

PREA Facility Audit Report: Final

Name of Facility: Henderson County Detention Center

Facility Type: Prison / Jail

Date Interim Report Submitted: 08/04/2025

Date Final Report Submitted: 02/21/2026

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Kendra Prisk	Date of Signature: 02/21/2026

AUDITOR INFORMATION	
Auditor name:	Prisk, Kendra
Email:	2kconsultingllc@gmail.com
Start Date of On-Site Audit:	07/08/2025
End Date of On-Site Audit:	07/10/2025

FACILITY INFORMATION	
Facility name:	Henderson County Detention Center
Facility physical address:	380 Borax Drive, Henderson, Kentucky - 42420
Facility mailing address:	

Primary Contact

Name:	Johna Toman
Email Address:	jclevidence@hendersoncountyky.gov
Telephone Number:	270-827-5586

Warden/Jail Administrator/Sheriff/Director	
Name:	Bruce Todd
Email Address:	btodd@hendersoncountyky.gov
Telephone Number:	270-830-3191

Facility PREA Compliance Manager	
Name:	
Email Address:	
Telephone Number:	

Facility Health Service Administrator On-site	
Name:	Jonie Smith
Email Address:	hcdcmedical@hendersoncountyky.gov
Telephone Number:	2708448018

Facility Characteristics	
Designed facility capacity:	466
Current population of facility:	521
Average daily population for the past 12 months:	548
Has the facility been over capacity at any point in the past 12 months?	Yes
What is the facility's population designation?	Both women/girls and men/boys

Age range of population:	18 and over
Facility security levels/inmate custody levels:	County, State, and Federal
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	67
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	21
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	60

AGENCY INFORMATION	
Name of agency:	Henderson County Fiscal Court
Governing authority or parent agency (if applicable):	
Physical Address:	20 North Main Street, Henderson, Kentucky - 42420
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information			
Name:	Johna Toman	Email Address:	jclevidence@hendersoncountyky.gov

Facility AUDIT FINDINGS

Summary of Audit Findings

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

0

Number of standards met:

16

Number of standards not met:

29

- 115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
- 115.15 - Limits to cross-gender viewing and searches
- 115.16 - Inmates with disabilities and inmates who are limited English proficient
- 115.21 - Evidence protocol and forensic medical examinations
- 115.22 - Policies to ensure referrals of allegations for investigations
- 115.31 - Employee training
- 115.32 - Volunteer and contractor training
- 115.33 - Inmate education
- 115.35 - Specialized training: Medical and mental health care

- 115.41 - Screening for risk of victimization and abusiveness
- 115.42 - Use of screening information
- 115.43 - Protective Custody
- 115.51 - Inmate reporting
- 115.52 - Exhaustion of administrative remedies
- 115.53 - Inmate access to outside confidential support services
- 115.61 - Staff and agency reporting duties
- 115.65 - Coordinated response
- 115.67 - Agency protection against retaliation
- 115.68 - Post-allegation protective custody
- 115.71 - Criminal and administrative agency investigations
- 115.73 - Reporting to inmates
- 115.81 - Medical and mental health screenings; history of sexual abuse
- 115.82 - Access to emergency medical and mental health services
- 115.83 - Ongoing medical and mental health care for sexual abuse victims and abusers
- 115.86 - Sexual abuse incident reviews
- 115.87 - Data collection
- 115.88 - Data review for corrective action
- 115.89 - Data storage, publication, and destruction

- | | |
|--|---|
| | <ul style="list-style-type: none">• 115.401 - Frequency and scope of audits |
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POST-AUDIT REPORTING INFORMATION

Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-07-08
2. End date of the onsite portion of the audit:	2025-07-10

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	JDI and New Beginnings

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	466
15. Average daily population for the past 12 months:	548
16. Number of inmate/resident/detainee housing units:	3
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	541
25. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	1
26. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	2
27. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	1
28. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	1
29. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	4
30. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	2

<p>31. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>2</p>
<p>32. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>8</p>
<p>33. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>16</p>
<p>34. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>The facility does not track those with a disability or those who identify as LGB.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>36. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>67</p>
<p>37. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>60</p>

