

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

Interim       Final

**Date of Report**    Click or tap here to enter text.

## Auditor Information

<b>Name:</b> Demetrius Henderson	<b>Email:</b> <a href="mailto:dhend64@gmail.com">dhend64@gmail.com</a>
<b>Company Name:</b> American Corrections Association (ACA)	
<b>Mailing Address:</b> 672 Lewis Road	<b>City, State, Zip:</b> Sumter South Carolina, 29154
<b>Telephone:</b> 803-565-9742.	<b>Date of Facility Visit:</b> April 25-27, 2018

## Agency Information

<b>Name of Agency:</b> Kentucky Department of Corrections	<b>Governing Authority or Parent Agency (If Applicable):</b> Justice and Public Safety Cabinet		
<b>Physical Address:</b> 275 East Main-Health Services Building	<b>City, State, Zip:</b>		
<b>Mailing Address:</b> P.O. Box 2400	<b>City, State, Zip:</b> Frankfort Kentucky, 40602		
<b>Telephone:</b> (502) 564-2200	<b>Is Agency accredited by any organization?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>The Agency 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

**Agency mission:** To protect the citizens of 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:** [http://corrections.ky.gov/community info/pages/PREA.aspx](http://corrections.ky.gov/community%20info/pages/PREA.aspx)

### Agency Chief Executive Officer

<b>Name:</b> James Erwin	<b>Title:</b> Agency Chief Executive Officer
<b>Email:</b> James I. <a href="mailto:erwin@ky.gov">erwin@ky.gov</a>	<b>Telephone:</b> (502) 782-2266

### Agency-Wide PREA Coordinator

<b>Name:</b> C.A. Wilkerson	<b>Title:</b> PREA Coordinator
<b>Email:</b> <a href="mailto:charlesa.wilkerson@ky.gov">charlesa.wilkerson@ky.gov</a>	<b>Telephone:</b> (502) 382-7245
<b>PREA Coordinator Reports to:</b> Deputy Commissioner James Erwin	<b>Number of Compliance Managers who report to the PREA Coordinator:</b> 12

### Facility Information

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

**Physical Address:** 505 Prison Connector, Sandy Hook, KY 41171

**Mailing Address (if different than above):**

**Telephone Number:** (606) 738-6133

<b>The Facility Is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
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<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
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<b>Facility Type:</b>	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison
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**Facility 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 to acquire skills which facilitate non-criminal behavior.

**Facility Website with PREA Information:** [http://corrections.ky.gov/community info/pages/PREA.aspx](http://corrections.ky.gov/community%20info/pages/PREA.aspx)

### Warden/Superintendent

Name: James D. Green		Title: Warden	
Email: <a href="mailto:JamesD.Green@ky.gov">JamesD.Green@ky.gov</a>		Telephone: (606) 738-6133	
<b>Facility PREA Compliance Manager</b>			
Name: Ivan Krow		Title: Safety Coordinator	
Email: <a href="mailto:ivan.krow@ky.gov">ivan.krow@ky.gov</a>		Telephone: 606) 738-6133	
<b>Facility Health Service Administrator</b>			
Name: Kimberly Duvall		Title: Nurse Services Admin	
Email: <a href="mailto:kimberly.duvall@ky.gov">kimberly.duvall@ky.gov</a>		Telephone: (606) 738-6133 ext. 1300	
<b>Facility Characteristics</b>			
Designated Facility Capacity: 1022		Current Population of Facility: 998	
Number of inmates admitted to facility during the past 12 months			763
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			763
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			763
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:			75
Age Range of Population:	Youthful Inmates Under 18: N/A	Adults: 19-81	
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

<b>Average length of stay or time under supervision:</b>	17 Months
<b>Facility security level/inmate custody levels:</b>	Medium Security level/All levels housed
<b>Number of staff currently employed by the facility who may have contact with inmates:</b>	246
<b>Number of staff hired by the facility during the past 12 months who may have contact with inmates:</b>	39
<b>Number of contracts in the past 12 months for services with contractors who may have contact with inmates:</b>	17
<b>Physical Plant</b>	
<b>Number of Buildings: 17</b>	<b>Number of Single Cell Housing Units: 1/RHU</b>
<b>Number of Multiple Occupancy Cell Housing Units:</b>	2 GA,GB
<b>Number of Open Bay/Dorm Housing Units:</b>	1/MSU
<b>Number of Segregation Cells (Administrative and Disciplinary):</b>	90
<b>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.):</b>	
Cameras are located throughout the facility.	
<b>Medical</b>	
<b>Type of Medical Facility:</b>	Medical Dept. on site
<b>Forensic sexual assault medical exams are conducted at:</b>	Bellefonte Hospital, Ashland KY
<b>Other</b>	

<b>Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:</b>	65
<b>Number of investigators the agency currently employs to investigate allegations of sexual abuse:</b>	12

# 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.*

The Prison Rape Elimination Act (PREA) Audit for Little Sandy Correctional Complex Summary Report initially started February 20, 2018, with a written notification that the Kentucky Department of Corrections through the American Correctional Association (ACA) scheduled a PREA Audit with an onsite audit date of April 25-27, 2018. The ACA notified PREA Certified Auditor Demetrius Henderson by e-mail of his appointment as the sole PREA Auditor for the audit.

The audit process began on February 23, 2018, with the PREA Auditor observing the Kentucky's Department of Correction's website. The Auditor completed a telephone call to the PREA Compliance Manager for Little Sandy Correctional Complex. The PREA Manager mailed a hard drive (hereafter referred to as USB Flash Drive) to the auditor, which arrive at the beginning of April 2018. The Auditor began the review of the Pre-Audit Questionnaire and the materials sent prior to the audit visit. The auditor reviewed each item on the USB Flash Driver. USB Flash Drive contained documents for the audit including; daily facility count which identified the daily population for the 1st, 10th, and 20th day of the month for the past twelve months; check list files for each standard including copies of compliance documents. The USB Flash Drive also contained the Department and Facility Mission Statements; PREA Pre-audit report for Prisons/Jail Facilities confirming no detained inmates solely for Immigration purposes and no youthful inmates; camera surveys; and Floor Plans. The information collected from the USB Flash Drive was used to complete the PREA Compliance Audit Instrument Checklist of Policies/Procedures and Pre-Audit Auditor Compliance Tool prior to the site visit. It was evident the Department of Corrections policies and procedures on eliminating sexual assaults, and zero tolerance of sexual abuse and sexual harassment was thoroughly defined

The Auditor made several telephone contacts with the PREA Manager and State PREA Coordinator to coordinate the logistics of the site visit, planning interviews and checking on the posting of notices. The American Correctional Association (ACA) initiated the PREA posting to the facility audited. The auditor confirmed that posting had corrected contact information.

