

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: December 11, 2015

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: November 13-17, 2015			
Facility Information			
Facility name: Henderson County Detention Center			
Facility physical address: 380 Borax Drive, Henderson, KY 42419			
Facility mailing address: (if different from above) PO Box 979			
Facility telephone number: 270 827-5560			
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: Ron Herrington			
Number of staff assigned to the facility in the last 12 months: 16			
Designed facility capacity: 551			
Current population of facility: 594			
Facility security levels/inmate custody levels: Minimum, Medium, Maximum			
Age range of the population: 19-73			
Name of PREA Compliance Manager: Nancy Ankrom		Title: Captain	
Email address: nankrom@hendersonky.us		Telephone number: 270 827-5560	
Agency Information			
Name of agency: Henderson County Detention Center			
Governing authority or parent agency: (if applicable) Same			
Physical address: Same as Facility Above			
Mailing address: (if different from above) Same			
Telephone number: Same as above			
Agency Chief Executive Officer			
Name: Ron Herrington		Title: Jailer	
Email address: rherrington@hendersonky.us		Telephone number: 270 827-5560	
Agency-Wide PREA Coordinator			
Name: Nancy Ankrom		Title: Same	
Email address: Same		Telephone number: Same	

AUDIT FINDINGS

NARRATIVE

The site visit for the PREA Audit of the Henderson County Detention Center was conducted on November 13 and November 16, 2015. 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 auditor interviewed 18 inmates, including 10 random, 2 who reported sexual abuse, 3 limited English proficient, 2 who disclosed sexual victimization during risk screening, and 1 LGBTI interview. In addition, the auditor interviewed 31 staff, including 21 specialized staff, 10 random staff (representing all shifts and various posts), the designee for the Agency Head and Chief Executive Officer, 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.

An entrance meeting was held at the beginning of the site visit with the Jailer Ron Herrington, Chief Deputy of Operations Leslie Gibson, Chief Deputy of Administration Amy Brady, PREA Coordinator Nancy Ankrom, and Corporal Amanda Williams. In the past 12 months, the Jail reported there were 9 allegations reported of sexual abuse or sexual harassment at the facility with 5 Substantiated, 2 Unsubstantiated and 2 Unfounded.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Henderson County Detention Center was constructed in **1996** with an original capacity for **250** inmates. Due to the ever changing incarceration rate the facility built a new wing in **2004**. In **2008** the Community Service Complex was built to accommodate state inmates that have a low classification level. Currently the facility houses approximately **551** county, federal, and state inmates. The classification of these inmates, range from simple violations to violent felony offenses. The Henderson County Detention Center is one of only three county jails in the state of Kentucky that is self sufficient, costing **ZERO** county tax payer dollars to operate.

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. They were aware of reporting responsibilities, as well as safeguarding victims of sexual abuse and/or sexual harassment. There was some lack of knowledge from staff and inmate about the role of the victim advocates. Staff and inmates in general, did not have a thorough awareness of who the victim advocate group was, what role the victim advocate group played, or how to contact them.

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

Number of standards exceeded: 3

Number of standards met: 39

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 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 Captain Nancy Ankrom. Although a one facility agency, they have also designated someone to serve as a PREA Compliance Manager to assist the jail in its compliance efforts.

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. Reviewed staffing meeting minutes provided that reflect consideration of components of section (a). The facility has a form to document any non-compliance of plan. Documentation was provided of annual assessment of staffing plan with PREA coordinator input that reviewed resources and camera coverage. Supervisors Daily Requirement (Written Directive) requires Unannounced Rounds and prohibits other staff from being alerted to the supervisors arrival.

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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The facility policy prohibits cross gender searches. Interviews, as well as a review of staffing supports that the facility has ample staff of both genders to ensure same gender searches. The policy also enables inmates to shower, perform bodily functions, and change clothes without being viewed by staff of the opposite gender, and requires staff of the opposite gender to announce their presence when entering the housing units. Interviews supported that policy was being followed. 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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Inmates with disabilities and limited English have equal access to PREA information and this was supported by inmate interviews. Information is available in multiple formats to provide such information. HCDC does not rely on inmate interpreters. The Chaplain serves as PREA Audit Report

a staff interpreter and was used in interviewing 3 limited English proficient interviews. HCDC also has a contract with LSA for interpretive services. All inmates interviewed understood what PREA is, reporting mechanisms, and their rights.