<p>38. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>21</p>
<p>39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</p>	<p>No text provided.</p>
<p>INTERVIEWS</p>	
<p>Inmate/Resident/Detainee Interviews</p>	
<p>Random Inmate/Resident/Detainee Interviews</p>	
<p>40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>15</p>
<p>41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p> <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None </p>
<p>42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>The auditor ensured a geographically diverse sample among interviewees (random and targeted). Incarcerated individuals were interviewed from a variety of cells across the facility. The auditor ensured individuals were interviewed from cells in each of the hallways and the separate housing area for the females in the substance abuse program.</p>

<p>43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>Nineteen of the incarcerated individuals (random and targeted) were male, nine were female, one was transgender male and one was transgender female. Eight of the incarcerated individuals interviewed were black, fifteen were white, three were Hispanic, and four were another race/ethnicity. With regard to age, six were between eighteen and 25, eight were 26-35, seven were 36-45, four were 46-55 and five were 56 or older. 28 of the incarcerated individuals interviewed were at the facility less than a year and two were there between a year and five years.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>15</p>
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
<p>47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>

48. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	2
49. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	1
50. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	1
51. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	2
52. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	2
53. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	2

<p>54. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>3</p>
<p>55. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>2</p>
<p>56. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor spoke with staff and reviewed documentation.</p>
<p>57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>

Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

58. Enter the total number of RANDOM STAFF who were interviewed:	12
59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<input type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
If "Other," describe:	Gender, race and ethnicity
60. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	Security staff mainly make up three shifts, first shift works from 7am-3pm, second shift works from 3pm-11pm and third shift works from 11pm-7am. Four staff were interviewed from first shift, four staff were interviewed from second shift and four staff were interviewed from third shift. With regard to the demographics of the random staff interviewed, six were male and six were female. Three staff members were black and nine were white. Nine staff were Deputies, two were Sergeants, and one was a Lieutenant.

Specialized Staff, Volunteers, and Contractor Interviews

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

<p>62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>26</p>
<p>63. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>65. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>66. Were you able to interview the PREA Compliance Manager?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

67. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff
- Intake staff

	<input checked="" type="checkbox"/> Other
If "Other," provide additional specialized staff roles interviewed:	Mailroom
68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	2
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	3
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input checked="" type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input checked="" type="checkbox"/> Other

<p>70. Provide any additional comments regarding selecting or interviewing specialized staff.</p>	<p>Because the facility is a jail and does not have a PREA Compliance Manager, the auditor asked the PREA Compliance Manager questions to the PREA Coordinator.</p>
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SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

<p>71. Did you have access to all areas of the facility?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
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Was the site review an active, inquiring process that included the following:

<p>72. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
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<p>73. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
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<p>74. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
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75. Informal conversations with staff during the site review (encouraged, not required)?

Yes

No

76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).

The on-site portion of the audit was conducted on July 8-10, 2025. The auditor had an initial briefing with facility leadership and discussed audit logistics. After the initial briefing, the auditor selected incarcerated individuals and staff for interview as well as documentation to review. The auditor conducted a tour of the facility on July 8, 2025. The tour included all areas associated with the facility to include: housing units, laundry, warehouse/commissary, intake (booking), visitation, chapel, education, maintenance, food service, health services, recreation, front entrance and administration. During the tour the auditor was cognizant of staffing levels, video monitoring placement, blind spots, posted PREA information, privacy for incarcerated individuals in housing units and other factors as indicated in the appropriate standard findings.

The auditor observed PREA information posted in hallways and common areas via the Zero Tolerance Poster. The Zero Tolerance Poster was displayed on legal size paper in English. Additionally, the auditor observed that the tablet system included the Handbook and PREA Policy. It should be noted that the phone numbers on the Zero Tolerance Poster and in the PREA Policy were incorrect. The facility had already implemented corrective action and was working on updating all material. The auditor also observed a few PREA Posters displayed in English within the facility that advised of the zero tolerance policy.

The auditor did not observe third party reporting information in visitation or at the front entrance. The auditor observed that a PREA Poster was displayed at the front entrance, however it only advised of the agency's zero tolerance policy.

During the tour the auditor confirmed the facility follows a staffing plan. A total number of staff were assigned to the entire facility

and were expected to conduct rounds within the housing units and common areas. It should be noted that rounds did not include entering the cells, but rather observing from the large windows. Staff only entered the units during official counts. The auditor did observe that the entire cell was visible from the windows, with the exception of the shower/toilet areas which included curtains for privacy. The auditor did not observe any method for incarcerated individuals to contact staff, such as an intercom system. The facility noted that each cell has a sound alarm and that if sound exceeded a certain decibel an alarm would sound in the control room. During the tour the auditor observed staff conducting rounds and performing official duties. The auditor observed that lines of sight were adequate. The facility appeared to be overcrowded as incarcerated individuals had beds in dayroom areas and there was overflow in the recreation area. The auditor did not observe any apparent blind spots.

