

## Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails

Interim       Final

Date of Report    02/09/19

### Auditor Information

Name: Diane Lee

Email: tikibaytravel@gmail.com

Company Name: American Correctional Association

Mailing Address: 206 North Washington Street, Suite200

City, State, Zip: Alexandria, Virginia 22314

Telephone: 703-224-0000

Date of Facility Visit: January 23-25, 2019

### Agency Information

Name of Agency:

Kentucky Department of Corrections

Governing Authority or Parent Agency (If Applicable):

Justice and Public Safety Cabinet

Physical Address: 275 East Main - Health Services Building

City, State, Zip: Frankfort, KY 40602

Mailing Address: PO Box 2400

City, State, Zip: Frankfort, KY 40602

Telephone: 502 564-2200

Is Agency accredited by any organization?  Yes     No

The Agency Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Agency mission:

To protect the citizens of the Commonwealth and to provide a safe, secure and humane environment for staff and offenders in carrying out the mandates of the legislative and judicial processes; and, to provide opportunities for offenders to acquire skills which facilitate non-criminal behavior.

Agency Website with PREA Information: [corrections.ky.gov/community information/PREA](http://corrections.ky.gov/community%20information/PREA)

### Agency Chief Executive Officer

Name: James Erwin

Title: Commissioner

Email: James.Erwin@ky.gov

Telephone: 502-564-2220

### Agency-Wide PREA Coordinator

<b>Name:</b> Charles A. Wilkerson	<b>Title:</b> PREA Coordinator
<b>Email:</b> charlesa.wilkerson@ky.gov	<b>Telephone:</b> 502 382-7245
<b>PREA Coordinator Reports to:</b> Commissioner James Erwin	<b>Number of Compliance Managers who report to the PREA Coordinator</b> 12

### Facility Information

<b>Name of Facility:</b> Roederer Correctional Complex			
<b>Physical Address:</b> 4000 Morgan Rd. LaGrange, KY. 40031			
<b>Mailing Address (if different than above):</b> P.O. Box 69 LaGrange, Ky. 40031			
<b>Telephone Number:</b> (859) 246-2366			
<b>The Facility Is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
<b>Facility Type:</b>	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
<b>Facility Mission:</b> "To operate an adult male medium/minimum security institution for convicted felons providing care, custody, and control in a safe and secure environment. The thrust of the institution is two-fold, directed first at the operation of a receiving and classification center and secondly the preparation and reintegration of inmates in the community through structured work educational, substance abuse treatment, spiritual and self-help programming.			
<b>Facility Website with PREA Information:</b> <a href="https://corrections.ky.gov/communityinfo/Pages/PREA.aspx">https://corrections.ky.gov/communityinfo/Pages/PREA.aspx</a>			

### Warden/Superintendent

<b>Name:</b> Ravonne Sims	<b>Title:</b> Warden
<b>Email:</b> Ravonne.Sims@ky.gov	<b>Telephone:</b> (502) 222-0173 ext: 299

### Facility PREA Compliance Manager

<b>Name:</b> John Geisler	<b>Title:</b> PREA Compliance Manager/ Lieutenant
<b>Email:</b> johnk.geisler@ky.gov	<b>Telephone:</b> (502) 222-0173 ext: 460

### Facility Health Service Administrator

<b>Name:</b> Bridgette Banta	<b>Title:</b> Health Service Administrator
<b>Email:</b> Bbanta@CorrectCareSolutions.com	<b>Telephone:</b> (502) 222-0173 ext: 412

### Facility Characteristics

Designated Facility Capacity: 1238		Current Population of Facility: 1,252		
Number of inmates admitted to facility during the past 12 months				4152
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:				4052
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:				4034
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:				0
Age Range of Population:	Youthful Inmates Under 18: 0	Adults: 18-70		
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> NA
Number of youthful inmates housed at this facility during the past 12 months:				0
Average length of stay or time under supervision:				5 months
Facility security level/inmate custody levels:				Medium
Number of staff currently employed by the facility who may have contact with inmates:				199
Number of staff hired by the facility during the past 12 months who may have contact with inmates:				65
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:				4
<b>Physical Plant</b>				
Number of Buildings: 14		Number of Single Cell Housing Units: 0		
Number of Multiple Occupancy Cell Housing Units:		1		
Number of Open Bay/Dorm Housing Units:		4		
Number of Segregation Cells (Administrative and Disciplinary):		0		
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):				
Over 190 cameras located throughout the facility.				
<b>Medical</b>				
Type of Medical Facility:		Medical Department on site		
Forensic sexual assault medical exams are conducted at:		University of Louisville Hospital		
<b>Other</b>				
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:				161
Number of investigators the agency currently employs to investigate allegations of sexual abuse:				321

# Audit Findings

## Audit Narrative

*The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.*

### Pre-Audit Preparation

The Prison Rape Elimination Act (PREA) on-site audit of the Roederer Correctional Complex (RCC) in La Grange, Kentucky was conducted on January 23-25, 2019 by certified PREA Lead Auditor Diane Lee and Co-Auditor James McClelland. The Roederer Correctional Complex has a capacity of 1,238 inmates and has three distinct purposes. It serves as the Assessment and Classification Center for male felons entering Kentucky Department of Corrections; permanent inmates provide support services for the facility, and there is a 200 bed Substance Abuse Treatment Center. During the audit, there were 1,252 inmates. The facility employs 199 staff members who have regular contact with the inmates. They are certified by the American Correctional Association.

Pre-audit preparation included a thorough review of all documentation and materials submitted by the facility along with the data included in the completed Pre-Audit Questionnaire. The documentation reviewed included agency policies, procedures, forms, education materials, training curriculum, organizational charts, posters, brochures and other PREA related materials that were provided to demonstrate compliance with the PREA standards. The Lead Auditor also contacted the Sexual Assault Advocate from the local advocacy center, Center for Women and Families in Louisville, Kentucky who indicated they have a good working relationship with the facility and are available to provide advocacy services for victims. Just Detention International was also contacted and indicated they have not had any reports from the facility in the past year. The agency head and agency PREA Coordinator were previously interviewed.

### Entrance Briefing

At the beginning of the audit at the facility, an "in-briefing" meeting was held with the Warden, Deputy Warden of Security, Deputy Warden of Programs and Operations, Agency PREA Coordinator, Roederer PREA Compliance Manager, two additional Agency PREA Administrators, Major, and a Classification and Treatment Officer. The introductions, schedule and audit process were discussed during the briefing. During the on-site audit, the auditors were provided private offices in the facility from which to work and conduct confidential

interviews. Formal personal interviews were conducted with facility staff, residents, volunteers and contractors.

### **Staff-Inmate Interviews**

The audit team identified each inmate to be interviewed by using a corresponding number listed on inmate rosters and ensured the institutional copy was shredded prior to departing in an effort to keep inmate question responses confidential. Inmates from all housing units were selected. The auditors interviewed 44 inmates, including 23 random and 21 specialized. Specialized inmates included 3 self-identified transgender, 3 self-identified as gay, 10 had made an allegation of sexual abuse, 2 who with limited reading and writing skills, 2 who had limited hearing and 2 non-English speaking inmates. Overall, the inmates interviewed had an understanding of the institutional PREA practices and were aware of the measures the facility has taken to be compliant with PREA. Most Inmates interviewed were familiar with the Institutional PREA Compliance Manager and it was obvious to this auditor that the PREA Manager routinely interacts with the inmate population. Inmates interviewed understood PREA reporting procedures, most all understood the intent of PREA, and most every inmate interviewed recalled receiving PREA Orientation upon admittance to the facility. During the on-site audit the Auditor observed the assessment and intake process and the PREA Orientation Session with a group of new inmate arrivals.

A total of 24 staff were interviewed, including 12 random staff from both shifts. Specialty staff interviewed include Warden, PREA Compliance Manager, Human Resources Administrator, Classification and Treatment Officer, Captain/Supervisor/First Responder, three Investigators, Agency PREA Administrator, Deputy Warden, Psychologist (contract), Health Services Administrator (contract), Unit Administrator, Training Coordinator, and a Volunteer. Staff were questioned using the DOJ protocols that question their PREA training and overall knowledge of the agency's zero tolerance policy, reporting mechanisms available to residents and staff, the response protocols when an inmate alleges abuse, and first responder duties.

### **Investigations**

The Roederer Correctional Complex reports twenty-six allegations of sexual harassment and sexual abuse in the past 12 months. Of those, 9 were sexual abuse allegations. Five were determined to be unfounded, three were determined to be unsubstantiated and one was substantiated. A review of the 15 investigative files alleging sexual abuse or sexual harassment was conducted. None of the cases required forensic evidence collection by a SAFE/SANE service provider in the community. All investigations were completed promptly and thoroughly and were well documented.

## **Tour**

The auditors toured the prison escorted by the Warden and other Administrative staff. The tour included the intake processing areas, all housing units, the Health Services Department, Recreation, Food Service, facility support areas, Education, Visiting Rooms, outside maintenance, farm operation and programming areas. During the tour, it was noted that there was sufficient staffing to ensure a safe environment for inmates and staff. Signs were posted when employees of the opposite gender were present in the housing units. Inmates were able to shower, dress, and use the toilet facilities without exposing themselves to employees of the opposite gender. Postings, regarding PREA violation reporting and the agency's zero tolerance policy toward sexual abuse and sexual harassment, were prominently displayed in all housing units, meeting areas and throughout the facility. Audit notice postings with the PREA auditor's contact information were located in the same areas. File sampling was conducted in the human resources, training, classification, and investigative sections. Documents reviewed included: background investigations for new staff, as well as staff considered for promotions; PREA training documentation for staff, volunteers, and contractors; classification documents to assess propensity for sexual victimization or abusiveness; and files related to referrals for mental health follow-up. The auditors spent three days on-site. The last PREA audit of RCC occurred in 2016.

## **Facility Characteristics**

*The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.*

The Roederer Correctional Complex is located in LaGrange, Kentucky twenty-six miles outside of Louisville, Kentucky. The facility has an open and secured campus. The secured campus is surrounded by two fences. Roederer Correctional Complex opened on August 28, 1976, originally as a 150-bed minimum-security "work camp" institution to operate a 3,000-acre prison farm. On December 1, 1987, RCC was converted to a medium/minimum security institution with 100 medium and 152 minimum custody inmates. The institution underwent another major transition on May 1, 1989, when it was transformed to the Assessment and Classification Center for the Kentucky Department of Corrections for all incoming state prisoners, excluding inmates that received the death penalty. 730 medium security beds are within the fenced perimeter including 100 of these medium custody inmates are permanently assigned inmates, which provide support services for the institution. These inmates provide the basic services to the institution such as Food Service, Laundry, Legal Aid Office, Grievance Office, Janitorial, etc. The remaining 630 medium security beds are utilized to house inmates entering the system as part of the Assessment Center for the Department of Corrections. There are currently 272 minimum custody beds located outside the fence. 200 minimum custody inmates are participating in the Substance Abuse Program. The remaining 72

minimum custody inmates also provide support services for the institution such as Maintenance, Warehouse, Horticulture Program, and the Farm Operation.