Standard 115.17 Hiring and promotion decisions

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

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Agency policy supports the standard. HCDC 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 required by section (a). Occurrences of sexual harassment are taken into consideration when determining whether or not to promote a staff member. Potential employees and contractors undergo a criminal background check. Potential employees are asked on the applications about any prior incidents of sexual abuse/assault with the understanding falsifying information may result in termination. PREA Coordinator and Jailer Herrington confirmed that upon request from another institution, information on substantiated allegations of sexual abuse and harassment involving a former employee would be provided. Training provided to staff also supports this provision.

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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HCDC listed the RCC Remodel as a recent modification and provided a letter from DOC as documentation that supported section (a). The letter stated the remodel was appropriate related to the design for direct supervision of offenders. There was also camera additions made to the Comissionary in 2014 indicating that cameras were installed for safety and PREA. The facilities overall cameras coverage was tremendous.

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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HCDC conducts administrative investigations internally and refers allegations criminal in nature to the Kentucky State Police(KSP). KSP has a formal uniform evidence protocol. A review of the facility policy under the first responder section reflects detailed guidance for the uniformed evidence protocol to aid responders to properly protect usable evidence. Forensic exams are conducted off-site at Community Methodist Hospital and an attempt would be made and documented to have the exam conducted by SANEs and provided at no cost to the victim. Victim advocates are available to inmate victims through the rape crisis center at New Beginnings Sexual Assault Services Inc. An MOU has been completed between the facility and New Beginnings. As requested by the victim, an advocate may accompany the victim during the exam and investigatory interviews. 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. The policy ensuring such investigations is summarized 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 covers all required components. All current employees have received required training. Training is conducted annually. 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.

Standard 115.32 Volunteer and contractor training

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

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

All volunteers and contractors receive appropriate 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)

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

Inmates receive PREA information upon arrival at HCDC. PREA information as well as the PREA video (PREA: What you need to know) is provided to all inmates within the 30 day period. It is shown on a recurring basis on the Inmate TV channel. Inmate interviews supported standard. Education is provided in formats accessible to all inmates. Reviewed the PREA booklet in alternative formats. Video is accessible in another language. Posters visible during the tour. Documentation was reviewed demonstrating that inmates did receive PREA education. In addition to the normal Inmate PREA Education, a PREA Comic book is provided with the Monthly Inmate newsletter. Inmates were very complimentary of this information given each month.

Standard 115.34 Specialized training: Investigations

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

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

All PREA investigators that conduct sexual abuse investigations at HCDC 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)

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

In addition to the regular PREA training, all full and part time medical and mental health care practitioners receive training in how to detect and assess signs of sexual abuse/harassment, how to preserve physical evidence of sexual abuse, how to respond in a professional and respectful manner and how to report incidents/suspensions. HCDC contracts all medical and mental services through Southern Health Partners. A sampling of training records were reviewed to support that training was received. Interviews of 2 medical staff also supported that training was received. Documentation of the training is maintained. All forensic exams are conducted by outside providers.

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.

HCDC Policy supports standard. All inmates are assessed within 72 hours of arrival for risk of sexual victimization and abusiveness as they are assessed as they are booked into the facility. A review of the process shows the facility conducts their risk assessments within their classification system. All items required in section (d) and (e) are considered in a yes/no questioning format. As a recommendation, the facility may consider adding a written scale or range to the yes/no format, or identify in writing specific "yes" responses that ensure certainty to High Risk, to strengthen the objectivity. Reviewed a sampling of reassessments also conducted through their classification system under the supervision of the PREA Coordinator. All of the sampling reviewed were completed within the proper time limits. Access to the responses of assessments are restricted to those involved in the booking process. The facility meets all other areas of the standard.