During the tour the auditor observed cameras in housing units and common areas of the facility. The auditor noted that cameras covered almost every inch of the facility, including offices. The auditor verified that cameras are actively monitored by control room staff. Additionally administrative level staff and supervisors have access to view the cameras.

During the tour the auditor observed that privacy was provided via curtains, walls and doors with security windows (have additional flap to cover window when necessary). The auditor viewed the strip search areas and confirmed there were not any cross gender viewing issues. A review of video monitoring technology confirmed there were appropriate modifications to the toilet areas of cells with cameras, with the exception of one cell. With regard to the opposite gender announcement, the auditor heard the announcement completed by staff during the tour. The

announcement was made when staff were conducting rounds in the hallway. It should be noted the announcement was not made when the audit team entered the cells.

Medical and mental health records are electronic and are stored in an electronic system that only medical and mental health care staff have access. The staff noted that the facility is the records custodian and that if they requested records they could be provided. Risk screening information is both paper and electronic. Paper files are maintained by the PC as well as in the incarcerated individuals main file. The PC maintains her records in her locked office. The auditor observed that main files are stored in a rear office area of booking, which is staffed 24 hours a day, seven days a week. The electronic records are stored in the facility Jail Tracker system. The auditor confirmed that all staff have access to Jail Tracker and can view the risk screening information. Investigative files are paper and are maintained by investigative staff, to include the PC. All staff maintain files in their locked office.

During the tour the auditor observed that incarcerated individuals are able to place outgoing mail in the locked boxes around the facility and can provide mail to staff. None of the boxes were specific to sexual abuse or sexual harassment allegations or information. The interview with the mailroom staff indicated that incoming personal mail goes through a third party in Maryland. Family and friends send mail to the address provided and the third party scans the mail and sends it electronically. The mailroom staff review the electronic mail and once approved, the mail is sent to the incarcerated individual through the tablet. All legal incoming mail is received through the Post Office Box. The mailroom staff advised legal mail is opened in front of the incarcerated individual. All outgoing mail is collected by the mailroom staff who reviews the envelope. Outgoing mail is not opened or

monitored/read. The mailroom staff advised that mail received from the victim advocacy organization would fall under legal mail.

The auditor observed the intake process through a demonstration. Incarcerated individuals are provided the PREA Brochure upon arrival. Staff also advise the incarcerated individual what PREA is and that reporting information and other PREA information is available in the PREA Brochure and on the tablet.

The auditor was provided a demonstration of the initial risk screening process. The initial risk screening is completed in booking at the main desk. The auditor observed that this did not provide a private/confidential space for incarcerated individuals to answer questions of a sensitive nature. Booking staff verbally ask the questions from the intake screening. This includes medical questions, safety and security questions, PREA victim questions and PREA abuser questions. Staff utilize the verbal responses to complete the questionnaire and do not confirm responses through a file/record review. The facility does not conduct reassessments of incarcerated individuals.

The auditor tested the internal reporting mechanism during the tour. On July 8, 2025 the auditor had an incarcerated individual assist with submitting a test report via the tablet. Incarcerated individuals have access to tablets in each cell. Tablets are shared among the incarcerated individuals, but the auditor observed there was an adequate number for all to utilize. Each incarcerated individuals logs into the tablet using their unique login information. Once on the tablet, incarcerated individuals can submit a written report in a variety of ways, including through a PREA Complaint or through Crime Tips. All PREA Complaints are directly received by the PC, while Crime Tips are received by another facility staff member. Additionally, if an incarcerated individual submits PREA

information through any other electronic process the information is provided to the PC. The auditor received confirmation on the same date (July 8, 2025) that the written report was received by the PC.