There are two main buildings inside the secure perimeter fencing: the Main Annex and Unit five. The Main Annex is primarily a reception center for processing all incoming inmates to the Kentucky Department of Correction except for death row inmates. There are three housing units. Unit One (194 inmates) and Unit Two (336 inmates) are exclusively for housing new admissions. The units are open dormitory style housing areas which include showers, toilets and sinks in the rear of the dormitory and a small day room in the front of the dormitory. The day rooms are equipped with a television, chairs, a table for games or writing, and two kiosks which allow inmates to send and receive mail. Unit three has both single and double occupancy cells. New admissions are housed on the lower floor and permanent assigned inmates are assigned to the upper level. The main annex also includes the entrance area, an intake area which is well planned and provides for efficient processing of new admissions, the main control center, food service and medical departments, the mailroom and recreation department, the chapel, the captain's office the main library, the legal aid and grievance office, the main canteen, and three records departments. Across the parking lot is Unit five, which houses inmates participating in the Substance Abuse Treatment program. This housing area is dormitory style with program staff offices and meeting areas located close to the housing area. This building also includes the library, legal aid/grievance office and dining hall. The food for each meal is transported from the Main Annex and inmates assigned to Unit five and Unit four dine in this area. Outside the secure fence is Unit 4 which provides housing for minimum security inmates assigned to work in the farm operation, water treatment plant, and other minimum-security support assignments.

Roederer's unique mission as an assessment reception center and a permanent population places great demand on the medical unit. There is significant turnover in the inmate population, each requiring medical evaluation as well as ongoing health care. The medical and mental health care is provided by contract staff employed by Well Path and the Commonwealth of Kentucky. Mental healthcare is provided by two psychologists who aid in the initial assessments of arriving offenders. They are also conducting therapeutic groups including post-traumatic stress disorder, dual diagnosis and an anger management program. Crisis intervention is a major priority for the mental health unit. Other programs offered for inmates include: AA/NA, College classes, Emergency Technician Training, GED, Horse Program, Horticulture, Food Safety Prep, Moral Recognition Therapy, Microsoft, New Directions (pre-release skills), Psychology Services, Veterans Club and Waste Water Treatment Program.

The Recreation Department consists of two Recreation Leaders and one Recreation Supervisor. Recreation space is utilized for programming during the day especially by the Substance Abuse Program. The Main Annex has a recreation yard separated into different yards with fencing. This allows for the new admissions to be separated from the general population. Given the number of new admissions, recreation time is rotated throughout the day to allow for all inmates to have some outdoor time. Minimum security inmates in Buildings Four and Five have separate recreational yards. The Recreation Department strives to provide a diverse activity program. Outdoor activities include basketball, volleyball, horse shoes, softball,

handball, track, soccer, and weightlifting. Inside activities include pool, foosball, basketball, corn hole, board games, exercise rooms, and electronic games. The Roederer Correctional Complex employs one full time chaplain and certified religious volunteers. There are three chapel areas, one of which is a free-standing chapel outside the secure perimeter fence. There are a variety of religions represented among the inmate population to include Christianity, Baptist, Jehovah Witness, Islam, Asatru, Messianic Judaism, and American Indian. The chapel program also supports two chapel bands, a chapel choir, and a chapel art program.

There is approximately 3,000 acres of land around the complex. Crops are grown to provide feed for the cow/calf program. There are several large greenhouses used by the vocational education department to provide inmates the skills necessary to obtain employment in various jobs in the nursery business. There is a large chapel located outside the secure fence for use by the minimum-security inmates.

## Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category.** If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

**Auditor Note:** No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

**Number of Standards Exceeded:** 3

Click or tap here to enter text.

**Number of Standards Met:** 40

Click or tap here to enter text.

**Number of Standards Not Met:** 0

115.14 is Not Applicable because they do not house youthful offenders  
115.66 is Not Applicable because they do not have collective bargaining.

## Summary

Through formal and informal interviews with staff, contractors, volunteers and inmates and review of policy and documentation, it was evident that Roederer Correctional Complex has an effective program in place to effectively educate all concerned in the zero-tolerance policy against sexual abuse. The auditors found the staff and inmates to be very aware of PREA. The staff was very knowledgeable about their responsibilities to ensure a safe facility. They were aware of reporting responsibilities, preservation of evidence, as well as dealing with victims of sexual assault and/or sexual harassment. The staff has all had extensive training on how to identify signs of sexual assault/harassment and how to deal and treat victims of sexual assault and or sexual harassment. Upon completion of the on-site visit, an exit briefing was held to discuss the audit findings. This briefing was held in the conference room with the Warden and several facility staff. The auditors had been provided with extensive files prior to and during the audit for review to support a conclusion of compliance with the PREA. There are adequate limits to cross-gender viewing and searches. The facility has adaptive measures in place to ensure disabled inmates can participate in and benefit from all aspects of the PREA process. Hiring and promotion practices are consistent with sexual abuse safety measures. The facility has appropriate medical and victim advocacy networks in place and available, as needed. PREA education and training is documented. Inmates acknowledged the admissions screening process included questions regarding any history of sexual abuse or victimization and whether they would like to identify a sexual preference. Intake, classification assessment and medical/mental health processes are efficient and seamless in addressing referrals based on victimization or abusiveness screening data. Related support documentation is organized and stored in information systems available on a need-to-know basis. Reporting mechanisms are displayed in a conspicuous manner and inmates and staff members are aware of all reporting methods available to them. Systems are in place for coordinated responses to incidents of sexual abuse, as needed. The facility also has sufficiently trained personnel who conduct investigations. Staff indicated adequate training in all aspects of the PREA, particularly First Responder duties or actions to be taken in the event of a reported sexual abuse related incident. All interviews and observations also supported compliance. Unannounced supervisory rounds were logged in each area throughout the facility, Cross-gender announcements were also made. The facility staff were found to be cooperative and professional. Staff morale appeared to be good and the observed staff/inmate relationships were determined to be good. All areas of the facility were observed to be clean and well maintained. The auditors thanked the Warden and staff for their hard work and dedication to the PREA audit process.

## PREVENTION PLANNING

### Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

#### 115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?  Yes  No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?  Yes  No

#### 115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator?  Yes  No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy?  Yes  No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?  
 Yes  No

#### 115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)  Yes  No  NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)  
 Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The Auditor reviewed Kentucky Corrections CPP 14.7, and 3.22 policies and procedures that clearly define sexual abuse, sexual harassment, zero tolerance towards sexual abuse and sexual harassment. The directive provides information on the prevention, response, detection to allegation of inmate-to-inmate, and staff-to-inmate sexual abuse and sexual threats. The policy describes definitions of sexual abuse and sexual threats, PREA training to employees, contractors, and inmates, and describes that all allegations of sexual abuse, threats and retaliation for reporting an incident of sexual abuse. The Lead Auditor reviewed Kentucky Department of Corrections press release on November 5, 2014, announcing the agency's designation of a PREA State-wide Coordinator to oversee agency efforts to comply with PREA standards. The Lead Auditor reviewed the Department of Corrections table of organization that substantiates the PREA Coordinator reporting to an upper level of the Department's hierarchy. The Lead Auditor reviewed a list of 12 PREA Managers assigned to all 12 Kentucky correctional facilities. Interviews with the PREA Coordinator and PREA Compliance Manager confirmed their commitment to PREA standards. The PREA Coordinator and PREA Compliance Manager informed the Lead Auditor they have direct communication with upper leadership on the agency and facility level. The PREA Coordinator is responsible for developing, implementing and overseeing the Department's efforts to comply with the PREA standards in all facilities and ensuring contractors for the confinement of the Department's inmates are complying with the PREA standards. The PREA Coordinator also receives PREA complaints from the hotline and ensure they are investigated. The PREA Compliance Manager is responsible for coordinating Roederer Correctional Complex efforts to comply with the PREA standards. The PREA Compliance Manager specific PREA duties include following-up on PREA allegations, investigating PREA reports, and monitoring to prevent retaliation from PREA reporting. The PREA Compliance Manager conveyed he has sufficient time to carry out his PREA responsibilities.

### **Policies, Materials, Interviews, and Other Evidence Reviewed or Observed:**

Policies: CPP 14.7, 3.22

Documents: Press Release, Table of Organization, Posters, Telephones, PREA numbers, Memorandum from the Warden

Interviews: PREA Coordinator, PREA Compliance Manager

## **Standard 115.12: Contracting with other entities for the confinement of inmates**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)  Yes  No  NA

### 115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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The Lead Auditor reviewed modification of contract language for 37 Community Confinement Facilities which states Contractors shall comply with PREA and with all applicable PREA National Standards. The contract language also specifies that Contractors shall comply with all Kentucky Department of Corrections (KDOC) policies related to PREA standards. The Lead Auditor reviewed a contract between the Department of Corrections and Dismas Charities, Inc. The contract specifically states the Contractor shall make itself familiar with and at all times shall observe and comply with all PREA regulations and KDOC PREA policies, which in any manner affect performance under this Contract. Contractors agree to self-monitor its activities and facilities for compliance with the PREA standards and KDOC policies. Contractors acknowledge that in addition to the self-monitoring requirement, KDOC will conduct announced or unannounced compliance monitoring that may include on-site monitoring visits. Contractors will be subject to DOJ PREA audit once every three (3) year period with the DOJ audit cycle beginning August 20, 2013. All cost associated with the PREA audit shall be borne by the

Contractor. KDOC conducts a mock-audit prior to the Department of Justice (DOJ) PREA audit. Failure to comply with PREA standards and related KDOC policies may result in termination of the contract. The Lead Auditor reviewed audit reports on three contracting community confinement facilities. All three facilities achieved audit compliance. Interview with the PREA Coordinator conveyed he is responsible for monitoring contracting community facilities for the confinement of inmates. The PREA Coordinator informed the Auditor that all contracting community facilities have went through PREA audits and PREA compliance visits. The Auditor reviewed documentation that supported all facilities that contract with the Department for the confinement of inmates have been audited by a Certified PREA Auditor. All facilities contracting with the Department for the confinement of inmates are adhering to the PREA standards.

