Adams and the Warden, Don Bottom. When upper management places a high value on policy, the staff tend to do the same. Both of these men are obviously well respected at their facility. They have an incredible support staff as well.

It appeared that it was the small things that supervisory staff do that makes the biggest impact on staff. They commented about how the Lieutenants would quiz then while doing their rounds. The PCM would hang random signs around in staff areas as reminders of policy. The PCM also requires that when staff log PREA information into the inmate information data base, they indicate what PREA standard it applies to. Their ability to communicate among each other is remarkable. They all see the importance in sharing the necessary victim and aggressor information to those that need it.

There will be no need for a corrective action period. This report shall be considered their final report and can be forwarded to the DOJ by the Northpoint Training Center.

## **DESCRIPTION OF FACILITY CHARACTERISTICS**

The Northpoint Training Center was originally constructed as a state mental hospital in circa 1940. In 1941, the facility was ran by the United States Army to provide care for soldiers suffering from psychiatric illness. The facility changed focus a few more times until in 1983, the Department of Corrections received control of the property, consisting of 551 acres and approximately 50 structures. The Northpoint Training Center now operates as a medium security institution with a current bed capacity of 1256 inmates. The institution consists of 1156 general population medium-security beds, 60 special management beds, and 40 minimum security beds. The general population inmates are housed in six open-bay dormitories. Special Management Unit inmates are housed in single cells in a 60-bed structure separated from the main compound. The perimeter of the secure compound is a double 12-foot fence, with razor wire on the bottom, middle, and top. The inner perimeter fence has a sensor system that alerts the main control in the event of contact, four armed wall towers, an outside patrol, and a control center. Minimum security inmates, numbering approximately 40, are housed in dormitories outside the secure perimeter.

## **SUMMARY OF AUDIT FINDINGS**

There will be no need for a corrective action period as the Northpoint Training Center met or exceeded all necessary and applicable standards.

Number of standards exceeded: 5

Number of standards met: 37

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.**

The Kentucky Department of Corrections policy, CPP 14.7, includes language matching that of the PREA Standard for zero tolerance of any form of sexual abuse and harassment. They have a staff member designated as an agency-wide PREA Coordinator as well as a facility level PREA Compliance Manager.

### **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 Kentucky DOC does enter into contracts with other agencies for the confinement of their inmates. All contracts were current, annually renewed and comply with the guidelines of the PREA standards.

### **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 Kentucky DOC and Northpoint Training Center have a staffing plan that provides for adequate staffing levels to protect the inmates in their care and custody. Appropriate staff have met to determine necessary video monitoring equipment to increase the safety of the population. NTC has 600 cameras installed and have more waiting for installation. The areas suggested for installation are appropriate areas to add additional coverage in inmate areas. In all areas of the facility where there were not cameras, there were staff and/or plans for additional cameras. Their video coverage is impressive.

### 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)

**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.**

This standard is not applicable to the Northpoint Training Center as they do not house 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.**

The NTC has equipped their housing units with partitions to block any inmate in a state of undress during showers or while performing bodily functions. There are some sleeping areas that have cameras nevertheless the inmates are very aware of them and instructed not to undress in these areas. There have been no instances where female staff have had to conduct a strip-search of a male inmate. They do have in policy that if this were to occur, it would be only be for emergent situations and would be documented.

### 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.**

The NTC is well equipped to handle inmates with disabilities and who are limited English proficient. There are three Spanish interpreters on staff, one of which lives on grounds for 24 hour access if needed. They also have a staff member able to interpret for deaf and hard of hearing inmates. The NTC staff offer an audio version in both English and Spanish of the inmate handbook, which includes PREA

information. Also, a large print and braille version of the PREA brochure is available. The inmates we spoke to all stated that they felt comfortable in the assistance they receive with their disabilities / limited English issues and were knowledgeable about the PREA services available to them. There were no instances we discovered where an inmate was used as an interpreter.

### **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.**

The Human Resources files we inspected indicated that the PREA standards regarding hiring and promotion decisions were followed. Additionally, staff reported as such. Their policy was clearly written to include the standard.

### **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.**

As stated above, the NTC is well equipped with 600 cameras throughout their facility. They have additional cameras waiting to be installed in designated areas. The policy and interviews indicate PREA standards and inmate safety are considered in deciding on facility upgrades.

### **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)

**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 Kentucky Department of Corrections and Northpoint Training Center have an outlined policy for collecting evidence and their medical examination practice. They utilize a SANE/SAFE nurse and have support services available to the inmates. The support services information is readily available to the inmates.