The auditor attempted to test the external reporting mechanism. Incarcerated individuals are advised they can report to a PREA hotline, which is operated by the Kentucky Department of Corrections (KDOC). Incarcerated individuals are provided a phone number to contact from the phones within the cells. The auditor had an incarcerated individual assist with calling the number. The incarcerated individual dialed "1" for English and then "0" for a collect call. She was then required to enter her "jacket number" (pin) and utilize her voice recognition. She then dialed the number provided. The auditor observed that the call went through and rang but there was no connection. The staff advised that typically when you call the line a live staff member answers and takes the information. The auditor called the number from her cell phone to confirm the process. The auditor reached a staff member at the Kentucky Justice and Public Safety Cabinet, Internal Affairs Investigation Unit. The staff advised they are the third party reporting entity for the entire state of Kentucky for PREA allegations. He indicated an incarcerated individual can report sexual abuse or sexual harassment through the hotline number and he would enter the information into their intake reporting system. That information would then be forwarded to the Kentucky Department of Corrections, who would in turn disseminate it to the appropriate agency. He advised they get calls from incarcerated individuals in KY DOC, KY Detention Centers and KY Juvenile Centers. He confirmed that incarcerated individuals can remain anonymous when reporting and they have a drop down for anonymous reporting.

Additionally during the tour, the auditor asked staff to demonstrate how to document a verbal report of sexual abuse. Staff indicated if they received a verbal report they would complete a written report via an "Incident of Record." The written report would then be provided to the supervisor, investigator or PREA Coordinator for the investigative file. This report is not filed with regular incident reports to maintain confidentiality.

The auditor was unable to test the third party reporting mechanism as the contact information on the website was not for reporting sexual abuse or sexual harassment, but rather for civil immigration tips and to the Kentucky State Police.

The auditor attempted to test the victim advocacy hotline during the on-site portion of the audit. An incarcerated individual assisted with the call and dialed "1" for English and "0" for a collect call. The incarcerated individual then had to enter a "jacket number" (pin) and utilize voice recognition. The incarcerated individual then dialed the number provided. The auditor observed that the phone line advised that no calls were allowed at this time. The incarcerated individuals stated that calls to 800 numbers are not authorized through the incarcerated individual phone system. The auditor did observe that incarcerated individuals are provided a mailing address for the organization and can send correspondence.

The facility does not conduct comprehensive PREA education. Incarcerated individuals are required to read and acknowledge information on the tablet prior to being provided access to other areas of the tablet. The facility indicated this was their comprehensive PREA education. The facility further advised they do not have any documentation showing this acknowledgment.

During incarcerated individual interviews the

	auditor utilized Language Line for translation. The auditor was provided a call in number and a code to receive services. The auditor called the number and was able to secure a translator for the LEP interviews.
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Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

77. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?

- Yes
- No

78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

During the audit the auditor requested personnel and training files of staff, incarcerated individual files, medical and mental health records, grievances, incident reports and investigative files for review. A more detailed description of the documentation review is as follows:

Personnel and Training Files. The auditor reviewed a total of 32 personnel and/or training files that included four staff hired in the previous twelve months, two contractors hired within the previous twelve months, two staff promoted within the previous twelve months, three staff employed longer than five years and one contractor employed longer than five years. The sample included five total contractors, five volunteers and four medical and mental health care staff.

Incarcerated Individual Files. A total of 37 incarcerated individual files were reviewed. 35 incarcerated individual files were of those that arrived within the previous twelve months, three were LEP incarcerated individuals, seven were disabled incarcerated individuals, two were transgender or intersex incarcerated individuals and six were identified with prior sexual victimization and/or a history of prior abusiveness.

Medical and Mental Health Records. The auditor reviewed medical and mental health documentation for seven victims of sexual abuse and sexual harassment (sixteen total were originally reviewed, however nine did not meet the definition of sexual abuse or sexual harassment) as well as mental health documents for six incarcerated individuals who disclosed victimization during the risk screening and/or were identified with prior sexual abusiveness.

Grievances. The auditor requested information related to grievances during the previous twelve months, however the documentation was not ever provided.

Incident Reports. The auditor reviewed incident reports associated with sixteen reported allegations, nine of which were sexual abuse and sexual harassment allegations.