**Policies, Materials, Interviews, and Other Evidence Reviewed or Observed Documents:**

Documents: Contracts, Audit Reports from Contracting Facilities, Documentation on Facilities Audits

Interviews: PREA Coordinator

**Standard 115.13: Supervision and monitoring**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.13 (a)**

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  Yes  No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  Yes  No
- Does the agency ensure that each facility’s staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility’s staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility’s staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility’s staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and

determining the need for video monitoring?  Yes  No

- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No  NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No

#### 115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)  
 Yes  No  NA

#### 115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?  Yes  No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?  Yes  No

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?  Yes  No

#### 115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?  Yes  No
- Is this policy and practice implemented for night shifts as well as day shifts?  Yes  No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

A review of the facility's Pre-audit Question (PAQ) disclosed no judicial findings of inadequacy in the staffing plan, no findings of inadequacy from Federal investigative agencies, and no findings of inadequacy from internal or external oversight bodies. The facility's annual planning document demonstrates the facility takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring. From July 2017 to July 2018 they added twelve new cameras and upgraded forty-three cameras. The facility has ordered eight additional cameras to cover some blind spots mainly in some inmate work areas and the substance abuse program unit. They have been purchased and are in the process of being installed. They will enhance monitoring to increase the safety and security of inmates. The Lead Auditor reviewed a correspondence from the PREA Coordinator to the Warden confirming within the past 12 months the facility, the PREA Coordinator, assessed, determined, and documented that adjustments were not needed to the staffing plan, the facility's deployment of video monitoring systems and other monitoring technologies, and there are adequate resources available to ensure adherence to the staffing plan. The PREA

Coordinator confirmed the facility has an adequate staffing plan. The interview with the Warden confirmed the facility has adequate staffing levels to protect inmates against sexual abuse and the facility considers video monitoring as part of this plan to prevent inmate sexual harassment and abuse. The staffing plan is documented, reviewed daily and located in the Captain's office. The Warden confirmed the facility follows general acceptance staffing practices and takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring. The Warden stated the facility reviews the inmate count when calculating supervisory staff. Due to staff shortages they are using security shifts that work four 12-hour days, also program and administrative staff work some of their assigned days in security to ensure enough staff are available to adequately support the institution. In addition, Probation and Parole staff work overtime to ensure adequate staffing. There are no deviations from the staffing plan through mandatory overtime when necessary. The Auditor's on-site review of the facility confirm cameras are placed throughout the facility and adequate supervision was observed throughout the facility. The facility environment was clean and safe. Observation throughout the facility showed inmates constantly supervised by staff. The Lead Auditor reviewed unit logs to confirm supervisory staff make unannounced rounds on each shift. The unit staff are constantly monitoring inmates and documenting in the log book. Interviews with all staff and all inmates confirmed that RCC is a safe environment. Inmates and staff interviews confirmed that staff are completing unannounced rounds on the units.

#### **Policies, Materials, Interviews, and Other Evidence Reviewed or Observed:**

Documents: Unit Logs, RCC Annual Planning Document, RCC PREA Supervision and Monitoring Meeting Minutes, Memos from PREA Compliance Coordinator and PREA Compliance Manager

Interviews: PREA Coordinator, Warden, Incident Review Team Member, PREA Compliance Manager, Random Officers, Random Inmates

Observations: Housing Units, Program Areas

### **Standard 115.14: Youthful inmates**

#### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

##### **115.14 (a)**

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA

##### **115.14 (b)**

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA

- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA

### 115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

115.41 is Not Applicable because they do not house youthful offenders. In accordance with Kentucky revised statute 640,070, a Circuit Court Judge may sentence a youthful offender to an adult facility. These youthful offenders would be housed in the Nursing Care Facility's Isolation Wing at the Kentucky State Reformatory.

### Policies, Materials, Interviews, and Other Evidence Reviewed or Observed

Documents: Memorandum, Pre-Audit Questionnaire  
Policies: CPP 18.3, Kentucky revised Statute 640,070  
Observation: Housing Units, Program Areas  
Interviews: Warden, PREA Compliance Manager, Security Staff, Medical Staff

## Standard 115.15: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?  
 Yes  No

### 115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20,2017.)  Yes  No  NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.)  Yes  No  NA

### 115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?  Yes  No
- Does the facility document all cross-gender pat-down searches of female inmates?  
 Yes  No

### 115.15 (d)

- Does the facility implement a policy and practice that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  Yes  No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?  Yes  No

### 115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?  Yes  No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that

information as part of a broader medical examination conducted in private by a medical practitioner?  Yes  No

#### 115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?  Yes  No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Review of the Department's Sexual Abuse Prevention and Intervention Programs Policy 14.7, CPP 14.8 and CPP 9.8 state strip searches shall be conducted by a staff member of the same gender as the inmate, except in exigent circumstances. The policies clearly define exigent circumstances. The policies also state a transgender or intersex inmate shall not be searched or physically examined for the sole purpose of determining the inmate's genital's status. All strip-searched inmates under reasonable suspicion shall be documented and all body cavity searches shall require approval from the Warden or his/her designee. All searches shall be carried out in a dignified manner, under sanitary conditions, and officers shall refrain from making any threatening, insulting or suggestive remarks while conducting searches. The policies also state inmates shall be provided facilities that enable them to shower, perform bodily functions and change clothing without staff of the opposite gender viewing their breasts, buttocks, or genitalia except in exigent circumstances or when such viewing is incidental due to routine cell checks. The Lead Auditor reviewed a document from the PREA Compliance Manager that stated no instances of cross-gender strip or cross-gender body cavity searches of inmates housed at RCC for the past 12 months. In viewing the facility's housing units, the Auditors observed that showers and restrooms provided privacy for inmates with plastic

curtains placed over the showers and toilet stalls to provide privacy. The Auditors' on-site observation confirmed shower curtains allow inmates to shower, perform bodily functions on the units, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia. All security staff interviewed were able to state they received training on the proper and respectful way of conducting pat searches on inmates. All security staff interviewed were able to verbalize the agency policy on conducting searches on cross-gender inmates, transgender, inmates and intersex inmates. All inmates interviewed verbalized a confident sense of privacy and informed the auditor that most of the time when the opposite gender is approaching the unit he/she announces her presence before stepping on the unit. All inmates interviewed stated at no time is the opposite gender viewing or performing searches or pat downs. They also put up a sign in the control area that states "female on duty" when female is on the unit.

### **Policies, Materials, Interviews, and Other Evidence Reviewed or Observed**

Policies: CPP 14.7, CPP 9.8, CPP 14.8, CPP 3.22, RCC 14-04-01

Interviews: PREA Compliance Manager, Security Staff, Medical Staff, Inmates

Observation: Units

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

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.16 (a)**

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?  Yes  No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)?  Yes  No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?  Yes  No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision?  Yes  No

#### 115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?  Yes  No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No

#### 115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

RCC has many resources available to handle inmates who are limited English proficient. PREA related documentation is available in Spanish, Braille, large print and English. Inmates who require sign language services are able to communicate through a Video Relay Interpretation services. The inmates interviewed who were identified as disabled reported that they were provided information in a manner that they understood, and they were able to explain reporting methods and knowledge about PREA. No inmates are allowed to be utilized as interpreters. The video presentation utilized for inmate education has the ability to be viewed with Spanish captioning when a limited English-speaking inmate requires.

### Policies, Materials, Interviews, and Other Evidence Reviewed or Observed

Policies: CPP 14.7

Observation: Housing Areas Documents: Posters, training curriculum, brochures, Language

Contract Interviews: Hard of hearing inmates, limited literacy inmates, limited English speaking inmates, security staff, Classification and Treatment Staff

## Standard 115.17: Hiring and promotion decisions

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  Yes  No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No

#### 115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates?  Yes  No

#### 115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency: perform a criminal background records check?  Yes  No
- Before hiring new employees, who may have contact with inmates, does the agency: consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?  Yes  No

#### 115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?  Yes  No

#### 115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?  Yes  No

#### 115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?  Yes  No
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?  Yes  No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?  Yes  No

#### 115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?  Yes  No

#### 115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)  Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

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Policy 3.6 states that all employees and contractors who have contact with inmates shall have a background investigation conducted before employment and then at least every 5 years. The policy also states that an applicant shall not be considered for employment, promotion or enlisted for services if the applicant has engaged in sexual abuse in prison, jails, lockup, community confinement facility, juvenile facility or other institution; been convicted of any sexual offenses or been civilly or administratively adjudicated for such sexual acts. A review of the Department's background investigations of employees and applicants for promotion and

employment was completed. The Auditor reviewed a consent form authorizing the Department to conduct a criminal records check. The criminal record consent form inquires on whether you engaged in sexual abuse in prison, jails, lockup, community confinement facility, juvenile facility or other institution; been convicted of any sexual offenses or been civilly or administratively adjudicated for such sexual acts, and have you been involved in any sexual incidents of sexual harassment. Interview with the Human Resources Administrator confirmed that before the hiring of any new employee who has contact with inmates, a criminal background check is completed. The interview also confirmed that background checks are required before promotions and hiring of employees and contract workers. The Human Resource Administrator stated that prospected employees are also requested to complete a written application on questions about any previous sexual misconduct in writing for hiring or promotion.

#### **Policies, Materials, Interviews, and Other Evidence Reviewed or Observed**

Policies: CPP 3.6, CPP 3.1

Documents: Employee files, background records check logs

Interviews: HR Administrator, Warden

### **Standard 115.18: Upgrades to facilities and technologies**

#### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

##### **115.18 (a)**

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)  
 Yes    No    NA

##### **115.18 (b)**

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)  
 Yes    No    NA

#### **Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, RCC considers how such technology may enhance its ability to protect inmates from sexual abuse. There are currently 190 cameras throughout the facility with monitoring equipment assigned to various supervisory staff. These cameras are strategically placed and inmate safety is considered if facility upgrades are necessary. From July 2017 to July 2018 they added twelve new cameras and upgraded forty-three cameras. The facility has ordered 8 additional cameras to cover some blind spots mainly in some inmate work areas and the substance abuse program unit. They have been purchased and are in the process of being installed. They will enhance monitoring to increase the safety and security of inmates. protect inmates from sexual abuse.

### Policies, Materials, Interviews, and Other Evidence Reviewed or Observed

Policies: CPP 7.1  
Documents: Memos  
Interviews: Warden, PREA Compliance Manager  
Observation: Cameras throughout the facility

## RESPONSIVE PLANNING

### Standard 115.21: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not

responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  
 Yes  No  NA

#### 115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes  No  NA
  
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes  No  NA

#### 115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?  Yes  No
  
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?  Yes  No
  
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?  Yes  No
  
- Has the agency documented its efforts to provide SAFEs or SANEs?  Yes  No

#### 115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  Yes  No
  
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?  Yes  No
  
- Has the agency documented its efforts to secure services from rape crisis centers?  
 Yes  No

### 115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?  Yes  No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?  Yes  No

### 115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)  Yes  No  NA

### 115.21 (g)

- Auditor is not required to audit this provision.