#### **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.**

KDOC and NTC ensure all reports of sexual abuse or harrasment are investigated. Administrative investigations are completed by NTC trained staff. If the investigation is criminal or is determined criminal, the NTC turns the investigation over to the Kentucky State Police for further review.

#### **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.**

The facility provides extensive training for their employees, which meet PREA Standards. During staff interviews, all staff explained their initial training and continual training in regards to PREA. The training material is clear and understandable.

#### **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)

**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 NTC has excellent training for volunteers and contract staff. They ensure ALL individuals that have contact or the potential of contact with an inmate to have received the PREA training. The volunteers and contract staff that we spoke to had great knowledge about what to do if an inmate reported sexual abuse or harrasment to them and they knew who to contact. Every volunteer and contract staff had a laminated card, attached to their visitor ID, that included the steps to take if it was reported to them. Even the contractors that are staff escorted throughout the facility were required to have the training.

### 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.**

Inmates are provided with PREA education when they enter the facility. They are given this information the very day they arrive by the intake staff and also again by unit staff. There are several forms of the information available, including English, Spanish, and Audio Versions of the PREA information. The inmates reported knowing who to go to, how to report, and where to find information and support. The facility has done a good job making this information available throughout the facilities in all inmate areas.

### 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.**

The facility provides all staff, that conduct PREA investigations, with specific training regarding PREA issues and investigations. They had staff available on every shift, 24 hours a day, that were trained to conduct PREA investigations. When interviewed, staff knew who the investigators were. NTC documents who has had 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.**

All medical and mental health staff at the NTC are trained in how to detect and assess signs of sexual abuse and sexual harrasment. They are also provided with training regarding preservation of evidence, responding, and reporting of sexual abuse and harrasment. The facility provided documentation of the staff training.

#### **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.**

The screening instrument used for intake and the process in which it is conducted follows the PREA standards. The inmates are screened the same day they arrive, or the following Monday, if they came in on the weekend. They have one staff person that does all of the screenings which provides for consistency in the process. Additionally, this staff person sends an email notification to the unit staff indicating when the 30 day followup screening should be done. The screening instrument itself includes all necessary requirements. The NTC does not detain inmates for civil immigration issues and they provided a document of such. Reassessments are also conducted when additional information is disclosed or discovered.

#### **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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The facility has an appropriate communication system to share the results of the screening instrument with those staff that need to have it to make decisions regarding the inmates safety. What makes this impressive is that staff actually utilize it and ensure information is getting shared that needs shared. It is timely and consistent. The information sharing includes job and housing assignments. Staff that employ inmates are notified regularly about the potential victims and abusers that work for them to ensure they are not working together. They have added this standard’s language to a job change form that is awaiting approval from their main office. Policy is very clear and staff that were interviewed knew where to obtain the information. Those inmates that identify themselves as gay, bisexual, transgender or intersex report being treated fairly and not segregated from the rest of the population just because of their identification. They reported the staff to be very helpful and easy to talk to.

### 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.**

Staff at NTC do not regularly place victims in restrictive housing or protective custody simply because they are at high risk. They would consider this placement if necessary however they would only be in PC for 24 hours at which time a new placement would be located. The potential victim would be given the same rights as others providing for their safety. The facility clearly documents their decisions and moves any possible victim to the best living arrangement possible.

### 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)

**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 inmates housed at NTC have the ability to report sexual abuse and sexual harassment by access to a PREA hotline number, staff, grievances, anonymously and by third party. They have signs posted by the phones with the free number and also a brochure that is handed out to all inmates. When interviewed, the inmates clearly knew about the hotline number and the many ways to report.

### 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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The agency and facility have policy providing an opportunity for inmates to file a grievance regarding sexual abuse or harassment. The grievances are not subjected to a time line. All grievances are taken seriously and further investigated. There was included in the documentation, evidence supporting disciplinary action for those inmates who filed false PREA allegations.

### **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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The facility provides outside support services to inmates that have reported sexual abuse or harrassment. They are provided with the Bluegrass Rape Crisis Center flyer, in both English and Spanish, that provides them with an address to write or phone number to call. Any time an inmate reports such events, outside support services are offered and documented that they were offered. The facility maintains a memoranda of understanding with KASAP.

### **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)

**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 facility provides ways for a third-party to contact the facility and report a sexual abuse or harrassment occurring in their facilities. The numbers are available on the web site.

### **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.**

The policy regarding staff and agency reporting duties follows the PREA standard. The practice follows the policy.

### 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 staff reported that if they learn an inmate is subject to substantial risk of imminent sexual abuse, they shall take immediate action to protect the inmate. The policy for the agency indicates this as well.