The Auditor stayed in Moreland, Kentucky and the PREA State Coordinator transported him daily. The Little Sandy Correctional Complex on-site audit visit officially began at 4:00 p.m. on Wednesday, April 25, 2018. The visit started with an orientation and discussion on the intent of the audit, and a review of the agenda for the on-site visit. The primary discussion involved the coordination of staff and inmate interviews. The number of staff and inmate interviews were schedule based on the number of the inmate population. The required number of offender interviews for Little Sandy Correctional Complex was as follows: Fifteen (15) random inmates and fifteen (15) specialized inmates. Twelve (12) random offenders

were interviewed the first day. The Auditor utilized the PREA Compliance Audit Instrument–Interview Guide to structure all interviews with offenders.

On Thursday, the PREA audit on-site review of the facility started and included observation of the following areas:

1. Administrative
2. Central Control
3. Housing Unit GA-Dorms A,B,C,D, Dorm B is Substance Abuse Program, Dorm C is the Intake Dorm
4. Housing Unit GB-Dorm E,F,G,H, Dorm H is the Honor Dorm
5. Academics
6. Chapel
7. Recreation
8. Restrictive Housing
9. Medical
10. Inmate Dining Area
11. Canteen
12. Laundry
13. Industries
14. Maintenance
15. Property Room
16. Captain’s Office

The Auditor reviewed the following areas outside the fence;

1. Warehouse
2. Minimum Security
3. ETC Training Building
4. Motor Poll

After the facility’s review, the Auditor interviewed targeted and random inmates, specialized and random staff. The interviews with staff and inmates is described in the following table.

Staff Interviewed
<b>Specialized Staff</b>
Agency Head
Executive
PREA Coordinator
PREA Compliance Manager
Contract Administrator
2 Medical
Mental Health

Unit Administrator
High-level Staff
Medium-level Staff
3 Investigators
2 Restricted Unit Staff
H.R. Administrator
Monitor for Retaliation
3 First Responders
Staff Performing Screening
Staff on Incident Review Team
2 Security Staff Specialized Housing Unit
Contract Staff Food Worker
SANE/SAFE Nurse
2 Volunteers
Incident Review Member
<b>Random Staff</b>
12 Correctional Officers (COs)

Inmate Interviews
<b>Targeted Inmates</b>
1 Transgender
2 Self-Identified Gay
1 LEP
2 Hearing Impaired
5 Past Victims
2 Handicap
2 Mental Health
1 Visually Impaired
<b>Random Inmates</b>
14 Randomly Selected

On Friday, the final day of the on-site audit, the Auditor concluded interviews with specialized and random staff. An exit-debriefing meeting was held with the facility’s leadership staff. The Auditor summarized the preliminary audit findings. During this process, specific feedback was provided including strengths and areas of improvement as it relates to PREA standards. The auditor was impressed with the facility and the state of Kentucky Correctional Department’s commitment to the PREA audit standards and process. Little Sandy’s leadership, led by the Warden is committed to making the facility safe from sexual assaults and sexual harassment.



## 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.*

Little Sandy Correctional Complex is under the jurisdiction of the Kentucky Department of Corrections. The mission of the Kentucky Department of Corrections is "To protect the citizens of 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."

In December of 2001, construction began with the groundbreaking ceremony. In May 2005, Little Sandy Correctional Complex began receiving its first female inmates. The female inmates were all minimum custody inmates and assisted in preparing the facility for its opening. Little Sandy officially opened on July 7, 2005, and male inmates began arriving on July 15, 2005. All female inmates were transferred by September 2005.

Little Sandy Correctional Complex is a medium security correctional complex located in Sandy Hook, Kentucky. In accordance with Kentucky Department of Corrections, the mission of Little Sandy Correctional Complex is to promote public safety by confining convicted felons in an environment that is safe, clean, and secure for inmates and staff.

This complex is Kentucky's Correctional newest facility and 1 of 12 located in the state. Little Sandy Correctional Complex is an all-male facility with a maximum capacity to incarcerate 1022 inmates. 832 inmates can be housed in two (2) general pollution units, 90 inmates in a Special Housing Unit (SHU) and 100 inmate can be housed in a minimum living unit directly outside the parameters of the locked gates. 988 inmates are the current inmate population on April 25, 2018.

The physical structure of Little Sandy Correctional Complex consist of eight dormitories with 416 double-bunked cells, one 90-cell Restrictive Housing Unit and one 100-bed open bay Minimum Security Unit. The Program Areas include recreation inside and outside, GYM, Chapel, Library, Academic and Vocational classrooms and Correctional Industry. The Support Areas include Food Service, Medical, Legal, Maintenance, Laundry/Clothing House, Barber Services and Inmate Commissary.

Little Sandy Medical Department provides 24/7 medical services to the inmate population.

### Pertinent Information:

Little Sandy received its first PREA accreditation with 100% compliance in March 19, 2015. Little Sandy was accredited by American Correctional Association (ACA) four consecutive three-year accreditations.

## 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:** 2

115.11, 115.12,

**Number of Standards Met:** 43

115.13 115.14, 115.15, 115.16, 115.17, 115.18, 115.21, 115.22, 115.31, 115.32, 115.33 115.34, 115.35, 115.41, 115.42, 115.43, 115.51, 115.52, 115.53, 115.54, 115.61, 115.62, 115.63, 115.64, 115.65, 115.66, 115.67, 115.68, 115.71, 115.72, 115.73, 115.76, 115.77, 115.78, 115.81, 115.82, 115.83, 115.86, 115.87, 115.88, 115.89, 115.401, 115.403

**Number of Standards Not Met:** 0

### Summary of Corrective Action (if any)

115.13 (a), (4), (5)

Blind Spots eliminated in Laundry, Prison Industries, Maintenance, Warehouse areas

115.15 d

Shower partitions placed in showers to allow inmate showering without staff viewing their private areas. Isolated Segregated Unit camera viewing inmate toilet area view is faded to prevent observing inmate’s private areas when using the toilet.