### 115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.]  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Review of memorandum of understanding between Kentucky Department of Corrections and Kentucky Association of Sexual Assault Programs demonstrates the Department's efforts to provide inmates confidential emotional support services. The Sexual Assault Advocate from

Center for Women and Families in Louisville, Kentucky was interviewed by the Lead Auditor and discussed the services that they provide which includes both support at the hospital and up to three support sessions at the prison. RCC appears to be following the Department's Sexual Abuse Prevention and Intervention Programs Policy 14.7 that requires medical staff to promptly make arrangements for alleged victims to be transported to an outside facility for forensic examinations performed by SANE/SAFE. The examination shall be at no cost to the inmates. Notifications for the purpose of an investigation shall be immediately made to the designated facility investigator and all allegations of sexual abuse that involve potential criminal behavior shall be referred for criminal investigation to the Kentucky State Police. PREA Compliance Manager correspondence letter shows that RCC is responsible for investigating all allegations of sexual abuse at the facility and refer criminal cases to the Kentucky State Police. Interview with medical staff confirmed that when there is an allegation of sexual assault the facility transports the inmate victim to the outside hospital emergency department for evaluation by a certified Sexual Assault Forensic Examiner (SAFE) or certified Sexual Assault Nurse Examiner (SANE). There were no referrals for forensic medical exams over the last year.

#### **Policies, Materials, Interviews, and Other Evidence Reviewed or Observed:**

Policies: CPP 14.7

Documents: Memo, MOU with Kentucky Association of Sexual Assault Programs, PREA Compliance letter

Interviews: Medical Staff, Investigators, Victim Advocate, PREA Compliance Manager

### **Standard 115.22: Policies to ensure referrals of allegations for investigations**

#### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

##### **115.22 (a)**

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?  Yes  No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?  Yes  No

##### **115.22 (b)**

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?  Yes  No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?  Yes  No

- Does the agency document all such referrals?  Yes  No

#### 115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).]  Yes  No  NA

#### 115.22 (d)

- Auditor is not required to audit this provision.

#### 115.22 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

RCC is adhering to the Department's Sexual Abuse Prevention and Intervention Programs Policy 14.7 ensuring all allegations of sexual abuse and sexual harassment shall be promptly and thoroughly and objectively investigated. The policy states notification for the purpose of an investigation shall immediately be made to a designated facility investigator. In addition, all allegations of sexual abuse that involved potentially criminal behavior shall be referred for criminal investigation to the Kentucky State Police. The Kentucky State Police has a detailed policy and procedures on investigating sexual abuse allegations. Review of documentation from the PREA Compliance Manager shows that the facility had 28 allegations of sexual abuse and sexual harassment, all were investigated with none referred for criminal investigations. RCC has 22 specially trained investigators, available on each working shift. The Lead Auditor reviewed a correspondence from the Kentucky State Police to the Commissioner of the Department of Corrections outlining Kentucky State Police responsibilities for investigating criminal cases referred from a facility. Kentucky State Police attest that all troopers received specialty training. Interviews with the Warden and PREA Compliance Manager confirmed that

RCC conduct sexual abuse investigations on all sexual harassment or sexual abuse allegations.

**Policies, Materials, Interviews, and Other Evidence Reviewed or Observed:**

Policies: CPP 14.7

Observation: Website

Documents: PREA report data, Kentucky State Police policy

Interviews: PREA Compliance Manager, Investigators, Warden

## TRAINING AND EDUCATION

### Standard 115.31: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?  Yes  No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment  Yes  No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?  Yes  No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?  Yes  No

- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?  Yes  No

### 115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility?  Yes  No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?  Yes  No

### 115.31 (c)

- Have all current employees who may have contact with inmates received such training?  Yes  No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?  Yes  No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?  Yes  No

### 115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The facility is complying with the KDOC's Sexual Abuse Prevention and Intervention Programs Policy 14.7. The Lead Auditor reviewed the list of staff who received PREA training. Interviews with all security staff members confirmed that they are knowledgeable about the Zero Tolerance Policy for sexual abuse and sexual harassment. They were clear on how to perform their responsibilities in prevention, detection, reporting and responding. Staff members interviewed were able to identify the requirement of Coordinated Response to an Incident of Sexual Abuse for First Responder and Supervisory Staff. All staff members interviewed confirmed that training is occurring annually. All correctional staff were able to confirm that PREA training is occurring at the academy in orientation.

### **Policies, Training Curriculum Materials, Interviews, and Other Evidence Reviewed or Observed:**

Policies: CPP 14.7

Documents: Memorandum, training lists, training acknowledgement forms, PREA training Curriculum

Interviews: Security and Program Staff, Training Coordinator

## **Standard 115.32: Volunteer and contractor training**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.32 (a)**

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?  Yes  No

#### **115.32 (b)**

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?  Yes  No

#### **115.32 (c)**

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?  Yes  No

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Policy CPP 14.7 requires that all volunteers and contractors who have contact with inmates receive PREA training. Interviews confirmed that contract and volunteer employees who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. Interviews indicated that they been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. As with employees, all volunteers and contractor must acknowledge they received and understood the PREA training. There are 161 volunteers and contractors who have contact with the inmates at RCC.

### **Policies, Materials, Interviews, and Other Evidence Reviewed or Observed:**

Policies: CPP 14.7

Documentation: PREA Training curriculum, training acknowledgement forms

Interviews: Medical (Contract) staff, Volunteer, Training Coordinator

## **Standard 115.33: Inmate education**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.33 (a)**

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?  Yes  No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?  Yes  No

### 115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?  Yes  No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?  Yes  No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?  Yes  No

### 115.33 (c)

- Have all inmates received such education?  Yes  No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?  
 Yes  No

### 115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?  Yes  No

### 115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions?  
 Yes  No

### 115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Roederer Correctional Complex has a process in place to provide all incoming inmates with information explaining the zero- tolerance policy regarding sexual abuse and sexual harassment and how to report such incidents. Inmates are provided with a handbook upon intake that covers PREA topics. Each inmate must sign, initial and date that they have received and reviewed the PREA information. An inmate orientation is conducted within 30 days of intake and includes a comprehensive education. A roster containing the inmate's names and date is maintained to track this training. PREA information is posted throughout the facility and housing units informing inmates of their right to be safe from sexual abuse. The auditor observed PREA posters on all units, and buildings in the facility. The auditor reviewed inmates receipt forms with signatures acknowledging receiving a PREA brochure. PREA education is available in different formats to accommodate limited English, deaf, visually impaired and limited reading residents. Key information about the agency's PREA policy is continuously and readily available through posters, handouts and another written format. The Auditors walked through the facility and observed PREA information in the housing units in both English and Spanish, posters located throughout the facility in general areas were also in both English and Spanish. Interviews with all inmates revealed that they received training and information about the Zero Tolerance Policy, and how to report instances of, or suspicions of abuse or harassment. The Auditors were impressed that all inmates interviewed could discuss PREA, Zero Tolerance, various methods of reporting sexual abuse and sexual harassment and third-party reporting.

#### Policies, Materials, Interviews, and Other Evidence Reviewed or Observed:

Policies: CPP 14.7

Documents: PREA materials

Observation: Units, Programming Areas, PREA Orientation session

Interviews: Inmates, PREA Compliance Manager, Classification and Treatment Officers

## Standard 115.34: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA

### 115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA
- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA

### 115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA

### 115.34 (d)

- Auditor is not required to audit this provision.

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

RCC has 22 investigators and they have all received specialized PREA training and documentation is maintained. This training includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and criteria required to substantiate an administrative case. The Auditors interviewed three (3) facility investigators whom confirmed they receive specialized training includes; techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative or prosecution referral. All RCC investigators are knowledgeable in responding to PREA allegations. Interview with the PREA Compliance Manager, confirmed that investigator staff members are responsible for conducting investigations on all allegations of sexual abuse and sexual harassment. Any potential cases leading to criminal prosecution are referred to the Kentucky State Police.

### **Policies, Materials, Interviews, and Other Evidence Reviewed or Observed:**

Policies: CPP14.7

Interviews: Investigators, PREA Compliance Manager

Documents: Training Materials, Training Rosters

## **Standard 115.35: Specialized training: Medical and mental health care**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.35 (a)**

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment?  Yes  No

#### 115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.)  Yes  No  NA

#### 115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere?  Yes  No

#### 115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31?  Yes  No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The Lead Auditor reviewed the Agency's training directive CPP 14.7 that requires full and part time medical and mental health practitioners to receive specialized training on the following: 1. How to detect and assess signs of sexual abuse and sexual harassment. 2. How to preserve physical evidence of sexual abuse. 3. How to respond effectively and professionally to victims of sexual abuse and sexual harassment. 4. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. RCC is following the Agency's policy on specialized training for medical and mental health staff. The Lead Auditor reviewed the training curriculum for medical and mental health providers. RCC maintains documentation (names and sign-in sheets) showing that medical and mental health practitioners have completed the required training. The auditor also reviewed the log sheet with medical and mental health staff signatures attesting to sexual assault post exposure protocol PREA training. During the Auditors' interview with medical and mental health staff, they were able to identify their training in response to sexual assaults as first responders; reporting of any allegations of sexual assaults or harassments; preservation of evidence of sexual assault; and sign and symptoms of detecting sexual abuse. Medical and mental health staff members stated they are mandatory reporters of sexual abuse by their profession. During the interview process medical and mental health care staff indicated, they completed PREA training and their last PREA training was a web- based by their contracting employer within the past 6 months. Medical staff conveyed they do not conduct forensic medical examinations. Inmates are transported to the University of Louisville Hospital for forensic medical examinations.

