

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: March 21, 2017

Auditor Information			
Auditor name: Bryan K. Henson			
Address: 778 Redbud Road, Grand Rivers, KY 42045			
Email: bshenson@windstream.net			
Telephone number: 270 994-1825			
Date of facility visit: September 7-9, 2016			
Facility Information			
Facility name: Marion County Detention Center			
Facility physical address: 201 Warehouse Road, Lebanon, KY 40033			
Facility mailing address: <i>(if different from above)</i>			
Facility telephone number: 270 692-5802			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input checked="" type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Prison	<input checked="" type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Barry Brady			
Number of staff assigned to the facility in the last 12 months: 20			
Designed facility capacity: 297			
Current population of facility: 291			
Facility security levels/inmate custody levels: Community, Minimum, Medium, Maximum			
Age range of the population: 18-84			
Name of PREA Compliance Manager: N/A		Title:	
Email address:		Telephone number:	
Agency Information			
Name of agency: Marion County Detention Center			
Governing authority or parent agency: <i>(if applicable)</i> Same			
Physical address: Same as Facility Above			
Mailing address: <i>(if different from above)</i> Same			
Telephone number: Same as above			
Agency Chief Executive Officer			
Name: Barry Brady		Title: Jailer	
Email address: brady@mcjail.org		Telephone number: 270 692-5802 ext 223	
Agency-Wide PREA Coordinator			
Name: Brandon Wilson		Title: Admin Program Director	
Email address: wilson@mcjail.org		Telephone number: 270 692-5802 ext 285	

AUDIT FINDINGS

NARRATIVE

The site visit for the PREA Audit of the Marion County Detention Center was conducted on September 7-9, 2016. The audit was conducted by Bryan Henson, DOJ Certified PREA Auditor. During the Pre-audit phase, much of the file review was conducted prior to the site visit. During the on-site portion of the audit, any necessary file review follow-up was completed, we toured the jail and conducted formal staff, volunteer, and inmate interviews. The population count on the first day of the on-site visit was 292. We interviewed 11 inmates, including 10 random, and 1 who reported sexual abuse. The facility reported they had no limited English proficient, disabled, or transgender inmates. In addition, the auditor interviewed 32 staff, including 20 specialized staff, 12 random staff (representing all shifts and various posts), the Agency Head (Jailer), and the PREA Coordinator. The interviews covered PREA training, how to report, to whom to report, filing reports, available interventions, conducting interviews, evidence preservation protocol, follow up, and monitoring retaliation. We also made contact with Silverleaf Sexual Trauma Recovery Services to discuss the interventions and support provided as Victim Advocates. An MOU had recently been put in place and no visits to date had been made to the facility by Silverleaf. However, in talking to Silverleaf, they expressed positive communication with the facility staff and a readiness in being able to provide support to the jail.

An entrance meeting was held at the beginning of the site visit with Jailer Barry Brady, Captain Mark Whitehouse, Admin Program Director and PREA Coordinator Brandon Wilson, and Lt. Irvin Mann. In the past 12 months, the Jail reported there were 3 allegations reported of sexual abuse or sexual harassment at the facility with all 3 resulting in an Unfounded finding.

DESCRIPTION OF FACILITY CHARACTERISTICS

Marion County Detention Center is located in Kentucky's Bluegrass Region, the city of Lebanon. Marion County is centrally located approximately 80 minutes between two major cities, Louisville and Lexington. The facility is a full-service county jail with a capacity of 297 housing minimum, medium, and maximum adult male and female prisoners.

The administration is a team of professional individuals focusing and working towards the common goal of providing care and custody to the offenders housed here from Marion, Washington, and surrounding counties (when requested and approved by both parties); Kentucky Department of Corrections Class "C" and "D" sentenced inmates, and pre-trial/post trial U.S. Military prisoners. The employees are an integral part of the operation and one of its most valuable assets. They ensure safety, security and provide for humane environments. Marion County Detention Center is in its 19th year of operation.

The Marion County Detention Center's mission is to ensure all employees are knowledgeable of the baseline standards and are adequately trained to carry out their duties in accordance with required standards. Their duty is to house incarcerated offenders in a manner that protects the public and institutional safety while providing a legal standard of care and to provide programs intended to reduce the likelihood of re-incarceration.