Investigation Files. The auditor reviewed sixteen allegations reported during the previous twelve months. Seven met the definition of sexual abuse or sexual harassment. The auditor reviewed the seven investigations, three sexual abuse and four sexual harassment. All seven were administrative investigations.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

79. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	2	0	2	0
Staff-on-inmate sexual abuse	1	0	1	0
Total	3	0	3	0

80. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	3	0	3	0
Staff-on-inmate sexual harassment	1	0	1	0
Total	4	0	4	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

81. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	0	0	0	0

82. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	2
Staff-on-inmate sexual abuse	0	0	1	0
Total	0	0	1	2

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

83. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

84. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	1	2	0
Staff-on-inmate sexual harassment	0	1	0	0
Total	0	2	2	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

85. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:

3

<p>86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>2</p>
<p>88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>1</p>
<p>91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>4</p>
<p>94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>3</p>
<p>96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

Staff-on-inmate sexual harassment investigation files

98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:

1

99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?

Yes

No

NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?

Yes

No

NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.

No text provided.

SUPPORT STAFF INFORMATION**DOJ-certified PREA Auditors Support Staff**

102. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

Yes

No

Non-certified Support Staff

103. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

Yes

No

AUDITING ARRANGEMENTS AND COMPENSATION

108. Who paid you to conduct this audit?

The audited facility or its parent agency

My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

A third-party auditing entity (e.g., accreditation body, consulting firm)

Other

Standards
Auditor Overall Determination Definitions
<ul style="list-style-type: none"> • Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions)
Auditor Discussion Instructions
<p>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.</p>

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Policy 3. Policy XIII-100 (1) – Prison Rape Elimination Act 4. Policy XIII-100 (2) – PREA Hiring 5. Policy XIII-100 (3) – Sexual Assault Investigations (PREA) 6. Policy XIII-100 (4) – PREA Training 7. Policy XIII – Jail Staffing 8. Policy IV-400 – Searches

9. Policy III-400 - Equal Employment Opportunity

10. Agency Organizational Chart

Interviews:

1. Interview with the PREA Coordinator

Findings (By Provision):

115.11 (a): The PAQ indicated that the agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. The PAQ also stated that the facility has a policy outlining how it will implement the agency's approach to preventing, detecting and responding to sexual abuse and sexual harassment and that the policy includes definitions on prohibited behaviors regarding sexual abuse and sexual harassment and sanctions for those found to have participated in prohibited behaviors. The PAQ further stated that the policy includes a description of agency strategies and response to reduce and prevent sexual abuse and sexual harassment of incarcerated individuals. The PREA Policy outline the agency's strategies on preventing, detecting and responding to sexual abuse and include definitions of prohibited behavior. Page 1 of the PREA Policy states Henderson County Detention Center has a Zero Tolerance Policy for Sexual Abuse / Assault/ Misconduct or Harassment. This policy applies to all facilities connected to the Detention center and to any contracts we may enter into for housing of our incarcerated individuals. Page 4 further states the Detention Center has a Zero Tolerance for retaliation or acts of intimidation. Any such occurrences against individuals because of their involvement in the reporting or investigation of prohibited sexual behavior should be reported to the Jailer or his designee. Pages 2-4 provide the definitions of prohibited behaviors and pages 4-5 and 14 outlines sanctions for those who have participated in prohibited behaviors. In addition to the previously stated policies, the agency has numerous other policies that address portions of sexual abuse prevention, detection and response strategies. The policies include: Policy XIII-100 (1), Policy XIII-100 (2), Policy XIII-100 (3), Policy XIII-100 (4), Policy XIII, Policy IV-400 and Policy III-400. The policies address "preventing" sexual abuse and sexual harassment through the designation of a PC, training (staff, volunteers and contractors), staffing, intake/risk screening, incarcerated individual education and posting of signage (PREA posters, etc.). The policies address "detecting" sexual abuse and sexual harassment through training (staff, volunteers, and contractors) and intake/risk screening. The policies address "responding" to allegations of sexual abuse and sexual harassment through reporting, victim services, medical and mental health services, employee and incarcerated individual discipline, sexual abuse incident reviews and data collection. The policies are consistent with the PREA standards and outline the agency's approach to sexual

safety.

115.11 (b): The PAQ indicated that the agency employs or designates an upper-level, agency-wide PREA Coordinator. The PAQ noted that the PC does not have sufficient time and authority to develop, implement and oversee agency efforts to comply with the PREA standards. The PAQ stated the position of PREA Coordinator at the facility is Correctional Officer. The agency's organizational chart reflects that the PC position is responsible for property, classification and PREA. The position reports to the Captain, who reports to the Chief Deputy of Administration. The interview with the PC indicated that she does not have enough time to manage all of her PREA related responsibilities. She indicated she is participating in the audit to get appropriate training on compliance. She advised she is creating PREA posters and updating all information, including training. The PC stated if she identifies an issue complying with a PREA standard she will work to fix it. She advised she is limited in what she can do because of her authority level, but she has informed the upper level staff of all compliance issues.