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)

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 language that supports all areas of the standard. The facility uses screening information to inform housing, bed, work, and programming (includes education) assignments. Reviewed documentation that demonstrates each. The facility has individual showers. Interviews also support compliance for standard.

Standard 115.43 Protective custody

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

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

The facility policy has language that supports all areas of this standard. Although the questionnaire indicates 1 inmate had been placed in involuntary segregation due to risk level, the on-site visit found that this inmate was placed there for a different reason; therefore no inmates at the facility had been placed in 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)

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 provides multiple ways for inmates to privately report sexual abuse as well as all components related to retaliation. Inmates received Inmate Booklets, and each cell has a folder that contains methods to report sexual abuse/harassment. Posters were also posted in facility that has the telephone number to call to report sexual abuse/harassment. Inmates may report verbally to staff, via a PREA hotline, through the grievance procedures, or via written correspondence. Staff are required to accept and document such reports. The local law enforcement agency through calling 911 is utilized as the external method for inmates to report. The hotline can be used by staff to privately report sexual abuse. It was recommended that the reporting methods contained in the folder within the cell, be visibly posted where all inmates can see them on a continual basis.

Standard 115.52 Exhaustion of administrative remedies

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

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The agency has a policy that covers a provision to file for administrative remedies. This provision 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 has no time limits. A sample grievance was reviewed.

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)

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

The facility provides access to outside victim advocates through New Beginnings Sexual Assault Services Inc. An MOU has been completed between the facility and New Beginnings. 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. Staff from New Beginnings were contacted and provided positive feedback regarding their ability to provide advocate services at the facility. It should be noted that contact information for other entities (National Sexual Assault Hotline, Battered Women Justice Project) are provided to the inmates in addition to New Beginnings.

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 agency may receive reports from third-parties through the toll-free hotline. Directions on reporting from a third party are provided on the agency website.

Standard 115.61 Staff and agency reporting duties

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

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 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 contractor for medical/mental health provides inmates a consent for treatment form that covers duty to report and limitations of confidentiality. The facility meets all required mandatory reporting as supported in interviews and all allegations are reported to the appropriate investigator.

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 agency has a policy that outlines the staff responsibility in protecting inmates that have a substantial risk of imminent sexual abuse. Documentation reviewed on site related to a recent incident demonstrated immediate action that was taken by staff to protect inmates. 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)

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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.

Standard 115.64 Staff first responder duties

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

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The facility policy has all of the components in section (a). The facility uses a 1st responder checklist that provides specific guidance to any non-security staff to ensure components of section (b) are met. The interviews of staff that acted 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. The facility 1st responder checklist referenced above ensures that all components of the standard are covered and documented.

Standard 115.65 Coordinated response

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

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The facility policy details the steps for appropriate actions taken in response to an incident of sexual abuse among all required stakeholders. They also provide a 1st responder checklist to provide even more detailed guidance to those individuals. Although the current plan is compliant, I would recommend the facility consider a separate written plan that builds on their 1st responder checklist (same or similar format) and will guide each of the other stakeholders, on-site supervisors, medical/mental health, investigators, and facility leadership. This checklist would basically take you from start to finish with an incident and can act as a quick reference for your on-site staff to ensure all necessary steps are taken throughout the process.

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 policy provides language to support the standard. The interview with Chief Deputy Amy Brady, acting on behalf of the agency head indicated 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 has policy that requires protection from retaliation as outlined in this standard. The facility has designated Captain Nancy Ankrom as the facility employee that is charged with monitoring retaliation. Interviews with staff designated to monitor retaliation supported the standard. Although the interviews indicated that inmates being monitored are seen periodically, this is done discreetly and not documented. I would agree that discretion is necessary in making periodic status checks, but would recommend that all forms of monitoring be documented. A form has been forwarded to the PREA Coordinator for consideration to help the facility document all monitoring for retaliation. All minimum requirements were met for compliance.