SUMMARY OF AUDIT FINDINGS

An exit meeting was held at the end of the on-site visit to brief the Executive Staff on a summary of the audit findings.

The on-site visit found the staff and inmates to have a good general awareness of what PREA was about. Staff and inmates were aware of reporting responsibilities, as well as staff responsibilities to safeguard victims of sexual abuse and/or sexual harassment. During the tour, we found the facility was well covered by video monitoring technology with over 160 cameras. The facility has numerous posters in English and Spanish that provide information on PREA concerning zero tolerance and reporting methods. There was documentation in the logs of unannounced rounds conducted by supervisors. I also observed a female staff member announce her presence when entering an inmate living area. There were signs at the entrance of each living area that reminded all staff of the cross gender announcement. One shower area in the segregation was found to allow direct observation when entering the living area. This was corrected while on site by installing a shower curtain. At the time of the visit, we found that inmates could not call the reporting numbers listed without entering the identification number for the phone which could indicate the identify of the offender. The telephone vendor was contacted and this was corrected while on site. A separate flyer was posted with Victim Advocate information to include toll free numbers, addresses, and their limits of confidentiality.

PREA annual report was available on the facility website.

Each standard below will have additional individual comments/recommendations for consideration.

Number of standards exceeded: 1

Number of standards met: 41

Number of standards not met: 0

Number of standards not applicable: 1

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

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Facility Policy 1-7 includes zero tolerance language, and details required jail approach to prevention, detection, and response to sexual abuse and sexual harassment. The policy contains a set of definitions of prohibited behaviors. The jail has designated an upper-level PREA Coordinator as served by Administrative Program Director Brandon Wilson and reports directly to the Jailer.

Standard 115.12 Contracting with other entities for the confinement of inmates

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

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The jail does not contract other entities for the confinement of their inmates.

Standard 115.13 Supervision and monitoring

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

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Facility has a staffing plan that requires adequate staff. A review of the staffing plan and meeting minutes, as well as the interviews with the Jailer and PREA Coordinator support that consideration of components of section (a) were met. The facility has a form to document any non-compliance or deviations of staffing plan. The minimum staffing levels are checked daily by each shift supervisor. Documentation was provided of annual assessment of staffing plan with PREA coordinator input. Per policy 6.1(Security and Control) Supervisors are required to make and document Unannounced Rounds at least once on every 12 hour shift, and prohibits other staff from being alerted to the PREA Audit Report

supervisors conducting such rounds. Unannounced rounds were checked and consistently documented on both day and night shifts.

Standard 115.14 Youthful inmates

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

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This standard is N/A as the jail does not house anyone under the age of 18.

Standard 115.15 Limits to cross-gender viewing and searches

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

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Policy 6-6 prohibits cross gender searches except under exigent circumstances. Interviews, as well as a review of staffing rosters supports that the facility has ample staff of both genders to ensure same gender searches. Policy has language that supports enabling inmates to shower, perform bodily functions, and change clothes without being viewed by staff of the opposite gender. Although there is general language to support this in policy, I would recommend more exact wording be used to support first portion of section (d) of this standard. Also, there is language provided in 6-6 that requires staff of the opposite gender to announce their presence when entering the housing units. Interviews as well as personal observation supported that policy was being followed. Reviewed curriculum and training records to support that Security staff have received training as required in section (f). All other components of standard met.

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

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

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corrective actions taken by the facility.

Information is available in multiple formats to provide PREA educational information. All PREA Educational videos have closed captioning for multiple languages and audio is available for those with vision issues. The information is read to those who may not be able to read. MCDC does not rely on inmate interpreters. The facility has a staff member that may serve as an interpreter and has a provider to conduct interpretive services by phone when needed. This information is maintained at booking and medical. At the time of the on-site visit, the facility reported no limited English proficient inmates were housed.