115.51 b

LSCC placed signs below the telephones informing inmates that calls using the PREA hotlines are not monitored and allowed for anonymous reporting

115.67 b

LSCC added on the monitoring retaliation form inmates view of whether they feel retaliated against after reporting PREA incident.

115.81

LSCC spell out informed consent for mental health practitioners.

## 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.*

### **Little Sandy Correctional Complex exceeds standard 115.11: Zero tolerance of sexual abuse and sexual harassment, and PREA Coordinator.**

The Kentucky Department of Corrections 14.7, and 3.22 policies and procedures 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 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 Auditor reviewed a list of 12 PREA Managers assigned to all 12 Kentucky Correctional facilities. The list reviewed showed Ivan Krow as the PREA Compliance Manager for Little Sandy Correctional Complex Summary.

Interviews with the PREA Coordinator and PREA Compliance Manager confirmed their commitment to PREA standards. The PREA Coordinator and PREA Compliance Manager communicated 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 the facility's 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

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

Policies: 14.7, 3.22

Documents: Press Release, Table of Organization, Posters, Telephones, PREA numbers,

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

*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.*

**Little Sandy Correctional Complex exceeds standard 115.12: Contracting with other entities for the confinement of inmates.**

The Auditor reviewed modification of contract language for 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 polices related to PREA.

The Auditor reviewed a contract between the Department of Corrections and Pathways, Inc. The contract specifically states 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 will conduct 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 Auditor reviewed audit reports on seven (7) contracting community confinement facilities. All seven (7) 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 14 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.

Interview with the Contract Administrator confirmed that all contractors are PREA compliant.

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

Documents: Facility Audits, Agency contract

Interviews: PREA Coordinator, Contract Administrator

## **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.*

### Little Sandy Correctional Complex meets standard 115.13: Supervision and monitoring.

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.

A review of 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. The facility has ordered additional cameras to enhance monitoring in the dorms and bullpen areas to increase the safety and security of inmates.

Interview with the Warden confirmed 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.

Interview with 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 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.

The Auditor's on-site review of the facility confirm cameras are placed throughout the facility and adequate supervision was observed throughout the facility. Although the facility has many cameras, the Auditors notice blind spots at the facility. The blind spots were communicated to the Warden, PREA Coordinator and PREA Compliance Manager. The facility eliminated the identified blind spots. The facility environment was clean and safe. Observation throughout the facility showed inmates constantly supervised by staff. Several programs and recreational activities are available to inmates. The facility has a comprehensive library, chapel and music studio.

The Auditor reviewed unit logs to confirm high level staff unannounced rounds on all three shifts. The high-level staff unannounced rounds are written in red ink in the log books. The unit staff are constantly monitoring inmates and documenting in the log book.

Interviews with all staff and all inmates confirmed that Little Sandy Correctional Complex Summary is a safe environment. Inmates and staff interviews confirmed that staff are completing unannounced rounds on the units. The staff interviews revealed that corrections officers want to work at Lakeview because of the safe environment.

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

Documents: Unit Logs

Interviews: PREA Coordinator, Warden, Incident Review Team Member

Observations: Housing Units, Program Areas

### **Corrective Actions:**

During the on-site review of the facility, the Auditors observed blind spots in the following areas;

- a. Laundry (Tailoring) – Post sign stating “One (1) I/M, w/permission.”
    - i. Picture of posted sign as evidence of compliance.
  - b. Prison Industries – Install camera to cover front of wood shop area.
    - i. Picture of camera and camera view as evidence of compliance.
  - c. Maintenance – Mirror, back right
    - i. Written statement from Warden that mirror was installed as evidence.
    - ii. Picture of mirror as evidence of compliance?
2. Observation Cell – Adjust cameras as to not have a view of the toilet – FIXED
    - i. Picture of camera view as evidence of compliance. Completed
  3. Warehouse
    - a. Post sign stating inmates are to be supervised at all times.
    - b. Memo from the Warden stating that no inmates to be present without supervision.

## **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.*

### Little Sandy Correctional Complex meets standard 115.14: Youthful Inmates.

Little Sandy does not house youthful inmates under 18 years of age. The Auditor reviewed a document from the PREA Compliance Manager stating no youthful inmates are housed at Little Sandy and that youthful inmates are housed at the Kentucky State Reformatory in LaGrange, Kentucky.

The Warden and PREA Coordinator also confirmed that no youthful inmates are placed at Little Sandy. The Auditors did not observe any youthful inmates at Little Sandy Correctional Complex.

The PAQ completed by LSCC indicated the youngest age of inmates placed in the facility is nineteen (19) years of age. The Auditor observed no youthful inmates during the on-site visit.

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

Documents: Memorandum, PAQ,

Observation: Housing Units, Program Areas

Interviews: Warden, PREA Coordinator

## **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.*

## Little Sandy Correctional Complex meets standard 115.15: Limits to Cross-Gender Viewing and Searches

LSCC is following the KDOC's Sexual Abuse Prevention and Intervention Programs Policy 14.7 that states strip searches shall be conducted by a staff member of the same gender as the inmate, except in exigent circumstances. The policy clearly defines exigent circumstances. The policy states a transgender or intersex inmate shall not be searched or physically examined for the sole purpose of determining the inmate's genital status. The policy also states all strip searched under reasonable suspicion shall be documented and all body cavity searches shall require approval from the Warden or his/her designee. The policy also specifies 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.

Review of the Department's Sexual Abuse Prevention and Intervention Programs Policy 14.7 states 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 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 Little Sandy Correctional Complex for the past 12 months. The document also stated inmates' access regularly available programming has not been restricted to comply with this standard.

The Auditor reviewed a document from the PREA Compliance Manager that stated Little Sandy Correctional Complex Summary is an all-male facility and does not housed female inmates. The Auditors observed only male inmates at Little Sandy Correctional Complex Summary .