### 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.**

The NTC has in place a policy that requires them to report immediately to the other facility any reports of sexual abuse or harassment that may have occurred in that facility. They did have documentation of such occurring where the incident occurred back in 1985. Even though the time frame was long, it was still reported.

### 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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Staff at the NTC are very aware of what their responsibilities are in responding to a report or finding of a sexual assault. The policy is very specific and outlines procedures. Supervisory staff also regularly quiz or check with staff on their knowledge of this practice.

### 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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The facility has a written plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, 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)

**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.**

Not applicable

### 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 established a policy to protect any staff or inmate from retaliation of reporting sexual abuse or harassment. Their policy outlines the expectations of the PREA Standards. Such policy is carried out through the use of retaliation monitoring and documentation of such. The facility reports no instances of protective measures needing to be taken due to retaliation at NTC for the reporting period. The agency will continue monitoring for as long as is needed to ensure the staff or inmates safety.

### 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.**

NTC does not house the victim in restrictive housing unless this is the only option. There are not reports, during this audit period, that placed a victim in restrictive housing. They were offered Protective Custody. When staff were interviewed, they were consistent in saying that this typically does not happen. The victim is left in their original housing unit if at all possible.

### 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.**

The policy regarding criminal and administrative agency investigations is consistent with PREA standards. The training agenda was provided and appropriate. In auditing this standard, we were very impressed with the speed at which an investigation was started (the very same day) and the contents of the investigation files. The files were very complete and organized. The investigators at NTC are well trained in conducting thorough investigations and compiling the information into a report. The timelines were very short but no stone was left unturned in conducting the investigation. Inmates, staff and leadership were quick to get answers to the investigations which in turn provided relief / answers / closure to those involved. The Kentucky State Police are responsible for criminal investigations.

### 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.**

The agency policy is to impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual 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.**

The agency and facility policy in regards to notifying the inmates of the results of every investigation follow the PREA standard requirements. Documentation shows practice follows policy.

**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.**

Staff are subject to disciplinary sanctions for violating agency sexual abuse or sexual harassment policies. These sanctions are up to and including termination of employment. If the violation is of sexual abuse of an inmate, a report will be made to the Kentucky State Police, unless it is clearly not criminal.

**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.**

The agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless it was clearly not criminal, and to any relevant licensing bodies. The PREA Compliance Manager indicates he reports all possible violations to the Kentucky State Police to ensure there are no cases that are overlooked that may be criminal in nature. The facility takes appropriate measures to restrict any volunteer or contractor as necessary.

**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.**

The inmates at NTC are subject to disciplinary sanctions only after a complete and thorough investigation determining inmate on inmate sexual abuse. Additionally, the sanctions fall in line with the actions of the inmate. The mental condition of each inmate is considered when offering additional follow up services as well. If a sexual abuse report was made in good faith, regardless of the outcome of the investigation, the inmates are not disciplined for making such report.

**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.**

All screenings and follow up screenings are provided on time at the facility. They have complete records to indicate mental health services are offered and provided. They also include follow up care for as long as deemed necessary. This policy is clearly outlined in CPP 14.7 page 7.

**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.**

The interviews with medical and mental health staff clearly indicate these services are offered as quickly as possible after being victimized. The files indicate this as well. The first responders are all well versed in how to care for a victim to protect them and the necessary steps needed to request medical assistance. All services provided to the inmates regarding care for sexual assault are free / without financial obligation 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.**

The NTC offers ongoing medical and mental health care for sexual abuse victims and abusers. This care includes tests for sexually transmitted infections as medically appropriate. The policy indicates the mental health staff attempt to conduct a mental health evaluation of all known inmate on inmate abusers within 60 days of learning this information.

#### **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.**

A complete team of NTC staff conduct incident reviews within 30 days of the conclusion of the investigation. These reviews make recommendations as to improvements needed. The facility makes all attempts to implement the recommendations or reasons for not doing so. The examples of reviews were complete and well done.

#### **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 agency and its policy indicate they collect data for every allegation of sexual abuse at each facility. This information is collected annually.

#### **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.**

The NTC follows the PREA standards as outlined in this section. All policy and procedure indicate they meet this standard. The final report is available to the public on the website. <http://corrections.ky.gov/communityinfo/pages/PREA.aspx>

#### **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.**

The NTC maintains appropriate data storage regarding reports of sexual abuse. They provide this to the public as needed with confidentiality in mind. The documentation regarding their retention schedule indicates they will retain this information for 10 years.

#### **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.

Deanna Johnson

04-18-2016

Auditor Signature

Date