Standard 115.17 Hiring and promotion decisions

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

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MCDC does not hire or promote individuals who have engaged or been convicted of sexual abuse/assault in a confinement setting or in the community, or who have been civilly adjudicated of such an incident. All pre-hires and those considered for promotions are required to answer the 3 questions in a general section of the job application required by section (a) with the understanding falsifying information may result in termination. Reviewed a sampling of files to verify pre-hires and contract staff have background checks. The policy 3-1 indicates that staff and contractors are required to have background checks prior to employment or services provided. Occurrences of sexual harassment are taken into consideration when determining whether or not to promote a staff member. Potential employees undergo a criminal background check. The Human Resources staff confirmed that upon request from another institution, information on substantiated allegations of sexual abuse and harassment involving a former employee would be provided. A spreadsheet is used by HR to track and ensure criminal background checks are conducted on all staff and contractors within the last 5 years. The spreadsheet was reviewed and a random selection of multiple staff with over 5 years service was selected by the auditor and the facility provided documentation that demonstrated each of those had background checks conducted within the past 5 years. Based upon this information, I find this standard in compliance.

Standard 115.18 Upgrades to facilities and technologies

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

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MCDC listed no recent modifications to facilities. They have excellent coverage by video monitoring with over 160 cameras with a population under 300, but they continue to add cameras as they find areas that may need additional coverage to supplement staff rounds. In discussions with Jailer Brady and other senior staff, it was obvious the need to safeguard inmates from sexual abuse and other security concerns is considered as these cameras are added.

Standard 115.21 Evidence protocol and forensic medical examinations

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

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MCDC conducts administrative investigations internally and refers allegations criminal in nature to the Kentucky State Police(KSP). KSP has a formal uniform evidence protocol that follows the National Protocol from April 2013. A review of the facility PREA Incident Response Checklist reflects detailed guidance for the uniformed evidence protocol to aid responders to properly protect usable evidence. Forensic exams shall be conducted off-site at either Springview Hospital or Taylor County Regional Hospital by a SANE, if possible, and provided at no cost to the victim. Victim advocates are available to inmate victims through the rape crisis center at Silverleaf Sexual Trauma Services. An MOU was pending while on-site, and actually completed during the on-site review. As requested by the victim, an advocate may accompany the victim during any forensic exams and investigatory interviews. Contact was made with Executive Director of Silverleaf to confirm services available for MCDC. A letter from KSP indicates they do follow the appropriate areas of sections (a-e).

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

All allegations meeting PREA criteria are investigated by a trained facility administrative investigator or the Kentucky State Police for criminal allegations. Reviewed investigative reports that support all allegations are investigated. The policy ensuring such investigations, to include referrals to outside agencies for criminal investigations, is available on the website.

Standard 115.31 Employee training

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These

recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The training curriculum for all employees was reviewed and found to be compliant. Although compliant, I would recommend that more detailed training slides be provided in the area of dynamics of sexual abuse and sexual harassment in confinement. Interviews supported that all current employees have received required training. Refresher training is conducted annually. Policy 1-7 does ensure the required training for staff. Documentation was provided to show that all employees have received the training and acknowledgement that they understood such training. They meet all other components as they house both genders. Based upon the above, I find this standard compliant.

Standard 115.32 Volunteer and contractor training

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

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All volunteers receive the required training. Interviews with volunteers supported they had received training. Documentation of such training was reviewed and records maintained.

Standard 115.33 Inmate education

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

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Inmates are provided a brochure at intake that contains zero tolerance language, reporting, and other pertinent information related to safeguarding inmates from sexual abuse and sexual harassment. They sign for it electronically and receive a copy. They are also given access to detailed PREA information on the inmate handbook on any kiosk throughout the facility. The facility policy 1-7 requires that a comprehensive education on sexual abuse/harassment prevention be provided to all inmates within 30 days of admission. However, at the time of the on-site visit, it was found that although inmates were receiving required PREA information at intake, that a more comprehensive education was not being provided; therefore finding sections (b), (d), and (e) non-compliant. Through a Corrective Action Plan mutually developed by the facility and auditor, the facility was able to bring all sections in compliance. This was done by obtaining the PREA video (PREA: What you need to know). This video was shown in a format understood by all current inmates in a group setting with a staff member present to answer any questions and provide any pertinent facility specific related information. Participation was documented by sign-in sheets and copies provided to the auditor. The facility submitted a written plan to the auditor of what the process will be to ensure all future inmates receive such comprehensive education within 30 days of intake. Weekly documentation was submitted for a period of time demonstrating that inmates are receiving comprehensive education as noted by the process established above by the facility. This documentation included names of inmates received upon intake, date of their intake and the date their comprehensive education was provided, as well as their participation documentation (sign-in sheets, signature of acknowledgement, etc.) The facility was providing a