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)

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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 extent possible. Any restriction shall be documented and reviewed at least every 30 days to determine whether there was a need to continue the separation. During the on-site visit, the facility reported no inmates had been placed in involuntary segregation 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/agency has a policy ensuring all allegations of sexual abuse and sexual harassment are investigated. The policy also ensures investigators of sexual abuse receive special training. A review of investigations demonstrated prompt, thorough, and objective investigations including incidents that were referred for prosecution. Any allegation suspected to be criminal may be referred to the Kentucky State Police. A review of a sample of investigations showed all elements required by the standard are in place. Interviews of facility investigators supported components of standard.

Standard 115.72 Evidentiary standard for administrative investigations

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

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

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

The facility has a policy that supports the standard. Documentation was provided that demonstrated HCDC was providing the required notifications to inmates as required by the standard. A standard form was given to the PREA Coordinator for consideration to assist the PREA Audit Report

facility in ensuring all require notifications are made and will streamline the process.

Standard 115.76 Disciplinary sanctions for staff

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

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

Policy is in place regarding staff disciplinary sanctions for violating agency sexual abuse and sexual harassment procedures. In the past 12 months, the facility reported 1 staff had been terminated, resigned or had violated Sexual Abuse or Harassment policies. There had been one additional staff termination since the questionnaire for the same reasons. In both cases, the incident was criminal and law enforcement had been contacted.

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.

The facility policy contains language that supports all areas of the standard. Samples of inmate on inmate administrative disciplinary findings were reviewed. All components were found 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.

The facility policy includes language to support all areas of this standard. In cases where victimization is revealed from the screening process in booking, a follow-up with medical and/or mental health is offered by the PREA Coordinator. Documentation of this process was reviewed. This process was also evident through inmate interviews. Sections (a) and (b) are N/A. Information was restricted to those necessary. Copies of informed consent forms were reviewed. Although compliant, I would recommend that when offers for follow-up are made to inmates that have experienced victimization, that the appropriate medical and/or mental health staff are also made aware that such offers have been made since the offer is for services they would potentially provide.

Standard 115.82 Access to emergency medical and mental health services

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

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

The facility is compliant as it has policy supporting this standard as well as the medical provider (Southern Health Partners) contract for the facility. Also staff interviews supported the standard and the documentation provided showed that emergency medical services are a part of the response process provided for inmate victims of sexual abuse and that they received these services in a timely manner and at no cost to the inmates. I would recommend that the medical department develop a packet that contains information listed in standard 115.82 (c) to offer to inmate victims. This will assist in documenting that inmates receive the information and assist medical staff to ensure they provide the required information.

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

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

- Does Not Meet Standard (requires corrective action)

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

The facility policy has language that supports all areas of the standard. The medical staff interviews 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 policy has language that supports all components of the standard. A facility team reviewed all appropriate incidents within the time period allowed. The review team includes all required members. The review covered all components required by section (d) with input from those listed in section (c) and all recommendations made were approved by the Jailer. The facility is in the process of implementing a standard form for all reviews to ensure all areas are covered.

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 policy covers each section of the standard. The facility maintains a spreadsheet for each allegation that contains the uniform data required. 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 that to date the completion of a Survey of Sexual Violence has been requested by the Department of Justice.

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 policy includes language that supports all areas of the standard. It is evident that the facility does review data and makes adjustments where needed as was reflected in incident reviews, and a narrative annual report. The narrative annual report also compares data from year to year and describes areas the facility has made progress in addressing sexual abuse. Reviewed documentation that shows where Jailer approved the narrative annual report. The narrative annual report is approved by the Jailer and is included on the facility website. Although compliant, the website information can be confusing as it is all contained in one section. I would recommend providing some separation between the PREA Annual Report and its contents, and other PREA information provided on the facility website. As you include multiple years of annual reports, it may serve more efficient to make all PREA Annual Reports as separate links under the PREA tab of the 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)

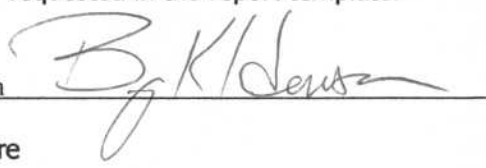
Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations 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. All personal identifiers are removed before being placed on their website. The retention schedule in the facility policy 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 

December 11, 2015

Auditor Signature

Date