### **Policies, Materials, Interviews, and Other Evidence Reviewed or Observed:**

Policies: CPP 14.7

Documents: Training records, training curriculum

Interviews: Medical and mental health staff, Training Coordinator

## **SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS**

### **Standard 115.41: Screening for risk of victimization and abusiveness**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?  Yes  No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?  Yes  No

#### 115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?  
 Yes  No

#### 115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?  
 Yes  No

#### 115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?  
 Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?  
 Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective

determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?  Yes  No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?  Yes  No

#### 115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?  Yes  No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?  Yes  No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?  Yes  No

#### 115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?  Yes  No

#### 115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral?  Yes  No
- Does the facility reassess an inmate's risk level when warranted due to a: Request?  Yes  No
- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse?  Yes  No
- Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?  Yes  No

#### 115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?  Yes  No

#### 115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Immediately upon an inmate's arrival at RCC, a screening instrument is completed that identifies an inmate's level of risk or sexual abusiveness. The screening instrument includes all necessary elements to meet the standard. As an intake and assessment center for the state of Kentucky, they have screened 4,152 inmates over the past 12 months. They do a remarkable job completing all these assessments. RCC does not detain any inmates solely for immigration purposes. The Deputy Warden of Programs keeps a computer-based log to ensure referrals to mental health based on the initial assessment are completed in a timely manner. Documentation indicated that a reassessment was completed within 30 days of the inmate's arrival. RCC is following the Agency's policy CPP 14.7; which states an offender shall be assessed within 72 hours and upon transfer to another facility and within 30 days of arrival the offender shall be reassessed. A screening reassessment may occur at any time when warranted. The Lead Auditor reviewed the screening form that is complete within 72-hours of arriving to the facility. The screening form inquire about mental, physical, developmental disabilities; physical built; previous incarceration; criminal history nonviolent; prior convictions of sexual assault is or perceived to be LGBTI or gender nonconforming; previous sexual victim; and own perception of vulnerability. The screening is used to assist in the placement of housing for inmates being booked into the facility. Inmates are not disciplined for refusing to answer or disclose information on the risk assessment. The PREA risk assessment used is

objective and takes into consideration all required criteria to assess inmates for risk. The Auditors reviewed documentation of the screenings and the instrument used. All questions required on the screening instrument are utilized. The risk assessments are maintained and tracked in the computerized KOMS system. A review of the KOMS system to include the intake screening and 30-day reassessment was completed. Interviews with inmates confirmed that most recalled that they were asked about prior convictions of sexual assault, is or perceived to be gay, bisexual, transgender, intersex, gender nonconforming, previous sexual victim; and own perception of vulnerability of being incarcerated. All inmates reported follow-up PREA questions with 14 days of their stay at the facility. All inmates interviewed reported that they felt safe in their environment and were aware of PREA, and how to report PREA incidents.

### **Policies, Materials, Interviews, and Other Evidence Reviewed or Observed**

Policies: CPP 14.7

Documents: Risk Assessment, Case notes

Interviews: Inmates, Security Staff, Classification and Treatment Officers, Mental Health Staff, Deputy Warden

## **Standard 115.42: Use of screening information**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.42 (a)**

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?  Yes  No

#### **115.42 (b)**

- Does the agency make individualized determinations about how to ensure the safety of each inmate?  Yes  No

#### 115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?  Yes  No
- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?  Yes  No

#### 115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?  Yes  No

#### 115.42 (e)

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?  Yes  No

#### 115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates?  Yes  No

#### 115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status?  Yes  No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status?  Yes  No

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

RCC is following the Agency's policy 14.7 of using information from the risk screening with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, by determining housing, bed, work, education and program assignments. The Warden indicated that their policy is to have one full set of bunk beds between an aggressor and a potential victim. The facility is also adhering to the Agency's policy 14.8 initial screening and placement and the facility's policy RCC 18-02-0. Medical staff stated after their assessment if there is any history or fears indicating an inmate has been sexual abused or is sexually assaultive a referral is generated to mental health. Mental health staff confirmed to the auditor that they see victims as well as perpetrators of sexual abuse. The Deputy Warden of Programs keeps a computer-based log to ensure referrals to mental health based on the initial assessment are completed in a timely manner.

Transgender/intersex inmates are reassessed at a minimum twice a year and would be allowed the opportunity to shower separately from other inmates if they requested. Security staff stated no gay, bisexual, transgender, or intersex inmates are placed in dedicated facilities, units, or wings solely on the basis of such identification or status. Based on the Auditor's interviews with three transgenders indicated their own views with respect to his or her own safety is given serious consideration on housing placement decisions and programming assignments. The transgender inmates stated they are given the opportunity to shower separately from other inmates. Interviews with transgender and gay inmates confirmed that they are not being placed in dedicated facilities, units, or wings solely on the basis of such identification or status.

## Policies, Materials, Interviews, and Other Evidence Reviewed or Observed:

Policies: CPP 14.7, CPP14.8, RCC 18-02-01

Documents: PREA Screening forms, case notes, PREA Mental Health Referral Log

Interviews: Self-identified Transgender Inmates, Self-identified Gay Inmates, Security Staff, Agency PREA Administrator, Medical and Mental Health Staff, Classification and Treatment Officers, Deputy Warden

## Standard 115.43: Protective Custody

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?  Yes  No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?  Yes  No

#### 115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?  Yes  No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited?  Yes  No

- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation?  Yes  No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations?  Yes  No

#### 115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?  Yes  No
- Does such an assignment not ordinarily exceed a period of 30 days?  Yes  No

#### 115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?  Yes  No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?  Yes  No

#### 115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Review of a memorandum from the PREA Compliance Manager attest over the past 12 months there have been no inmates placed in involuntary segregation housing assignment as an alternative means of segregation from likely abusers. During the site visit there were no inmates placed in protective custody solely because they were determined to be at high risk for sexual victimization. Interviews with security staff confirmed that no inmates placed in protective custody solely because he/she was determined to be at high risk for sexual victimization. The security staff on the units informed the Lead Auditor that they have been informed to watch inmates closely who have been determined to be at risk for victimization. The bed assignments of inmates determined to be risk for victimization are in close proximity to security staff stations. Interviews with inmates confirmed RCC is following the Agency policies on protective custody housing placements.

### **Policies, Materials, Interviews, and Other Evidence Reviewed or Observed**

Policy: CPP 10.2

Documents: PREA Compliance Manager Memo

Observation: Housing Units

Interviews: Security Staff, Warden, Investigators, Inmates

## **REPORTING**

### **Standard 115.51: Inmate reporting**

#### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.51 (a)**

- Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?  Yes  No
- Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?  Yes  No

#### **115.51 (b)**

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?  Yes  No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?  Yes  No

- Does that private entity or office allow the inmate to remain anonymous upon request?  
 Yes  No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security?  Yes  No

#### 115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?  Yes  No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment?  
 Yes  No

#### 115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

RCC is following the Agency's policy 14.7, stating an offender may report a sexual offense to any staff member. Staff members immediately report all knowledge, suspicious or information of an incident of a sexual offense to their supervisor or PREA Compliance Manager. They report any retaliation against someone who has reported such an incident. RCC is adhering to the Agency's policy 3.22, staff shall immediately report to appropriate supervisor all contacts, observations, reports received, suspicious and knowledge of a sexual offense directed towards or by an offender; retaliation against an offender or staff member who reported an incident; and any staff member neglect or violation of responsibilities that may have contributed to the incident or retaliation. The staff member documents any report received verbally. The staff member may also contact the hotline listed on the department's website established to

privately report a sexual offense involving an offender. The Auditors observed posters, brochures and materials on the housing units and program areas informing inmates of their rights to be free from sexual abuse and sexual harassment, and methods for reporting sexual abuse and sexual harassment. The Auditors observed telephones with PREA hotline numbers accessible to inmates in the housing areas. All inmates interviewed were able to report multiple ways to report allegations, including verbally to staff, in writing through formal inmate correspondence third-party reporting, or by calling one or both anonymous reporting hotlines. All inmates interviewed informed the auditor that they felt comfortable reporting sexual abuse and sexual harassment incidents without fear of retaliation. Inmates were aware there are an outside reporting mechanism and an anonymous hotline available to them. Inmates knew to contact the PREA Compliance manager to report abuse and reports can also be generated through the J-Pay system. RCC does not detain inmates solely for civil immigration purposes. Security staff informed the Auditor they accept PREA reports from inmates and are responsible for reporting them promptly to their supervisor. Staff was also aware they could call a reporting hotline to report an allegation privately. The PREA Compliance manager may also receive reports via the inmate email system to his department email account. Interviews with security staff revealed them to be knowledgeable on reporting sexual abuse and sexual assault. Security staff informed the Auditors that they felt comfortable reporting sexual abuse and sexual harassment incidents without fear of retaliation

### **Policies, Materials, Interviews, and Other Evidence Reviewed or Observed**

Policies: CPP 14.7, CPP 3.22

Observation: Housing Areas, Program Areas

Documents: Memos, brochures, hotline, posters

Interviews: Security Staff, Inmates, PREA Compliance Manager, Investigators

### **Standard 115.52: Exhaustion of administrative remedies**

#### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.52 (a)**

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.  Yes  No  NA

#### **115.52 (b)**

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)  Yes  No  NA

- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)  
 Yes  No  NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)  
 Yes  No  NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)  
 Yes  No  NA

### 115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)  
 Yes  No  NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)  
 Yes  No  NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA

### 115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

RCC does not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse, nor require an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. There have been no grievances alleging sexual abuse in the 12 months. Agency's policy 14.6 states that inmates who allege sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and such grievance is not referred to a staff member who is the subject of the complaint. Grievances alleging sexual abuse are not processed through the normal procedures. They are forwarded directly to the Warden upon filing. A response is given with forty-eight (48) hours. Appeals are responded to at the Commissioner level within fifteen (15) business days. Emergency grievances are forwarded directly to the Grievance Coordinator for delivery to the Warden. As directed by the Agency's policy 14.7, RCC may discipline an inmate for filing a grievance related to alleged sexual abuse, only when it demonstrated that the inmate filed the grievance in bad faith.

### **Policies, Materials, Interviews, and Other Evidence Reviewed or Observed**

Policies: CPP 14.6, CPP 14.7

Documents: Grievance log and examples

Interviews: Deputy Warden, PREA Compliance Manager, Warden

## **Standard 115.53: Inmate access to outside confidential support services**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.53 (a)**

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?  Yes  No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?  Yes  No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?  Yes  No

### 115.53 (b)

- Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?  Yes  No

### 115.53 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?  Yes  No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

An MOU between KDOC and the Kentucky Association of Sexual Assault Programs exists that identify local support services for individuals requiring assistance. RCC utilizes the services of The Center for Women and Families in Louisville, KY. for those inmates who request outside victim advocate services. Services include arranging rape crisis personnel to accompany and support the offender through the forensic exam. After an initial session, up to three sessions will be provided for each requesting inmate. PREA reporting and advocacy assistance information were observed posted in the housing areas. The reporting and advocacy posted inform inmates they can seek help from the local rape crisis center through a 24-confidentiality hotline number, and availability of emotional supports. During interviews, all inmates were aware of how they could report an incident using the hotline number by the telephone. A telephone interview with the Victim Advocate verified the services provided to inmate victims.