continuing presence of key PREA information through posters, flyers, inmate handbooks (kiosks), and the brochures posted throughout the facility common areas. Based upon the above, I find this Standard in full compliance.

Standard 115.34 Specialized training: Investigations

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

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All PREA investigators that conduct sexual abuse investigations at MCDC have received specialized investigator training required by 115.34 as well as all employee training iaw 115.31. Facility maintains documentation of such training. The Investigator curriculum was reviewed and meets standard.

Standard 115.35 Specialized training: Medical and mental health care

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

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In addition to the regular PREA training, all full and part time medical care practitioners receive training in how to detect and assess signs of sexual abuse/harassment, how to preserve physical evidence of sexual abuse, how to respond in a professional and respectful manner and how to report incidents/suspicions. MCDC reports they employ no mental health practitioners who work regularly at the facility. They report all mental health is outsourced to Bluegrass Mental Health. A sampling of training records were reviewed to support that training was received by appropriate medical staff. Interview of the Nurse Service Administrator supported that training was received. Documentation of the training is maintained. Facility policy states any forensic exam conducted is done off-site. The facility staff interviews support that none are conducted on-site and that no forensic exams have previously been conducted at MCDC. The facility outsources to Springview Hospital and Taylor County Hospital for all forensic exams.

Standard 115.41 Screening for risk of victimization and abusiveness

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance

determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

During the on-site visit, it was found that all inmates are assessed within 72 hours of arrival for risk of sexual victimization and abusiveness as they are booked into the facility. A review of the process and the screening tool found the tool was not objective determining section (c) of this standard non-compliant. It revealed the screening instrument being used was in a Yes/No checkbox format, but had no scale to determine how many 'Yes' checkmarks equaled high risk; therefore allowing the tool to be subjective to the Booking staff or supervisor's judgement. Through a corrective action plan, the facility revised the screening tool. They worked together with their program/mental health staff to create a scale that sets a range in each of the sections scoring victimization and abusiveness, that after a specific number of "Yes" responses, the inmate is then determined to be at high risk for that respective section. This revision will ensure an objective screening tool.

The review of the screening tool during the on-site visit also revealed that item (5) in section (d) of the standard was missing from the tool; therefore, not being considered when screening for risk of victimization. Through a corrective action plan as noted above, a revision of the screening tool added item (5) in section (d) making each item required for victimization to be considered. All items required in section (e) are considered for screening risk of abusiveness. Once all appropriate revisions were made to the screening tool, the facility screened every inmate with the revised tool and submitted a summary of the results of this assessment noting the changes in high risk inmates. Also samples of the revised completed screening tool were submitted over a period of time to demonstrate compliance.

During the on-site visit, it was determined that the responses of assessments were accessible to all staff that can access jail tracking programs. Through a corrective action plan, the jail has worked with the administrators of Jail Tracker (the facility software program) to place limitations on who has access to the screening question responses. A written narrative was submitted that detailed the limitation process put in place. The action taken now limits this access to 6 specific staff groups (20 total staff) through security profiles set up in Jail Tracker. These limitations are monitored and maintained by the PREA Coordinator.

The on site visit revealed that the facility was conducting their 30 day reassessments required in section (f) only when additional, relevant information was received. Policy 4-1 (Processing and Release) states that "Rescreening for risk of victimization or predatory behaviors shall be conducted within thirty (30) days of the initial assessment if new, relevant information becomes available. New risk assessments shall be performed immediately upon receipt of new, relevant information." Through a corrective action plan, the facility revised policy 4-1 to include language to ensure appropriate reassessments are conducted in accordance with section (f). That policy revision was provided and reviewed by auditor. The revised policy was also provided and reviewed with relevant staff and the revised rescreening process implemented. Completed rescreening forms demonstrating the implementation was provided over a period of time.