In viewing the facility's housing units, the Auditor observed that showers and restrooms provided privacy for inmates. Security staff physically demonstrated to the Auditor the proper and respectful way of Pat Frisks and Pat Searches of the opposite gender, transgender, and intersex inmates. Security staff assigned to the units were able to demonstrate the process of where they would be located when inmates are showering or performing bodily functions. The Auditors' on-site observation showed that inmates can be viewed using the toilet in the Specialized Unit. The Auditor confirmed through observation and interviews with inmates that they are able to perform bodily functions and change clothes in their housing units. The Auditor observed inmate exposure of body parts when showering.

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 Pat Frisks and Pat Searches on cross-gender inmates, transgender, inmates and intersex inmates. The staff verbalized strip searches or strip and frisk searches are conducted by an officer of the same sex as the inmate being searched, and staff knew the facility prohibits staff from searching or physically examining transgender and intersex inmates for the sole purpose of determining their genital status.

## Corrective Actions:

1. Shower Exposure
  - a. Individual screens – One (1) per working shower head.
  - b. Memo put out by Warden making the use of the screens mandatory.
  - c. Posted sign requiring inmates to use the provided screens.
    - i. Pictures of 2 areas with required amounts of screens.
    - ii. Picture of posted sign(s) in shower areas.
    - iii. Copy of the Warden's memo.

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

Policies: 14.7

Interviews: PREA Compliance Manager, Security 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.*

### Little Sandy Correctional Complex meets standard 115.16: Inmates with disabilities and inmates who are Limited English Proficiency (LEP)

The Auditor reviewed Kentucky's translation contract up for bid. The Auditor reviewed the Department's sexual abuse prevention and intervention programs policy 14.7 that each facility shall provide offender education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired or otherwise disabled and offenders who have limited reading skills.

Little Sandy Correctional Complex attest there have been no instances of inmates requiring the use of hiring an interpreter for services during the previous twelve (12) months.

Interviews with LEP inmates confirmed that Little Sandy Correctional Complex does not discriminate against LEP inmates. The LEP inmates interviewed communicated in Spanish and had limited use of the English language. A staff member at the facility interpreted for the inmates during the interviews. The inmates all confirmed that they received PREA training and materials in their primary language. They all could verbalize PREA zero tolerance policy, zero retaliation policy, and the various methods of reporting sexual abuse and sexual harassment.

Observation of PREA documents in various languages, interviews with LEP inmates, observation of the interpretation services posted confirmed that disabled or LEP inmates are provided 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.

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

Policies: 3.22, 14.7, 14.6

Observation: Housing Areas

Documents: Posters, training curriculum, brochures, Language Contract

Interviews: LEP inmates, security 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

*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.*

## Little Sandy Correctional Complex meets standard 115.17: Hiring and promotion decisions

A review of the Department's background investigations of employees and applicants for promotion and employment of ex-offender policy 3.6 states that all employees and contractors who have contact with inmates shall have a background investigation conducted at least every 5 years. The policy also states that an applicant shall not be considered for prior 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.

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 three (3) employee files and all three (3) hired staff had completed authorization for

background checks. In addition to background check, questions around PREA incidents are raised during the interview process.

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

Policies: 3.6

Documents: Employee files

Interviews: HR Administrator

## **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**

*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.

## Little Sandy Correctional Complex meets standard 115.18: Upgrades to facilities and technologies

When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the Agency informs facilities to consider how such technology may enhance its ability to protect inmates from sexual abuse.

The Auditor reviewed the Department’s construction, renovation and expansion guidelines policy 7.1, which states when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, consideration shall be given to the effect of the design, acquisition, expansion or modification upon the Department of Correction’s ability to protect inmates from sexual abuse. The policy also states when installing or updating a video monitoring system, electronic surveillance system, or monitoring technology, consideration shall be given to how such technology may enhance the agency’s ability to protect inmates from sexual abuse.

Interview with the PREA Coordinator confirmed no new major construction, renovation and expansion.

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

Policies: 7.1

Documents: Purchase Orders

Interviews: Warden, PREA Compliance Manager, PREA Coordinator

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.*

Little Sandy Correctional Complex meets 115.22: Evidence of protocol and forensic evidence



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.

LSCC is 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.

Little Sandy Correctional Complex is an adult incarceration facility that does incarcerate youthful offenders.

Pathways in Morehead (1-800-562-8909) is the rape crisis center that provides inmates at Little Sandy Correctional Complex with confidential emotional support services.

PREA Compliance Manager correspondence letter attest that Little Sandy Correctional Complex 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 allegation of sexual assault the facility expeditious transportation of the inmate victim to an outside hospital emergency department for evaluation by a certified Sexual Assault Forensic Examiner (SAFE) or certified Sexual Assault Nurse Examiner (SANE). A list of local hospitals confirmed that a SANE/SAFE and a Victim Advocate are available to provide services, unless medical staff determine the inmate's priority medical needs require transportation to a more appropriate hospital emergency department.

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

Policies: 14.7

Documents: Memo, PREA Compliance letter

Interviews: Medical Staff, Investigator

### **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.*

## Little Sandy Correctional Complex meets standard 115.22: Policies to ensure referrals of allegations for investigation

Little Sandy Correctional Complex 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 the 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.

The Auditor reviewed three (3) allegations that were investigated. The cases showed a thorough investigation process of interviewing alleged victims, abusers, witness, reviewing video and collecting evidence.

Little Sandy Correctional Complex has specially trained investigators available on each working shift.

The 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 specialized training.

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

Policies: 14.7

Observation: Website

Documents: PREA report data, Kentucky State Police policy

## 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.*

### Little Sandy Correctional Complex meets standard 115.31: Employee training

Little Sandy Correctional Complex is an all-male correctional facility. The facility is complying with the Department's Sexual Abuse Prevention and Intervention Programs Policy 14.7

The Lead Auditor reviewed the list of staff 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 with the Agency's policy on Zero Tolerance and 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 or refresher training occurring every two years. All correctional staff were able to confirm that PREA training is occurring at the academy in orientation.

Interviews with medical and mental health staff validated that staff receive PREA training at least every two years and PREA refresher training on the computer by the contract employees in medical and mental health.