**Policies, Materials, Interviews, and Other Evidence Reviewed or Observed:**  
Documents: Memo of Understanding, Posters

Observation: Housing Areas

Interviews: Victim Advocate, Health Services Director, PREA Compliance Manager, Inmates

## Standard 115.54: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?  Yes  No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Roederer Correctional Complex provides a method to receive third-party reports of sexual abuse/harassment and distributes publicly, information on how to report sexual abuse and sexual harassment on behalf of an inmate. The Auditors observed information on reporting PREA incidents is available in the inmate handbooks, posters on the units and program areas. The posters were also translated in Spanish. A PREA Hotline toll free at 1-855-700-PREA (7732) for third parties to report allegations of sexual abuse and harassment is available on the Kentucky Department of Corrections website. The Auditors' tested telephones using PREA internal and external numbers. All lines and numbers were functional.

### Policies, Materials, Interviews, and Other Evidence Reviewed or Observed

Observation: Kentucky Department of Corrections website, Posters in Housing Units and Program Areas

## OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

### Standard 115.61: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?  Yes  No

#### 115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?  Yes  No

#### 115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?  Yes  No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?  Yes  No

#### 115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?  Yes  No

## 115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Policy 14.7 requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse/harassment that occurred in a facility whether or not it is part of the agency. Staff must also, per policy, report immediately and according to policy retaliation against residents or staff who report incidents, and any staff neglect or violation of responsibilities that may contribute to an incident of retaliation. The facility is following the Department's staff sexual abuse policy CPP 3.22 and sexual abuse prevention and intervention programs policy CPP 14.7 which prohibits staff from revealing any information related to sexual abuse reported to anyone other than to the extent necessary to make treatment, investigation, other security, management decisions, and to treat information confidential. RCC does not house any youthful offenders. The Auditors reviewed the employees' handbook that included the duty to report sexual abuse and sexual harassment, retaliation, and confidentiality: All staff shall report immediately sexual abuse and sexual harassment incidents. These incidents include; any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not the facility is part of the Agency; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Interviews with three (3) staff from medical and mental health revealed they were knowledgeable in reporting sexual abuse and sexual harassment incidents; reporting any suspicious behaviors; and were also aware of their responsibilities for reporting and the no retaliation policy. Health care staff (medical and mental health) were aware that they are mandatory reporters of sexual abuse and sexual harassment. They inform inmates of their professional obligation to report any type of sexual abuse or sexual harassment. The Auditors interviewed staff members confirming the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reporting. All staff interviewed stated they always refrain from revealing any information related

to a sexual abuse report to anyone other than to the shift supervisor, PREA Compliance Manager or Captain.

### **Policies, Materials, Interviews, and Other Evidence Reviewed or Observed:**

Policies: CPP 14.7, CPP 3.22

Documents: staff handbook, Investigations

Interviews: Health and Mental Health Staff, Security Staff, PREA Compliance Manager, Captain

## **Standard 115.62: Agency protection duties**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.62 (a)**

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?  Yes  No

### **Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Policy CPP 14.7 requires staff to take immediate action to protect the inmate immediately when knowledge, suspicion, or information is received regarding an incident of sexual abuse/harassment. The PREA Compliance Manager attests there have been no inmates determined to be substantial risk during the past 12 months. Interviews with all security staff and two health care staff (medical and mental health) revealed that staff were very knowledgeable and well trained in their protection duties if an inmate was subject to imminent sexual abuse or sexual harassment. All staff interviewed were able to discuss separating the victim from the abuser and reporting to supervisor on duty. Interview with intake staff revealed that inmates that may be at risk for sexual victimization have bed assignments that are

strategically placed near the security staff stations on the units. Particular attention is placed on inmates identified as potential victims of sexual harassment or sexual assault. All security staff interviewed were able to convey with authority actions to protect victims when notified of alleged sexual assault.

**Policies, Materials, Interviews, and Other Evidence Reviewed or Observed:**

Policies: CPP 14.7

Documents: PREA Compliance Manager memorandum

Interviews: Medical, Mental Health, Security Staff, PREA Compliance Manager

**Standard 115.63: Reporting to other confinement facilities**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.63 (a)**

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?  Yes  No

**115.63 (b)**

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?  Yes  No

**115.63 (c)**

- Does the agency document that it has provided such notification?  Yes  No

**115.63 (d)**

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?  Yes  No

**Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

RCC is following the Department's sexual abuse prevention and intervention programs policy 14.7, directing the Warden of the facility who receive the allegation to notify the head of the facility or appropriate office of the agency or facility where the sexual abuse is alleged to have occurred. The Warden of the facility receiving the allegation shall notify the head of the facility or appropriate office of the agency or facility where the abuse allegedly occurred within 72 hours of receipt. Interview with the Warden confirmed her responsibility upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility that received the allegation notify the head of the facility the alleged abuse occurred. The Warden will then contact the other facility and report the alleged sexual abuse for possible investigation. There were twelve allegations that an inmate was abused while at another facility and they were all notified promptly. There was one allegation received from another facility that they were abused at RCC in the past 12 months. The PREA Manager also confirmed this process during an interview with the Lead Auditor.

#### **Policies, Materials, Interviews, and Other Evidence Reviewed or Observed:**

Policies: CPP 14.7

Documents: Allegation reports

Interviews: Warden, PREA Compliance Manager

### **Standard 115.64: Staff first responder duties**

#### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

##### **115.64 (a)**

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?  
 Yes  No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?  Yes  No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any

actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No

#### 115.64 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

RCC is following the KDOC's policy CPP 14.7 that requires upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report shall require; separate alleged victim and abuser; preserve and protect crime scene; collect any evidence; if timeframe allows collect and protect evidence and advise the inmate to not take any action that could destroy evidence. The Auditors interviewed security and non-security staff that confirmed that all staff are extremely knowledgeable about first responder duties. The health and mental health staff members were able to articulate guidelines such as separating victim from abuser; preserving evidence; providing medical and crisis care. All staff were able to talk about their training as first responder to sexual abuse. All interviews with staff confirmed their knowledge on the procedures for responding to sexual assaults. All staff interviewed were able to discuss contacting their supervisors immediately, preserving and collecting evidence, separating the victim and abuser, and securing the scene. All staff are also issued a PREA Responder Card and are always required to carry it at work.

#### Policies, Materials, Interviews, and Other Evidence Reviewed or Observed:

Policies: CPP 14.7

Documents: Examples of first responder incidents and investigations, PREA Responder Card

Interviews: Security Staff, Specialized Staff, PREA Compliance Manager

## Standard 115.65: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Roederer Correctional Complex has a written Sexual Assault Action 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. Interviews with medical, mental health, investigators and PREA Compliance Manager confirmed well-coordinated procedures to responding to sexual assaults. The staff interviewed were able to discuss in detail the actions taken in response to a sexual assault allegation.

### Policies, Materials, Interviews, and Other Evidence Reviewed or Observed:

Documents: Sexual Assault Action Plan

Interviews: Medical, Mental Health, Investigators and PREA Manager

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?  Yes  No

### 115.66 (b)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Not Applicable

Review of a memorandum from the PREA Compliance Manager attests to the Kentucky Department of Corrections with no collective bargaining power.

### Policies, Materials, Interviews, and Other Evidence Reviewed or Observed:

Documents: Memorandum from PREA Compliance Manager

## Standard 115.67: Agency protection against retaliation

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?  Yes  No

- Has the agency designated which staff members or departments are charged with monitoring retaliation?  Yes  No

#### 115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?  Yes  No

#### 115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?  Yes  No

- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  Yes  No

#### 115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks?  
 Yes  No

#### 115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?  
 Yes  No

#### 115.67 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Interviews with all inmates revealed an understanding of zero tolerance against retaliation for reporting sexual abuse and sexual harassment. Inmates interviewed were able to identify the facility's responsibility to protect them against any retaliation for reporting sexual abuse and sexual harassment. The Auditor interviewed the PREA Compliance Manager who conveyed he has the responsibility to monitor for any retaliation against reporting of sexual abuse and sexual harassment. He has a good system for ensuring the retaliation checks are completely in a timely fashion. Interviews with security staff confirmed the knowledge on zero tolerance for sexual abuse and sexual harassment, and no retaliation policy.

#### Policies, Materials, Interviews, and Other Evidence Reviewed or Observed:

Documents: Retaliation Monitoring Form and Memos

Interviews: Warden, Inmates, Security Staff, PREA Compliance Manager

## Standard 115.68: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Roederer Correctional Complex does not house inmates in the segregation unit as a means to protect and separate. There have been no inmates housed in the segregation unit in order to separate, as there are multiple housing possibilities available that ensure an inmate is safe. In a case of alleged sexual report for staff on inmate. The alleged victim would be separated from the alleged abuser pending an investigation.

### Policies, Materials, Interviews, and Other Evidence Reviewed or Observed

Policy: CPP 10.2

Documents: Memorandum

Interviews: Warden, Captain, PREA Compliance Manager

## INVESTIGATIONS

### Standard 115.71: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).]  Yes  No  NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).]  Yes  No  NA

#### 115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?  Yes  No

#### 115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?  Yes  No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?  
 Yes  No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?  Yes  No

#### 115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?  Yes  No

#### 115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?  Yes  No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?  Yes  No

#### 115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?  Yes  No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?  Yes  No

#### 115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?  Yes  No

#### 115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?  Yes  No

#### 115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?  Yes  No

#### 115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?  Yes  No

#### 115.71 (k)

- Auditor is not required to audit this provision.

#### 115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The Lead Auditor reviewed the Memo from the Kentucky State Police (KSP) that confirmed the RCC investigates allegations of criminal sexual abuse when requested by Kentucky Department of Corrections facilities. All KSP Troopers received training in sexual abuse investigations during basic training including techniques for interviewing sexual abuse victims, proper use of Miranda warnings, sexual abuse evidence collection at the crime scenes and the criteria and evidence required to substantiate a case for prosecution referral. Review of the Department's sexual abuse prevention and intervention programs policy 14.7 informs all employees who conduct sexual abuse investigations shall receive specialized training. Roederer Correctional Complex conducts its own investigations into allegations of sexual abuse and sexual harassment promptly, thoroughly, and objectively by specially trained investigators. Investigations are documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. The policy also directs administrative investigations that result in a substantiated case of sexual abuse include an effort to determine whether staff actions or failures to act contributed to the abuse and the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation. The Lead Auditor interviewed the PREA Compliance Manager who is also an investigator, along with two other investigators. They were able to discuss their investigator's training. They were aware of the specific training included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The PREA Compliance Manager informed the Auditor that the credibility of alleged victim, abuser and witness are assessed on an individual basis and they are not determined by their inmate status. The PREA Compliance Manager said they do not require an inmate to submit to a polygraph in order to pursue an investigation. The PREA Compliance Manager informed the Auditor when an outside entity investigates sexual abuse, the facility cooperates with outside investigators and remain informed about the progress of the investigation. There was one sexual abuse allegation that was referred to Kentucky State Police for possible criminal charges. The Auditor reviewed a random sample of PREA investigation reports that demonstrated thorough administrative investigation. Once investigations are completed investigators present their findings to the prosecutor who would decide on whether to proceed with criminal charges.