Based upon the above documentation, the standard is now found compliant.

Standard 115.42 Use of screening information

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

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The facility policy has language that supports standard. The facility intake staff use approved screening questionnaires to interview inmates for risk levels. These questionnaires are built into the facilities booking software. Reviewed documentation to demonstrate the screening information is used to inform housing and bed assignments. At the on-site visit, there were no indications that work and programming assignments consider the screening information. Housing assignments for high risk inmates are determined by the shift supervisor. Interviews supported that housing and bed assignments were considering PREA risk factors. At the time of the on-site visit, the facility had not housed any known transgender inmates. Through a corrective action plan, the facility provided a written plan outlining how staff are

considering the screening information when making program and work assignments. They were able to implement software improvements with jail tracker that provided daily reports detailing where each of their PREA high risk inmates are housed. This report is now reviewed daily by staff overseeing job and program assignments. Documentation was submitted over a period of time that demonstrated relevant staff was reviewing said reports. Based upon this information, the standard is found compliant.

Standard 115.43 Protective custody

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

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The facility policy has language that supports the standard in that inmates determined to be high risk victims shall not be automatically placed into segregation without first seeking alternative housing to adequately separate them from potential high risk abusers. Facility reports no inmates have been placed into involuntary segregation for this reason.

Standard 115.51 Inmate reporting

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

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The facility provides multiple ways for inmates to privately report sexual abuse as well as all components related to retaliation. Methods of reporting are listed in the Inmate Handbook. Flyers and posters are posted in facility that list the telephone number to call to report sexual abuse/harassment. Inmates may report verbally to staff, via a PREA hotline (both internal and external), through the grievance procedures, or via written correspondence. Staff are required to accept and document such reports. The KY Justice Cabinet (IIB) is utilized as the external method for inmates to report. The hotline can be used by staff to privately report sexual abuse.

Standard 115.52 Exhaustion of administrative remedies

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

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The facility has policy(11-4, 1-7) that covers the provisions to file for administrative remedies. These provisions supports all aspects of the standard as third parties may assist the inmate in filing, allows for emergency filing when inmate is subject to substantiated risk, and meets all timelines as described in 115.52. Although policy 11-4 does not address no timelines related to an inmate filing a grievance of sexual abuse, interviews and the Pre-audit questionnaire support that there are no timelimits on filing such a grievance. Recommend adding language to policy 11-4 to address no timelimits for grievances related to sexual abuse. The facility reports no grievances of sexual abuse have been filed within the past 12 months. Standard found compliant.

Standard 115.53 Inmate access to outside confidential support services

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

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The facility provides access to outside victim advocates through Silverleaf Sexual Trauma Services . An MOU has been completed between the facility and Silverleaf. A flyer is posted with address and telephone numbers for contact. The flyer also contains information related to limits of confidentiality and monitoring of communication. The Director from Silverleaf was contacted and indicated that although no services have been requested to date, they have had positive communication with the facility regarding their ability to provide advocate services.

Standard 115.54 Third-party reporting

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

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The facility may receive reports from third-parties. Directions on reporting from a third party are provided on the website and are available through 3 separate methods, which exceeds the standard.

Standard 115.61 Staff and agency reporting duties

- Exceeds Standard (substantially exceeds requirement of standard)

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 1-7 requires all staff, contractors, and volunteers to report as outlined in the standard. The staff members that were interviewed and asked questions regarding reporting obligations and confidentiality had knowledge of their responsibilities of reporting along with the confidentiality of information regarding sexual abuse and sexual harassment. The medical staff interviewed, provided a form signed by inmates that informs them of limitations of confidentiality and of their duty to report. The facility meets all required mandatory reporting as supported in training curriculum and interviews. All allegations are reported to the appropriate investigator. A review of Investigative reports documented/demonstrated that all allegations are reported to the facility investigators.