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

Policies: 14.7

Document: memorandum

Interviews: Security Staff, Medical and Mental Health Staff

## **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.*

### Little Sandy Correctional Complex meets standard 115.32 Volunteer and contract training

The Auditor interviewed contract employees from medical, mental health and food services. All contract employees were knowledgeable in PREA no tolerance policies, reporting PREA incidents and professional boundaries.

Interviews with staff confirmed that contract 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 with contract staff who have contact with inmates validate that they 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 contractors appears to be based on the services they provide and level of contact they have with inmates. For example, medical and mental health staff disclosed they receive training from the facility and training from their contracting agency using webinar based-training. As oppose to a contracting food worker who received training from the facility.

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

Policies: 14.7

Interviews: Medical, Mental Health Staff, Cafeteria Worker, Chaplain Volunteer

### 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.*

### Little Sandy Correctional Complex meets standard 115.33 Inmate education

Little Sandy 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 inmate handbook. 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 Auditors observed PREA brochures in multiple languages and gender specific on the housing units and in the intake area. The auditor observed PREA posters on all units, and buildings in the facility. The

Auditor reviewed an inmates receipt form 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 areas 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, third party reporting, and the zero-retaliation policy.

An interview with PREA Manager confirmed if an inmate is Limited English Proficient (LEP), the inmate must be provided with the brochure in his or her dominant language. If the document is not available in the correct language, interpretation services must be provided in accordance with the Department's Language Access Policy.

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

Policies: 14.7

Documents: PREA materials

Observation: Units, Programming Areas

Interviews: Inmates, PREA Compliance Manager

### **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.*

## Little Sandy Correctional Complex meets standard 115.34: Specialized training: Investigations

Little Sandy Correctional Complex investigators have 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 Auditor interviewed the PREA Compliance Manager who is also an investigator. The PREA Compliance Manager confirmed receiving specialized training to include; techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative or prosecution referral. The PREA Compliance Manager was able to discuss that Garrity warnings apply to administrative investigations, while Miranda applies to criminal. The Auditor reviewed list of 11 staff investigators with specialized training. The PREA Compliance Manager is also an investigator which gives LSCC a total of 12 investigators.

Interviews with three (3) investigators confirmed specialized training received. The investigators were able to convey specifics on their specialized training. Investigators are available each shift 7 days a week.

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: 14.7

Interviews: Investigators, PREA Compliance Manager

Documents: Training Materials, Training Roster, Attestation Letter

## 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.*

## Little Sandy Correctional Complex meets standard 115.35: Specialized training: medical and mental health

The Lead Auditor reviewed the Agency's training directive 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

Little Sandy Correctional Complex is following the Agency's policy on specialized training for medical and mental health staff. The Auditor reviewed the training curriculum for medical and mental health providers. The facility 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 two medical and two mental health staff signatures attesting to sexual assault post exposure protocol PREA training.

During the Auditor's interview of 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 also reported that their last PREA training was a web- based training provided by their contracting employer within the past 6 months. Medical staff conveyed they do not conduct forensic medical examinations. Inmates are transported to the local Hospital for forensic medical examinations.

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

Policies: 14.7

Documents: Mental and mental health staff attesting to receiving training, training curriculum

Interviews: Medical and mental health staff

# 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.*

### **Little Sandy Correctional Complex meets standard 115.41: Screening for risk of victimization and abusiveness**

Little Sandy Correctional Complex is following the Agency's policy 14.7, 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 Auditor reviewed the screening form that is complete within 72 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 LTBI 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. The PREA risk assessment used is objective and takes into consideration all required criteria to assess inmates for risk. Auditors reviewed documentation of the screenings and the instrument used. All questions required on the screening instrument are utilized, with the exception of whether an offender is housed solely for civil immigration purposes, because Little Sandy Correctional Complex does not house inmates for this purpose. The risk assessments are maintained and tracked in the KOMS system. A review of the KOMS system to include the intake screening and 30-day reassessment was completed

Interviews with the Unit Administrator and Case Worker confirmed the screening process when inmates are being processed into the facility and screening assessment with 72 hours. Both, the Unit Administrator and Case Work walked through the process. The Case Worker performed a screening with an inmate.

Interviews with inmates confirmed that they were queried 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: 14.7

Documents: Risk Assessment, Case notes, PREA Compliance Manager Attestation letter

Interviews: Inmates, Security Staff

Observation: Unit Administrator, Case Worker

## **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

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### Little Sandy Correctional Complex meets standard 115.42: Use of screening information

Little Sandy Correctional Complex 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, to inform housing, bed, work, education and program assignments. The facility is also adhering to the Agency's policy 14.8 initial screening and placement and the facility's policy EKCC 18-02-01

Interview with one (1) Administrative Unit staff revealed that information is being collected to consider placement at the facility. Medical staff stated after their assessment if there is any history or fears indicating an inmate has been sexual abuse or sexually assaultive a referral is generated to mental health. The intake staff informed the Auditor that based on the screening information potential victims and abusers bedding space are separated. Mental health staff confirmed she provide services to victims as well as perpetrators of sexual abuse. 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 two (2) transgender inmates it appears that their own views with respect to his or her own safety is given serious consideration on housing placement decisions and programming assignments. 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: 14.7, 14, 8, EKCC 18-02-01

Documents: PREA Screening form

Interviews: Transgender Inmates, Gay Inmates, Security Staff

## **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.*

## Little Sandy Correctional Complex meets standard 115.43: Protective custody

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 were placed in protective custody solely because he/she was determined to be at high risk for sexual victimization. Security staff informed the Auditor that they could not recall an inmate placed in involuntary protective custody solely because they have been determined to be high risk for sexual victimization. The security staff on the units informed the Auditor that they have been informed to watch inmates closely who have been determined to be at risk for victimization or bed assignment places an inmate determined to be risk for victimization close proximity to security staff's station.

Interviews with inmates confirmed Little Sandy Correctional Complex is following the Agency policies on protective custody housing placements. Inmates interviewed stated they are not placed in segregated housing for the purpose of safety. Inmates interviewed that were determined to be high risk of victimization stated they felt safe and bed placements are near security staff stations.