115.11 (c): The PAQ indicated that this provision does not apply. The agency is a jail and only has one facility.

Based on a review of the PAQ, the PREA Policy, XIII-100 (1), Policy XIII-100 (2), Policy XIII-100 (3), Policy XIII-100 (4), Policy XIII, Policy IV-400 and Policy III-400, the agency organizational chart and information from interviews with the PC, this standard appears to require corrective action.

Corrective Action

The agency will need to make appropriate modifications to ensure the PREA Coordinator is an upper-level position with the time and authority to coordinate PREA compliance. The facility will need to provide the changes made for the PREA Coordinator. Additionally, the auditor will need to conduct a follow-up phone interview with the PREA Coordinator.

Verification of Corrective Action Since the Interim Audit Report

The agency did not take any corrective action during the 180 day corrective action period. As such, this standard is not met.

115.12 Contracting with other entities for the confinement of inmates

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. PREA Policy

Findings (By Provision):

115.12 (a): The PAQ indicated that the agency has entered into or renewed two contracts for the confinement of incarcerated individuals since the last PREA audit and both contracts require the contractor to adopt and comply with PREA standards. The PREA Policy, page 1 states Henderson County Detention Center has a Zero Tolerance Policy for Sexual Abuse / Assault/ Misconduct or Harassment. This policy applies to all facilities connected to the Detention center and to any contracts we may enter into for housing of our incarcerated individuals. If you are contracted by us to house an incarcerated individual from our facility, you must adopt and comply with all PREA regulations. Failure to comply with the PREA regulations will result in an immediate removal of all Henderson County incarcerated individuals from your facility. The agency does not contract for the confinement of incarcerated individuals. The agency contracts with two agencies to hold their incarcerated individuals. As such, this provision does not apply.

115.12 (b): The PAQ indicated that two contracts require the agency to monitor the contractor's compliance with PREA standards. The PREA Policy, page 1 states Henderson County Detention Center has a Zero Tolerance Policy for Sexual Abuse / Assault/ Misconduct or Harassment. This policy applies to all facilities connected to the Detention center and to any contracts we may enter into for housing of our incarcerated individuals. If you are contracted by us to house an incarcerated individual from our facility, you must adopt and comply with all PREA regulations. Failure to comply with the PREA regulations will result in an immediate removal of all Henderson County incarcerated individuals from your facility. The agency does not contract for the confinement of incarcerated individuals. The agency contracts with two agencies to hold their incarcerated individuals. As such, this provision does not apply.

Based on the review of the PAQ, and the PREA Policy, this standard appears to be not applicable and as such compliant.

115.13 Supervision and monitoring

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. Policy XIII - Jail Staffing
3. Staffing Schedules
4. Unannounced Rounds

Interviews:

1. Interview with the Deputy Chief
2. Interview with the PREA Coordinator
3. Interviews with Intermediate-Level or Higher-Level Facility Staff

Site Review Observations:

1. Staffing Levels
2. Video Monitoring Technology or Other Monitoring Materials

Findings (By Provision):

115.13 (a): The PAQ indicated that the agency requires each facility it operates to develop, document and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect incarcerated individuals against abuse. Policy III-100 states the Henderson County Detention Center shall provide 24-hour awake supervision for all incarcerated individuals by providing a minimum of three jail personnel, excluding those designated for communication. The PAQ was blank related to average daily population. The agency did not have a staffing plan narrative. The agency had a staffing schedule, which outlined the staff assigned to each specific shift. Security staff mainly make up three shifts; 7am-3pm, 3pm-11pm and 11pm-7am. Each shift has two Supervisors and seven to eight Deputies. Staff are assigned to the entire facility and not specific posts. Staff are required to conduct official duties and make