## Policies, Materials, Interviews, and Other Evidence Reviewed or Observed

Policies: CPP 14.7

Interviews: PREA Compliance Manager, Investigators, Inmates

Documents: PREA Compliance Manager, PREA Investigation Reports, Memo from Kentucky State Police, Records Retention Schedule

## Standard 115.72: Evidentiary standard for administrative investigations

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The Lead Auditor reviewed the Department's sexual abuse prevention and intervention programs policy 14.7 which outlines and imposes no standard higher than preponderance of the evidence for determining whether allegations of sexual abuse or sexual harassment are substantiated. Interview with the PREA Compliance Manager and investigators informed the Lead Auditor that substantiated allegation means an allegation that was investigated and determined to have occurred. They stated an allegation is determined to have occurred based upon the preponderance of the evidence. The investigators said preponderance means evidence supports that the allegation is more likely to be true than not true. The investigators informed the Lead Auditor that they follow the standard of preponderance of the evidence for determining whether allegations of sexual abuse or sexual harassment are substantiated. The

investigators confirmed they have received special training to investigate sexual abuse allegations and sexual harassment allegations.

### **Policies, Materials, Interviews, and Other Evidence Reviewed or Observed**

Policies: CPP 14.7

Interviews: PREA Compliance Manager, Investigators

Documents: Investigations

## **Standard 115.73: Reporting to inmates**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.73 (a)**

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?  Yes  No

#### **115.73 (b)**

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)  Yes  No  NA

#### **115.73 (c)**

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer posted within the inmate's unit?  Yes  No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer employed at the facility?  Yes  No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?  Yes  No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever:

The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?  Yes  No

#### 115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?  
 Yes  No
- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?  
 Yes  No

#### 115.73 (e)

- Does the agency document all such notifications or attempted notifications?  Yes  No

#### 115.73 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

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The Lead Auditor reviewed the Department's sexual abuse prevention and intervention programs policy 14.7, which directs the facility following an investigation where the alleged victim has reported the case of sexual abuse, the alleged victim shall be informed, and it shall be documented when the allegations has been determined to be substantiated, unsubstantiated or unfounded. The alleged victim shall be informed when the alleged perpetrator is no longer posted within the offender's unit, employed and has been indicted or convicted on a charge related to sexual abuse. The Auditors reviewed investigation files and

found documentation that during the past 12 months there were nine criminal and/or administrative investigations of alleged inmate sexual abuse were completed by the facility and nine inmates were notified, verbally or in writing of the results of the investigation. Interview with PREA Compliance Manager confirmed that an inmate who makes an allegation of sexual abuse is informed verbally or in writing as to whether the allegation was determined to be substantiated, unsubstantiated, or unfounded following an investigation.

### **Policies, Materials, Interviews, and Other Evidence Reviewed or Observed**

Policies: CPP 14.7

Documents: PREA notifications of outcomes, PREA investigations

Interviews: PREA Compliance Manager, 2 additional Investigators

## **DISCIPLINE**

### **Standard 115.76: Disciplinary sanctions for staff**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.76 (a)**

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?  Yes  No

#### **115.76 (b)**

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?  Yes  No

#### **115.76 (c)**

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?  Yes  No

#### **115.76 (d)**

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)?  Yes  No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?  Yes  No

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The Lead Auditor reviewed the Department's staff sexual offenses policy 3.22, which informs facilities that staff members found to have violated this policy shall be subject to disciplinary action up to and including dismissal, based upon the findings of the investigation. Such disciplinary action shall be commensurate with the nature and circumstance of the violation. Any staff member found to have engaged in sexual abuse based upon the findings of the investigation is subject to termination. All terminations, including resignations that would have resulted in termination if not resignation, related to criminal activity shall be reported to the Kentucky State Police. If the findings are inconclusive, but the investigation reveals potentially problematic conduct, preventative action shall be taken. There has been zero staff terminated for sexual abuse and zero staff discipline short of termination at RCC during the past 12 months.

### **Policies, Materials, Interviews, and Other Evidence Reviewed or Observed:**

Policies: CPP 3.22

Documentation: Investigations

Interviews: PREA Compliance Manager, Warden

## **Standard 115.77: Corrective action for contractors and volunteers**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.77 (a)**

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?  Yes  No

- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?  Yes  No

### 115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The Lead Auditor reviewed the Department's staff sexual offenses policy 3.22 that defines staff members that includes contractors and volunteers. The policy emphasizes the department's zero tolerance policy toward sexual offenses that applies to employees, contractors, students, interns, volunteers and consultants. Contractors and volunteers found to have engaged in sexual abuse may be dismissed or terminated and related to criminal activity shall be reported to the Kentucky State Police. Review of the sexual abuse prevention and intervention programs policy 14.7 informs that all allegations of sexual abuse that involves potentially criminal behavior shall be referred for criminal investigation to the Kentucky State Police. There has been no instance of a contractor reported to law enforcement and terminated for engaging in sexual abuse of an inmate during the previous 12 months.

### Policies, Materials, Interviews, and Other Evidence Reviewed or Observed

Policies: CPP 3.22, CPP 14.7

Documentation: Investigations

Interviews: PREA Compliance Manager, Contractors, Volunteer

## Standard 115.78: Disciplinary sanctions for inmates

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?  Yes  No

#### 115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?  Yes  No

#### 115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?  Yes  No

#### 115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?  Yes  No

#### 115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?  Yes  No

#### 115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?  Yes  No

#### 115.78 (g)

- Does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)  
 Yes  No  NA

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the 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 disciplinary sanctions when an investigation reveals that the inmate participated in inmate-on-inmate sexual abuse. Inmate discipline is addressed in Policy 15.2. The sanctions are dispensed based on the total circumstances of the incident, the perpetrator's disciplinary record and sanctions similar to those on similar incidents. Reports of sexual abuse made in good faith will not constitute false reporting, even if the investigation doesn't establish sufficient evidence to substantiate the allegation. Mental Health staff are consulted regarding an inmate's ability to be held accountable for the alleged behavior. Mental Health staff provide a written form that offers their opinion regarding whether an inmate's mental disabilities or mental illness contribute to the behavior and whether or not a sanction is imposed. Policy does allow an inmate to be sanctioned for sexual contact with a staff member when the staff member did not consent to such contact. The Lead Auditor reviewed a memorandum that there have been no disciplinary reports on inmate-to-inmate abuse that has a mental health disability or mental illness that contributed to behavior during the past 12 months. Interviews with the facility's investigators confirmed that all allegations are thoroughly investigated, and false allegations made in good faith will not be disciplined. The investigators confirmed an inmate's mental health is considered when considering disciplinary actions for substantiated inmate sexual abuse or sexual harassment. Mental health services are offered therapy and counseling to address and correct underlying reasons or motivations for the abuse. Interview with inmates showed they all believed the facility takes all sexual allegations seriously and that they were comfortable reporting a PREA allegation.

## Policies, Materials, Interviews, and Other Evidence Reviewed or Observed

Policies: CPP 15.2, CPP 14.7

Documentation: Memorandum from Mental Health Staff, Investigation Reports, Disciplinary reports

Interviews: Investigators, Inmates, Mental Health staff

## MEDICAL AND MENTAL CARE

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)  
 Yes  No  NA

#### 115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)  Yes  No  NA

#### 115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?  Yes  No

#### 115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?  
 Yes  No

#### 115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?  Yes  No

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

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The Lead Auditor reviewed the Department's sexual abuse prevention and interventions programs policy 14.7 that informs facilities that when an assessment indicates an offender has experienced victimization or previously been a perpetrator, staff shall ensure the offender has been offered a follow-up for counseling and monitoring with the appropriate medical and mental health professionals within 14 days of the assessment. The policy also informs facilities that the dissemination of information shall be limited to staff necessary to inform treatment plans and making decisions regarding housing beds, work, education and program assignment. Medical and mental health shall obtain informed consent from the inmate prior to reporting information related to a prior sexual victimization that did not occur in a facility. The Lead Auditor reviewed examples of risk assessment screening and interviewed intake counselors on the procedure used prior to assigning work or program assignments. The classification staff indicated that at no time can a high-risk victim and a high-risk abuser work alone unsupervised. The Warden has a policy that there must be one set of bunk beds between the bed placement of an abuser and a potential victim. Interviews with medical and mental health staff confirmed that referrals are generated if a screening indicates that an inmate has previously been a victim of sexual abuse or perpetrated sexual abuse, whether it occurred in an institutional setting or in the community. Medical and mental health verbally confirmed do that an inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. The Lead Auditor reviewed the screening form and referrals and all reviews showed that inmates previously sexual abuse received timely follow-up.

## Policies, Materials, Interviews, and Other Evidence Reviewed or Observed

Policies: CPP 14.7

Documentation: Risk assessments, re-assessments, inmate file reviews

Interviews: Warden, medical and mental health staff, classification staff

## Standard 115.82: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?  
 Yes  No

### 115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?  Yes  No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners?  Yes  No

### 115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?  Yes  No

### 115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

A review of the Department's sexual abuse prevention and intervention programs policy 14.7 informs inmate victims of sexual abuse they will receive timely access to medical and mental health treatment, at no cost to the inmate. Interviews with medical staff disclosed that medical staff is available 24/7 at the facility to treat sexually abused victims. Regardless of medical being available 24/7, interviews with security staff first responders confirmed a thoroughly trained staff that knew immediately to take steps to protect sexually abused victim and immediately notify the appropriate medical and mental health practitioners. Interviews with medical staff informed the Auditor that inmates are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, when medically appropriate. The Health Services Administrator and PREA Coordinator informed the Auditor that victims of sexual abuse are transported under appropriate security provisions to an outside emergency care facility capable of conducting sexual assault exams for treatment and gathering of evidence. When staff receive a report of sexual abuse/harassment, efforts are made to separate the parties involved to ensure the safety of everyone involved. First responders immediately notify medical and mental health staff. Staff follow the Sexual Assault Action Plan that may include taking the alleged victim to the University of Louisville Hospital for a forensic medical exam. RCC medical staff may conduct an initial assessment of the victim. The evaluation and treatment of such victims shall include, as appropriate, follow up services, treatment plans and when necessary, referrals for continued care following.