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

Policy: 10.2

Documents: PREA Compliance Manager Memo

Observation: Housing Units

Interviews: Security Staff, 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.*

## Little Sandy Correctional Complex meets standard 115.51: Inmate reporting

Little Sandy Correctional Complex is following the Agency's policy 14.7, stating an offender may report a sexual offense to any staff member. Staff members shall immediately report all knowledge, suspicious or information of an incident of a sexual offense with a Kentucky or other correctional facility. They shall report any retaliation against someone who has reported such an incident. They shall also report any knowledge of staff who neglect to report the above incidents.

Little Sandy 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 shall document 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.

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. Inmates also shared their awareness of how reports of abuse can also be generated through the pay pal system.

Little Sandy Correctional Complex does not detained inmates solely for civil immigration purposes

Security staff informed the Auditor that they accept PREA reports from inmates and are responsible for reporting them promptly to their supervisor. Staff were also aware they could call a reporting hotline in order to report an allegation privately. Staff members informed the Auditor that 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 Auditor 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: 14.7, 3.22

Observation: Housing Areas, Program Areas

Documents: Memos, brochures, hotline, posters

Interviews: Security Staff, Inmates

## 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.*

### Little Sandy Correctional Complex meets standard 115.52: Exhaustion of administrative remedies

Little Sandy 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.

A memorandum from the PREA Compliance Manager attest in the past twelve (12) months that there has been no request or an extension regarding a grievance alleging sexual abuse.

Agency's policy 14.6, Inmates who alleges 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. Little Sandy shall 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.

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, Little Sandy may discipline an inmate for filing a grievance related to alleged sexual abuse, only when its demonstrated that the inmate filed the grievance in bad faith.

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

Policies: 14.6, 14.7

Documents: Memorandums from PREA Compliance Manager

### **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.*

### Little Sandy Correctional Complex meets standard 115.53: Inmate access to outside confidential support services

Little Sandy Correctional Complex does not detained inmates solely for civil immigration purposes.

Inmates have access to outside victim support services. 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.

The agency has enter into memoranda of understanding with Kentucky Association of Sexual Assault Programs (KASAP) to provide inmates with confidential emotional support services related to sexual abuse.

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

Documents: MOU, Posters, PREA Compliance Manager Attestation Letter

Observation: Housing Areas

**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.*

**Little Sandy Correctional Complex meets standard 115.54: Third-party reporting**

Little Sandy 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.



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' observed PREA posters in the housing units and program areas. The posters were also translated in Spanish. The Auditor used the telephone on all several units to text internal and external PREA reporting. All telephones and number were working and directly contacted PREA Coordinator.

The Auditor reviewed a written documentation of a third-party report of sexual harassment.

During interviews, all inmates were aware of how they could report an incident using the hotline number by the telephone, but several inmates believe the hotline was not anonymous and the facility was monitoring and listening to the calls. There is a sign by the telephones stating call are monitored. LSCC corrected this finding by placing signs under all inmate telephones that states PREA call are not monitored ensuring anonymous calling.

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

Documents: Posters, Third-party Report

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

#### **Corrective Actions:**

A corrective action was established during the Auditor's site visit that required confidentiality notices be posted by the PREA hotline number under all the inmate telephones on the units.

## **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.*

## Little Sandy Correctional Complex meets standard 115.61: Staff and agency reporting duties

The facility appears to be following the Department's sexual abuse prevention and intervention programs policy 14.7, requiring 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 3.22 and sexual abuse prevention and intervention programs policy 14.7 prohibit 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.

The Auditor 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 with 15 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 or Captain.

LSCC does not accept inmates under the age of 18 years old.

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

Policies: 14.7, 3.22

Documents: staff handbook

Interviews: Health and Mental Health Staff, Security Staff

## 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.*

### Little Sandy Correctional Complex meets standard 115.62: Agency protection duties

LSCC appears to be following the Department's sexual abuse prevention and intervention programs policy 14.7, requiring staff to take immediate action to protect the resident immediately when knowledge, suspicion, or information is received regarding an incident of sexual abuse/harassment.

Interviews with all security staff and three (3) 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.

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

Policies: 14.7

Documents: PREA Compliance Manager memorandum

Interviews: Medical, Mental Health, Security Staff

## 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.*

Little Sandy Correctional Complex meets standard 115.63: Reporting to other confinement facilities

Little Sandy Correctional Complex 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. The PREA Manager also confirmed this process during an interview with the Lead Auditor.

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

Policies: 14.7

Documents: Allegation reports

Interviews: Warden

### **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.*

### Little Sandy Correctional Complex meets standard 115.64: Staff first responder duties

The facility appears to be following the Department's policy requires that 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 whom confirmed that all staff are extremely knowledgeable about first responder duties. The medical and mental health staff members were able to articulate guideline 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.

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

Policies:

Interviews: Security Staff, Specialized Staff

## 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.*

### Little Sandy Correctional Complex meets standard 115.65 Coordinated response

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

Interviews with medical, mental health, investigators and PREA Compliance Manager confirmed a well coordinate 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: PREA Reporting Protocol

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.*

### Little Sandy Correctional Complex meets standard 115.66: Preservation of ability to protect inmates from contact with abuser

Review of a memorandum from the PREA Compliance Manager attests to the Kentucky Department of Corrections with no collective bargaining power. Therefore, the Department is not responsible for collective bargaining on the agency's behalf and is 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.

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

Memorandum: 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 residents 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.*

### Little Sandy Correctional Complex meets standard 115.66 Agency protection against retaliation

Interviews with all inmates revealed a complete 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 that the PREA Point Person is responsible for monitoring for any retaliation against reporting of sexual abuse and sexual harassment. Interview with security staff confirmed the knowledge of zero tolerance for sexual abuse and sexual harassment, and no retaliation policy.

#### **Corrective Actions:**

The monitoring form for retaliation on PREA reporting did not reflect the inmate's perspective on retaliation. The Facility updated the monitoring for retaliation form to reflect the inmate's perspective.

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

Interviews: Inmates, Security Staff, PREA Compliance Manager

Documents: Monitoring Form

## 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.*

### Little Sandy Correctional Complex meets standard 115.68: Post-allegations protective custody

Little Sandy Correctional Complex or the Kentucky Department of Corrections have collective bargaining power. Subsequently, Little Sandy has not entered into or renewed any collective bargaining agreement or other agreements that limits the agency's ability to remove alleged sexual abusive staff from contact with inmates pending the outcome of an investigation or of determination of potential discipline.