Standard 115.62 Agency protection duties

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Facility has a policy and PREA Incident Response Checklist that outlines the staff responsibility in protecting inmates that have a substantial risk of imminent sexual abuse. Facility staff interviews support that each understands their responsibility as presented in this standard.

Standard 115.63 Reporting to other confinement facilities

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility policy has specific language that supports all sections of the standard. Interviews with leadership reflected that facility reports to other confinement facilities and investigate those reports received as required by this standard. The facility made no notifications in the past 12 months to other facilities. The facility received no allegations from another facility in the past 12 months.

Standard 115.64 Staff first responder duties

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility policy has all of the components in section (a). The facility trains all staff as security staff and uses a Sexual Misconduct Incident Form that provides specific guidance to any staff to ensure all components are met. The interviews of staff as first responders and the interviews of random staff revealed that staff has the knowledge on what actions that needs to take place when responding to a reported PREA occurrence.

Standard 115.65 Coordinated response

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility has an Institutional written plan that outlines the responsibility of each required staff or department on their PREA Incident Response Checklist.

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

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility reported no such agreements have been renewed or entered into since August 20, 2012.

Standard 115.67 Agency protection against retaliation

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility policy 1-7 requires protection from retaliation as outlined in this standard. The facility has designated PREA Coordinator Brandon Wilson as the facility employee that is charged with monitoring retaliation. Interviews with staff designated to monitor retaliation supported the standard. Although each of the 3 allegations received within the past 12 months were unfounded and required no retaliation monitoring, the facility has developed a form to be used in monitoring retaliation for both inmates and staff.

Standard 115.68 Post-allegation protective custody

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency has a policy covering the requirements of this standard. It prohibits the placement of 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. If placement for this reason is required, the inmate is allowed access to programs, privileges, education, and work opportunities to the extend possible. Any restriction shall be documented and reviewed at least every 30 days to determine whether there was a need to continue the separation. The facility reported no inmates had been placed in involuntary segregation within the past 12 months for this reason.

Standard 115.71 Criminal and administrative agency investigations

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific

corrective actions taken by the facility.

The facility's policy 1-7 ensures all allegations of sexual abuse and sexual harassment are investigated. The policy also ensures investigators of sexual abuse receive special training. Any allegation suspected to be criminal may be referred to the Kentucky State Police. During the on-site visit, a review of the 3 investigations conducted within the past 12 months found they had failed to provide adequate description of the physical and testimonial evidence, many of the investigative facts, and the findings were either incorrect or not listed. Although the written reports lacked enough content as noted above, the interviews of facility investigators supported all components of standard. Through a corrective action plan, the facility's trained investigators went back and revised and resubmitted the previous 3 PREA investigations. Also, as part of the corrective action plan, the facility has submitted 3 investigative reports from allegations that had occurred since the on-site visit. After a review of the revised and new investigative reports, I found that each report contained documentation of the description of any physical and testimonial evidence, the reasoning behind credibility assessments where applicable, and all investigative facts. They ended their reports with findings and what those findings were based upon. As a means to continue with appropriate investigative reports, I would recommend the PREA Coordinator monitor future reports as they are completed to ensure that compliance is maintained. Based upon the review of the revised reports, as well as the additional reports since the on-site visit, I find the reports now support the standard; therefore find the standard compliant.

Standard 115.72 Evidentiary standard for administrative investigations

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 1-7 ensures preponderance of the evidence is the standard of proof in determining whether allegations of abuse or harassment are substantiated. Interviews of facility investigators supported this standard.

Standard 115.73 Reporting to inmates

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 1-7 supports the standard. There were 3 allegations in the past 12 months. There was no documentation in any of those 3 cases that the inmate was notified of the findings. No other notifications were required due to unfounded findings in each case. Through a corrective action plan, the facility provided notifications to the offenders in each of the 3 incidents noted above. Those notifications were forwarded to the auditor for review and found appropriate. Also, there were 2 allegations that required notification in cases after the on-site review and they were submitted and reviewed and found appropriate as well. Also, the facility added an additional step to the SART Unit Actions portion of the PREA Incident Response Checklist to ensure that all appropriate inmate notifications are made at the conclusion of each investigation. Based upon this review of all inmate notifications, the standard is found compliant.