#### **Policies, Materials, Interviews, and Other Evidence Reviewed or Observed:**

Policy: CPP 14.7, Sexual Assault Action Plan

Interviews: PREA Compliance Manager, Health Services Administrator, Security Staff

Other Evidence: Medical and Mental health staff schedules, PREA Compliance Manager, Investigation where inmate was taken for SAFE/SANE exam

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

#### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

##### **115.83 (a)**

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?  Yes  No

##### **115.83 (b)**

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?  Yes  No

**115.83 (c)**

- Does the facility provide such victims with medical and mental health services consistent with the community level of care?  Yes  No

**115.83 (d)**

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)  Yes  No  NA

**115.83 (e)**

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)  Yes  No  NA

**115.83 (f)**

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?  Yes  No

**115.83 (g)**

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  Yes  No

**115.83 (h)**

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)  Yes  No  NA

**Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Review of the Department's sexual abuse prevention and intervention programs policy 14.7 states that all allegations of sexual assault victims shall be offered medical and mental health evaluations. The policy further states inmate victims of sexual abuse shall receive timely, unimpeded access to ongoing medical and mental health services consistent with community standards at no cost to the inmate. The policy informs mental health practitioners shall attempt to conduct an evaluation on all know offender-on-offender perpetrators within 60 days of learning of such abuse, and provide treatment as deemed necessary. The Lead Auditor reviewed a Memorandum of Understanding (MOU) between the Department and Kentucky Association of Sexual Assault Programs (KASAP). The purpose of the MOU is to ensure a unified effort between to provide inmates with confidential emotional support services related to sexual violence. The MOU supports the mental health treatment to victims of sexual abuse in confinements. The evaluation and treatment of such victims shall include, as appropriate, follow up services, treatment plans and when necessary, referrals for continued care following their transfers to, or placement in, other facilities or their release from custody. Review of sexual assault awareness brochures and PREA educational handout materials advise inmates of the medical and mental health services offering evaluation, treatment and ongoing medical and mental health care as appropriate for the sexual abuse treatment of inmates, victims and abusers. If examination services are required, inmates are transferred to the local SANE/SAFE hospital. Interviews with mental health staff disclosed that PREA incidents (abusers and victims) are always referred to mental health. The Psychology staff routinely performs mental health evaluation. According to the Psychologist interviewed, crisis counseling is available immediately upon notification of a sexual abuse incident. Interviews with inmates revealed they were well informed about the health care available to victims of sexual abuse or assault.

### **Policies, Materials, Interviews, and Other Evidence Reviewed or Observed:**

Policies: CPP 14.7, MOU: Department of Corrections and Department and Kentucky Association of Sexual Assault Programs  
Documentation: Mental Health case notes  
Interviews: Medical, Mental Health, Inmates, Victim Advocate

## DATA COLLECTION AND REVIEW

### **Standard 115.86: Sexual abuse incident reviews**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.86 (a)**

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?  Yes  No

#### 115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation?  Yes  No

#### 115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?  Yes  No

#### 115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?  Yes  No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?  Yes  No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?  Yes  No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  Yes  No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  Yes  No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?  Yes  No

#### 115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so?  Yes  No

#### Auditor Overall Compliance Determination

**Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The Lead Auditor reviewed the agency's sexual abuse incident review form that requires every facility to conduct a sexual abuse Critical Incident Review (CIR) at the conclusion of every sexual abuse investigation. The review was completed for four sexual abuse investigations in the past 12 months and was initiated within 30 days of completion of the investigation. The review team consists of upper-level staff, supervisor, investigators, and medical staff. The review team considers whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse. They also consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility. The review team also examines the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse, assessed the adequacy of staffing levels in that area during different shifts, and assessed whether monitoring technology should be deployed or augmented to supplement supervision by staff. The Warden was able to confirm and articulate in her interview the review team purpose and how it functions. The Warden informed the Lead Auditor that any PREA incident is reviewed to determine ways to prevent detect and eliminate sexual abuse. Interviews with Medical and Mental Health staff also confirmed the Review Team meets to review critical incidents and examine ways to prevent reoccurrences. The Lead Auditor's review of the Department's sexual abuse prevention and intervention programs policy 14.7 directs all facilities to implement an Incident Review Team.

### **Policies, Materials, Interviews, and Other Evidence Reviewed or Observed:**

Policies: CPP 14.7

Interviews: Warden, Mental Health, Medical, PREA Compliance Manager

Documentation: Sexual Abuse Incident Review examples

## Standard 115.87: Data collection

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?  Yes  No

#### 115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?  Yes  No

#### 115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?  Yes  No

#### 115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?  Yes  No

#### 115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)  Yes  No  NA

#### 115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The Lead Auditor reviewed the Department's sexual abuse prevention and intervention program policy 14.7 that directs each facility to collect accurate, uniform data for every allegation of sexual abuse using the Sexual Offense Allegation Reporting Form and set definitions that contains data necessary to answer questions from the Survey of Sexual Violence (SSV) conducted by the Bureau of Justice Statistics. All data collected shall be securely retained. The policy also states that data shall be collected from each private facility which contracts for the confinement of Department of Corrections Inmates. The Lead Auditor confirmed through the website that Kentucky Department of Corrections prepares an annual report, which includes identification of problem areas, and corrective action for each facility and the agency as a whole. The annual report includes aggregated sexual abuse data from 2012-2017 and is made readily available through the public website. The aggregated sexual abuse and sexual harassment data is collected from the Correctional Facilities and Private Facilities contracting with the Department for the confinement of inmates. The Department's policy states that all sexual abuse data collected is retained for at least 10 years after the date of initial collection.

### **Policies, Materials, Interviews, and Other Evidence Reviewed or Observed:**

Policies: CPP 14.7

Documentation: Department's Website, DOJ Survey

Interviews: PREA Coordinator, Warden

## **Standard 115.88: Data review for corrective action**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.88 (a)**

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?  
 Yes  No

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?  Yes  No

#### 115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse  Yes  No

#### 115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?  Yes  No

#### 115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The Lead Auditor reviewed the Department's annual report on sexual abuse and sexual harassment which includes identification of problem areas, and corrective actions for each of the agency's facilities. The annual report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of progress in addressing sexual abuse. Sexual abuse and sexual harassment aggregated data is collected on Correctional Facilities and Private Facilities that contract with the Department for community confinement of inmates. These report looks at recommendations, and the effectiveness of its sexual abuse prevention, detection and response polices, practices, and

training throughout the year. The annual report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of progress in addressing sexual abuse. The report is regularly available to the public through the Department website. The Lead Auditor's review of the PREA statistical report provides a comparison of allegations of sexual abuse and sexual harassment for calendar years 2013 – 2017 on all Correctional Facilities and Private Facilities that contract with Department for community confinement of inmates.

### **Policies, Materials, Interviews, and Other Evidence Reviewed or Observed:**

Documents: Website Kentucky Department of Corrections Department Annual Report, PREA Statistical Report

## **Standard 115.89: Data storage, publication, and destruction**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.89 (a)**

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?  
 Yes  No

#### **115.89 (b)**

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?  Yes  No

#### **115.89 (c)**

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?  Yes  No

#### **115.89 (d)**

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?  Yes  No

### **Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (Requires Corrective Action)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the 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 sexual abuse prevention and intervention programs policy 14.7 outlines each facility shall provide allegations and disposition of sexual offenses on a monthly report. All case records associated with claims of sexual offenses, including incident reports, investigation reports, offender information, case disposition, and medical and counseling evaluation findings and recommendations for post-release treatment or counseling shall be retained in accordance with the records retention schedule. All facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website <https://corrections.ky.gov/communityinfo/Pages/PREA.aspx>. The Auditor reviewed an annual aggregated data report over four years of Kentucky Correctional Facilities and Community Confinement Facilities sexual abuse and sexual harassment allegations. The Auditor also reviewed Kentucky's Department of Corrections statistical report on sexual staff on inmate and inmate on inmate sexual abuse in the correctional facilities and community confinement facilities. The Kentucky Department of Corrections Records Retention Schedule prepared by the State Records Branch Archives and Records Management Division and approved by the State Archives and Records Commission outlines basic procedures retention for data collection, review, storage and reporting of sexual abuse data shall be retained and maintained for at least 10 years, unless Federal, State, or local law requires. Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. The report is regularly available to the public through the Department website. An interview with PREA Coordinator confirms the agency policy requires that aggregated sexual abuse data from facilities under its direct control are made readily available to the public annually through its website.

#### **Policies, Materials, Interviews, and Other Evidence Reviewed or Observed:**

Documents: Webpage: Kentucky Department of Corrections Annual Reports: Aggregated Report, Annual PREA Report  
Interviews: PREA Coordinator

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*)  Yes  No

#### 115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*)  Yes  No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.)  Yes  No  NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.)  Yes  No  NA

#### 115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?  Yes  No

#### 115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?  Yes  No

#### 115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?  Yes  No

#### 115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?  Yes  No

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency did ensure that each facility operated by the agency was audited at least once and at least one-third of each facility type operated by the agency was audited. The Kentucky Department of Corrections has entered into agreements with private organizations for community confinement of inmates. Each contract permits contract monitoring and requires the program to achieve and maintain PREA compliance, and to arrange for the facilities to complete PREA Audits. During the on-site visit the facility provided the Auditors access to, and the ability to observe, all areas of the facility; copies of all relevant documents required; private room and access to random selection of inmates for interviews; and posted signs advising how inmates could send confidential information or correspondence to the Auditor like legal counsel. The Auditors conducted interviews with inmates and staff in private areas that supported the confidentiality of the conversations. The Auditors were able to meet the recommended number of staff and inmate interviews. The Auditors were permitted to observe all areas of the facility including, restricted housing units, medical, housing units, program areas, recreational areas, cafeteria area, classrooms, law library and administrative building. The Auditors received all information requested by the facility to complete the PREA audit.

### **Policies, Materials, Interviews, and Other Evidence Reviewed or Observed:**

Webpage: Contract Facilities PREA reports, Correctional Facilities PREA reports

Interviews: PREA Coordinator, interviews with staff and inmates

Observation: Entire facility

## **Standard 115.403: Audit contents and findings**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.403 (f)**

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)  Yes  No  NA

#### **Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The Lead Auditor reviewed the Department's website and observed on the agency's website all Final PREA Audit Reports. Kentucky Department of Corrections website <http://corrections.ky/communityinfo/Pages/PREA.aspx> confirms that the agency ensures that the auditor's final report is published on the agency's website. A review of the website found the Final Audit Reports for 12 PREA Audits for all 12 Kentucky Correctional Facilities in the first three-year cycle (2013-2016) and eight (8) PREA Audits for eight (8) Kentucky Correctional Facilities in the second three- year cycle (2016-2019).

#### **Policies, Materials, Interviews, and Other Evidence Reviewed or Observed:**

Webpage: Kentucky Department of Corrections

## 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 Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.<sup>1</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Diane Lee \_\_\_\_\_

2/10/19 \_\_\_\_\_

**Auditor Signature**

**Date**

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<sup>1</sup> See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

<sup>2</sup> See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.