Interview with the Warden confirmed the agency has no bargaining power 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

Documents: Memorandum

## 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.*

### **Little Sandy Correctional Complex meets standard 115.71: Criminal and administrative investigations**

The Auditor 's reviewed of the Kentucky State Police (KSP) memorandum confirmed that KSP 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 that all employees who conduct sexual abuse investigations shall receive specialized training. Little Sandy Correctional Complex conducts its own investigations into allegations of sexual abuse and sexual harassment promptly, thoroughly, and objectively by a specially trained investigator. 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 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 able to recite 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



The Auditor reviewed a letter from the PREA Compliance Manager attesting to no notifications involving indicted or convicted inmates during the past 12 months.

Review of the State Agency's PREA Records Retention Schedule informs that records from investigations of alleged abuse are retained in the Agency for as long as the alleged abuser is incarcerated or employed by the agency, plus five (5) years.

The Auditor reviewed a PREA investigation report that demonstrated a thorough administrative investigation.

Interview with Kentucky State Police reported that investigators are highly trained to collect evidence and interview alleged abusers, alleged victims and witnesses. Once investigations are completed investigators present their findings to the prosecutor who would decide on whether to proceed with criminal charges. Kentucky State Police investigators are trained to collect and preserve direct circumstantial evidence, including physical, DNA and electronic monitoring data. They are also trained to interview alleged victims, suspected abusers, witnesses, and shall review prior complaints and reports involving suspected abusers.

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

Policies: 14.7

Interviews: PREA Compliance Manager, Investigators, Inmates

Documents: PREA Compliance Manager letter, PREA Investigation Report

### **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.*

## Little Sandy Correctional Complex meets standard 115.72: Evidentiary standard for administrative investigations

The 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 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 auditor that the follows 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: 14.7

Interviews: PREA Compliance Manager, Investigators

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

*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.*

### **Little Sandy Correctional Complex meets standard 115.73: Reporting to inmates**

The 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 obligation to inform the alleged victim shall terminate if the offender is released from custody.

The Auditor reviewed an inmate's notification of a PREA allegation that substantiated the allegation and notified the inmate the staff member is no longer employed at the facility.

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 or not the allegation was determined to be substantiated or unsubstantiated or unfounded following an investigation. The PREA Manager and further informed the Auditor that anytime an allegation is made by inmate on staff the facility ensures no retaliation occurs and that there is no contact between alleged victim and abuser. The PREA Manager that he is responsible for communicating the progress of the allegations to the victim and whether the abuser has been indicted on charges or convicted of sexual abuse.

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

Policies: 14.7

Memorandums: PREA Compliance Manager

Documents: PREA notification, PREA investigation case

Interviews: PREA Compliance Manager

## 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.*

### **Little Sandy Correctional Complex meets standard 115.76: Disciplinary sanctions for staff**

The 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. The accused shall be reminded of Corrections' policy and further preventive measures may be taken including additional training to avoid a further recurrence or permanent reassignment.

Interview with the PREA Compliance Manager confirmed staff members were specially trained in investigating sexual abuse allegations. The PREA Compliance Manager is also an investigator informed the Auditor on the processes of investigating an allegation of staff on inmate sexual abuse or sexual harassment. The PREA Compliance Manager verbally communicated that termination or resignation for alleged sexual abuse and sexual harassment may not prevent criminal charges.

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

Policies:

Memorandum: PREA Compliance Manager

Interviews: PREA Compliance Manager

### **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.*

### Little Sandy Correctional Complex meets standard 115.77 Corrective action for contractors and volunteers

The 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.

An interview with the PREA Compliance Manager reiterated that any contractor or volunteer who engage in sexual activity with an inmate is prohibited from contact with inmates and if applicable is reported to law enforcement and licensing bodies. Interviews with one (1) contracting mental health

staff, two (2) contracting medical staff and one (1) contracting food worker confirmed they are knowledgeable about PREA Zero Tolerance Policy; training on maintaining appropriate boundaries; a duty to report; and red flags on possibly engaging in sexual misconduct with an inmate.

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

Policies: 3.22, 14.7

Memorandum: PREA Compliance Manager

Interviews: PREA Compliance Manager, Contractors

## **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.*

### Little Sandy Correctional Complex meets standard 115.78: Disciplinary sanctions for inmates

The Auditor reviewed the Department's rule violations and penalties policy 15.2, which defines sexual assault and sexual behavior, and penalties sexual assault and sexual behaviors. The penalties are commensurate based on the offense of sexual assault or sexual behavior. The Auditor reviewed sexual abuse prevention and intervention programs policy 14.7 which states if an offender has pending disciplinary sanctions for an alleged offender-on-offender sexual abuse, consideration shall be given to whether the offender's mental disabilities or mental illness contributed to his behavior when determining what level of sanctions, if any, will be imposed. The policy also confirms that facilities are directed that inmates may be disciplined for reporting false allegations of sexual abuse or sexual harassment only when the facility can demonstrate the false allegations was knowing made in good faith. A report made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute a false report or lying even if an investigation does not establish evidence sufficient to substantiate the allegations.

The Auditor reviewed investigation documents of alleged sexual harassment and inmate on inmate sexual abuse. The documentation demonstrated that all allegations are taken seriously and thoroughly investigated.

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 facility does not consider non-coercive sexual activity between inmates to be sexual abuse. However, inmate-on-inmate sexual activities are not allowed and subject to administrative discipline. The investigators confirmed an inmate's mental health is considered when considering disciplinary actions for substantiated inmate sexual abuse or sexual harassment.

Interview with inmates showed they believed the facility takes all sexual allegations seriously and that they were comfortable reporting a PREA allegation. Inmates interviewed did not believe the facility's requires inmate abusers or victim inmates to participate in mental health treatment as a condition of access to programming or work.

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

Policies: 15.2, 14,7

Memorandums: PREA Compliance Manager

Documents: Inmate Investigation Reports

Interviews: Investigators, Inmates

**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

*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.*

### Little Sandy Correctional Complex meets standard 115.81: Medical and mental health screenings; history of sexual abuse

The 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 Auditor reviewed a memorandum from the PREA Compliance Manager informing classification community to review risk assessment screening prior to assigning work or program assignments. The memo also instructed classification staff that at no time can a high-risk victim and a high-risk abuser work alone unsupervised.