Standard 115.76 Disciplinary sanctions for staff

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 1-7 is in place regarding staff disciplinary sanctions for violating agency sexual abuse and sexual harassment procedures. In the past 12 months, the facility reported no staff have been terminated, resigned or had violated Sexual Abuse or Harassment policies. Staff interviews support that termination is the presumptive disciplinary sanction for substantiated allegation of sexual abuse.

Standard 115.77 Corrective action for contractors and volunteers

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy is in place regarding corrective action for contractors and volunteers for violating agency sexual abuse and sexual harassment procedures. In the past 12 months, the facility reported no contractors or volunteers had been prohibited from contact with offenders for such violations or had violated Sexual Abuse or Harassment policies. Policy is in place to ensure actions that may be criminal are reported to law enforcement and/or relevant licensing bodies.

Standard 115.78 Disciplinary sanctions for inmates

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

At the time of the on-site visit, a review of the facility policy (6-26) describing the Inmate Disciplinary Process contained language that allowed for an inmate to be disciplined for any sexual contact with a non-inmate, such as staff, volunteers, and contractors. This language is non-compliant with section (e) of this standard that prohibits such disciplinary action unless force is used by the inmate. Through a corrective action plan, the facility revised Policy 6-26 to state that Inmates may only be charged with disciplinary action related to sexual contact with a non-inmate if the sexual contact was forced by the Inmate. The revised policy was provided to the auditor for review, as well as documentation that relevant staff have read and understand the revisions noted. This action completes the corrective action plan and therefore, is now found to be compliant.

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

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 4-1 includes language to support standard. In cases where victimization is revealed from the screening process in booking, a follow-up with medical and/or mental health is offered. This process was evident through inmate and staff interviews. Information was restricted to those necessary. There were no instances of informed consent but forms are made available to the inmate population for such cases.

Standard 115.82 Access to emergency medical and mental health services

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 1-7 supports the standards. Although the facility reported no instances of reported sexual abuse that required emergency care, interviews of both staff and inmates indicated that both were aware that services are available and how they were to be delivered.

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

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

relevant review period)

- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 1-7 supports all areas of the standard. The medical staff interviewed support compliance of standard. The facility reports that in the past 12 months, there have been no cases where females victims of sexual abuse experienced vaginal penetration.

Standard 115.86 Sexual abuse incident reviews

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility has a PREA Incident Review form that meets all sections required of the standard. No Incident Reviews were required due to all cases were unfounded within the past 12 months. Interviews of the PREA Coordinator and Jailer support the standard.

Standard 115.87 Data collection

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility collects data for every allegation using an allegation reporting form for each incident using definitions from policy 1-7. The facility provided their annual 2016 annual report. The facility maintains a spreadsheet for each allegation. The data is aggregated annually for the facility's Annual PREA report. The PREA Coordinator maintains all files related to PREA to include investigations, incident reviews, and other supporting documentation. The facility reports data to the Department of Justice upon request.

Standard 115.88 Data review for corrective action

- Exceeds Standard (substantially exceeds requirement of standard)

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility reviews available data to assess and improve its effectiveness of prevention, detection and response to sexual abuse and harassment. The 2016 annual report was presented to date. The facility discussed its continuing efforts to improve inmate education and staff training. They recently signed a MOU to partner with Silverleaf Sexual Trauma Services to provide victim advocate services to the inmate population. The annual report notes the difference in allegations from 2015. Reviewed documentation that shows where Jailer approved the narrative annual report. No information was required to be redacted from the report. The annual report was available on the agency website.

Standard 115.89 Data storage, publication, and destruction

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility meets this standard. All data collected is securely retained in the PREA Coordinator's office. As noted in 115.88, the aggregated data is made readily available on the facility website. It is recommended that the aggregated data be made as a section of the Annual Report in the form of a spreadsheet to assist in clarifying it. No personal identifiers are present in the data on their website. The retention schedule in facility policy 1-3 complies with the standard.

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.

Bryan K. Henson 
 Auditor Signature

March 21, 2017
 Date