rounds throughout the facility during their shift. During the tour the auditor confirmed the facility follows a staffing plan. A total number of staff were assigned to the entire facility and were expected to conduct rounds within the housing units and common areas. It should be noted that rounds did not include entering the cells, but rather observing from the large windows. Staff only entered the units during official counts. The auditor did observe that the entire cell was visible from the windows, with the exception of the shower/toilet areas which included curtains for privacy. The auditor did not observe any method for incarcerated individuals to contact staff, such as an intercom system. The facility noted that each cell has a sound alarm and that if sound exceeded a certain decibel an alarm would sound in the control room. During the tour the auditor observed staff conducting rounds and performing official duties. The auditor observed that lines of sight were adequate. The facility appeared to be overcrowded as incarcerated individuals had beds in dayroom areas and there was overflow in the recreation area. The auditor did not observe any apparent blind spots. During the tour the auditor observed cameras in housing units and common areas of the facility. The auditor noted that cameras covered almost every inch of the facility, including offices. The auditor verified that cameras are actively monitored by control room staff. Additionally administrative level staff and supervisors have access to view the cameras. The interview with the Chief Deputy (Deputy Chief) confirmed that the facility has a staffing plan that includes adequate levels to protect incarcerated individuals from sexual abuse. She stated video monitoring is part of the staffing plan and it is documented. The Chief Deputy advised all elements under this provision are considered in the staffing plan. She stated they have a minimum staffing that is based on the population. The Chief Deputy noted that they check for compliance with the staffing plan through the daily rosters. The PC stated she is not involved in the staffing plan so she is unsure about the development process. She noted she is not included in the staffing plan meetings.

115.13 (b): The PAQ indicated that each time the staffing plan is not complied with, the facility does not document or justify the deviations. The interview with the Chief Deputy confirmed that any deviations from the staffing plan would be documented on a report. She stated they never fall below the absolute minimum, but if they did a report would be completed and submitted. The auditor requested documentation related to deviations from the staffing plan, however at the issuance of the interim report the documentation had not yet been provided.

115.13 (c): The PAQ indicated that the facility in collaboration with the PC, does not review the staffing plan annually to see where adjustments are needed. The PC advised she is not consulted regarding the staffing plan. She indicated she is not included in the staffing plan meetings. The facility has not reviewed the staffing plan and does not have documentation of a review of the staffing plan as required under this provision.

115.13 (d): The PAQ indicated that the facility does not require that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The PAQ noted that the PC does have Shift Supervisor conduct unannounced rounds though. The PAQ further states that the facility documents the unannounced rounds and the rounds cover all shifts. Additionally, the PAQ stated that the facility prohibits staff from alerting other staff of the conduct of such rounds. Interviews with the intermediate-level or higher-level staff confirmed that they make unannounced rounds and that they document the unannounced rounds on the computer in Jail Tracker. The staff indicated they ensure staff don't notify one another of their unannounced rounds by not having a set pattern and conducting round irregularly. A review of documentation for six randomly selected weeks over the previous twelve months confirmed that intermediate or higher level supervisors conducted rounds on all shifts throughout the facility. The auditor noted that unannounced rounds are typically completed daily, which exceeds the requirement.

Based on a review of the PAQ, Policy III-100, Staffing Schedules, Unannounced Rounds, observations made during the tour and interviews with the PC, PCM, Deputy Chief and intermediate-level or higher-level staff, this standard appears to require corrective action. The agency did not have a staffing plan narrative. The PC stated she is not involved in the staffing plan so she is unsure about the development process. She noted she is not included in the staffing plan meetings. The PAQ indicated that the facility in collaboration with the PC, does not review the staffing plan annually to see where adjustments are needed. The PC advised she is not consulted regarding the staffing plan. She indicated she is not included in the staffing plan meetings. The facility has not reviewed the staffing plan and does not have documentation of a review of the staffing plan as required under this provision. The auditor requested documentation related to deviations from the staffing plan, however at the issuance of the interim report the documentation had not yet been provided.

Recommendation

The auditor highly recommends that the facility add the annual staffing plan review, documentation of deviations from the staffing plan, and unannounced rounds to policy and procedure.

Corrective Action

The agency will need to develop a staffing plan, which includes narrative on the

elements required under provision (a). A copy of the staffing plan will need to be provided. The facility will need to provide the originally requested examples of deviation from the staffing plan. If not available, the facility will need to develop a way to document deviations and provide examples of the deviation. The agency will need to ensure the PC is consulted about the staffing plan, to include the annual review of the staffing plan. The facility will need to conduct an annual review as outlined under this provision and provide confirmation of the review.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Staffing Plan
2. Employee Tracking Forms
3. Annual Staffing Plan Review

The facility provided the staffing plan, which included narrative related to all elements under provision (a). The staffing plan included the narrative document and the staffing schedule.