The PREA Compliance Manager attestation letter advise during the previous 12 months, there have been no inmate reports of victimization outside the institutional setting that requires informed consent.

The Auditor interview 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 Auditor review screening form and referrals and all reviews showed that inmates previously sexual abuse received timely follow-up.

**Corrective Action Required:**

Although the facility mental health staff have an inform consent form for inmates to sign prior to reporting information related to a prior sexual victimization that did not occur in a facility, the form did not specify sexual abuse. The facility is instructed to specify sexual abuse on the consent form and demonstrate it is implemented. The facility corrected the consent form by specifying sexual abuse on the form.

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

Polices: 14.7

Memorandum: PREA Compliance Manager, PREA Compliance Manager attestation letter

Chart review: risk screening, consent form

Interviews: medical and mental health 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.*

Little Sandy Correctional Complex meets standard 115.82 Access to emergency mental and mental health services

A review of the Department's sexual abuse prevention and intervention programs policy 14.7 informs inmate victims of sexual abuse to 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 nurses 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 nurses 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. The evaluation and treatment of such victims shall include, as appropriate, follow up services, treatment plans and when necessary, referrals for continued care following.

The Auditor interviewed a SAFE/SANE at the local hospital and she confirmed that if a sexual assault occurred at Little Sandy Correctional Complex have the capability 24/7 and would perform a SAFE/SANE on the inmate.

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

Policies: Policy 14.7

Interviews: PREA Coordinator, Nurses, Security Staff, Nurse Supervisor at an Outside Hospital

PAQ: Inmate Abuse

Other Evidence: PREA Compliance Manager attestation

**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.*

### **Little Sandy Correctional Complex meets standard 115.83: On going medical and mental health care for sexually abused victims and abusers**

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 deem necessary.

The 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

Little Sandy Correctional Complex is an all-male facility.

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.

Interviews with two (2) medical staff revealed highly trained staff in treating and first responding to sexual abuse incidents. They informed the auditor that they specifically trained to provide sexual abuse victims, abuser medical, and mental health services. If examinations 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. 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: Policy 14.7

MOU: Department of Corrections and Department and Kentucky Association of Sexual Assault Programs

Interviews: Medical, Mental Health, Inmates



## 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.*

### Little Sandy Correctional Complex meets standard 115.86: Sexual abuse incident reviews

The 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. This review was completed for a substantiated case and was initiated within 30 days of completion of the investigation.

The review team consisted of upper-level staff, supervisor, investigators, and medical staff. The review team considered whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse the review team, 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 examined 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 facility concluded no recommendations requiring action for this incident review. The Auditor reviewed the signature of the Warden completing the report.

The Warden was able to confirm and articulate in her interview the review team purpose and how it functions. The Warden informed the 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. A review of memorandums confirmed that PREA investigations for sexual abuse and sexual harassment are being followed by incident review within 30 days.

The Auditor reviewed a PREA complaint of sexual harassment that demonstrated follow through starting with a written report, an investigation consisting of interviews with the alleged victim and abuser, an incident report summary, offender notification the alleged incident was unfounded, PREA investigation summary

The 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 that consists of upper level management with input from medical, mental health, investigators and supervisors. The policy directs facilities to review all PREA incident and to review ways to prevent detect and eliminate sexual abuse.

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

Interviews: Warden, Mental Health, Medical

Policies: Policy 14.7

Memorandums

Incident Report

Critical Review Report

### **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.*

### Little Sandy Correctional Complex meets standard 115.87: Data Collection

The 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 KDOC Inmates.

The 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 2012-2016 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: Policy 14.7

Department's Website

Interviews: PREA Coordinator

## **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.*

#### Little Sandy Correctional Complex meets standard 115.88: Data review for corrective action

The 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.

Before making aggregated sexual abuse data publicly available, the Department removes all personal identifiers that would present a safety risk. The report is regularly available to the public through the Department website.

The Auditor’s review of the PREA statistical report provides a comparison of allegations of sexual abuse and sexual harassment for calendar years 2013 – 2016 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**

Website: Kentucky Department of Corrections  
Department Annual Report  
Department 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.*

### Little Sandy Correctional Complex meets standard 115.89: Data storage, publication, and destruction

The Agency makes 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 <https://corrections.ky.gov/communityinfo/Pages/PREA.aspx>. The 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

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 retain 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**

Webpage: Kentucky Department of Corrections

Annual Reports: Aggregated Report, 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.*

### Little Sandy Correctional Complex meets standard 115.401 Frequency and scope of audits

Under the jurisdiction of Kentucky Department of Corrections, Little Sandy Correctional Complex is the seventh Correctional Facility to be PREA audited this cycle period. The Auditor's review of Kentucky Department of Corrections website confirms that PREA audits are being completed on all twelve (12) correctional facilities. 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. The Auditor reviewed five (5) private organizations contracting for confinement of inmates PREA Audits and PREA Compliance reports. The five (5) contracting organizations reviewed confirmed that private organizations completing PREA audits.

During an interview with the PREA Coordinator discussed his responsibilities, which included ensuring that all correctional facilities and outside entities contracting with the Department for the confinement of inmates are following the PREA standards and completing PREA audits.

During the on-site visit the facility provided the Auditor 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 Auditor conducted interviews with inmates and

staff in private areas that supported the confidentiality of the conversations. The Auditor was able to meet the recommended number of staff and inmate interviews. The Auditor was 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 Auditor instructed the PREA Manager to post the Auditor address and telephone number for inmates to have the ability to contact the auditor. The posting is remained in visible areas of the facility for six weeks. The Auditor 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

On-site: Observation of 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.*

## **Little Sandy Correctional Complex meets standard 115.403: Audits contents and findings**

The 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 six (6) PREA Audits for six (6) Kentucky Correctional Facilities in the second three- year cycle (2016-2019). The most recent audit appearing on the website was April 30, 2018, well within the 90-day requirement.

### **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.

**Demetrius Henderson**

**July 23, 2018**

**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.