The facility provided examples of deviations from the staffing plan. The deviation was documented via the employee tracking form. This form noted the deviation, the shift that had the deviation (time), the date and the reason for the deviation.

The facility conducted an annual review of the staffing plan. The review included the elements required under provision (c). The staffing plan was reviewed on January 9, 2026 in conjunction with the PREA Coordinator.

Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.

115.14	Youthful inmates
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Population Age Report <p>Findings (By Provision):</p> <p>115.14 (a): The PAQ indicated that the facility does not house youthful incarcerated individuals and as such this standard is not applicable. A review of the population age reports confirmed the facility does not house anyone under eighteen.</p> <p>115.14 (b): The PAQ indicated that the facility does not house youthful incarcerated individuals and as such this standard is not applicable.</p> <p>115.14 (c): The PAQ indicated that the facility does not house youthful incarcerated individuals and as such this standard is not applicable.</p> <p>Based on a review of the PAQ and population age report, this standard appears to be not applicable and as such compliant.</p>

115.15	Limits to cross-gender viewing and searches
	<p>Auditor Overall Determination: Does Not Meet Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Policy 3. Policy IV-400 - Searches

4. Working with Transgender Offenders Training Curriculum

5. Staff Training Records

Interviews:

1. Interviews with Random Staff

2. Interviews with Random Incarcerated Individuals

3. Interviews with Transgender and/or Intersex Incarcerated Individuals

Site Review Observations:

1. Observations of Privacy Barriers

2. Observation of Cross Gender Announcement

Findings (By Provision):

115.15 (a): The PAQ indicated that the facility does not conduct cross gender strip or cross gender visual body cavity searches of incarcerated individuals. The PAQ stated zero searches of this kind were conducted at the facility over the past twelve months. The PREA Policy, page 4 states the Detention Center does not conduct cross-gender strip searches or cross-gender visual body cavity searches except in emergency circumstances or when performed by medical practitioners. Policy IV-400 states a deputy jailer of the same sex as the incarcerated individual shall order the incarcerated individual to remove all clothing to detect possible hidden contraband through a visual inspection of the arrestee's person. The search shall take place in a private area. Policy further states a licensed medical professional acting within their statutory scope of practice probes and visually inspects the orifices of the incarcerated individual's body, in a private location, under sanitary conditions. Additionally, policy notes under no circumstances is a Deputy jailer permitted to conduct or witness an unclothed search of an incarcerated individual of the opposite sex. During the tour the auditor observed the body scan process. Male staff conduct body scans of female incarcerated individuals and female staff conduct body scans of male incarcerated individuals. The auditor viewed the image and determined that based on the PREA Resource Center's FAQ, the use of opposite gender staff with the body scanner constituted a cross gender search.

115.15 (b): The PAQ indicated that the facility does not permit cross-gender pat-down

searches of female incarcerated individuals, absent exigent circumstances and the facility does not restrict female incarcerated individuals' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision. The PAQ further indicated that the facility does not restrict female incarcerated individuals' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision. The PAQ stated there were zero pat down searches of female incarcerated individuals by male staff. Policy IV-400 states a deputy jailer of the same sex as the incarcerated individual shall pat the incarcerated individual's body over top of the incarcerated individual's clothing, using the Deputy Jailer's hands. Interviews with random staff confirmed none were aware of a time they restricted female incarcerated individuals access in order to comply with this provision. Interviews with female and transgender female incarcerated individuals indicated that none were restricted access in order to comply with this provision. Additionally, transgender incarcerated individuals and staff noted that transgender incarcerated individuals are searched based on their preference. All twelve staff indicated they do not restrict access to programs and privileges in order to comply with this provision. Staff advised they always have a female to search.

115.15 (c): The PAQ indicated that facility policy does not require that all cross-gender strip searches and cross gender visual body cavity searches be documented. The PAQ further stated that facility policy does not require that all cross-gender pat-down searches of female incarcerated individuals be documented. Policy IV-400 states every incarcerated individual search shall be documented on the Shift Activities Log. Documentation shall include the incarcerated individual's name, the type of search, reason for the search, searching officer and findings of search. Policy further states a licensed medical professional acting within their statutory scope of practice probes and visually inspects the orifices of the incarcerated individual's body, in a private location, under sanitary conditions and must be documented on an incident report and within the incarcerated individual's medical file. Additionally, policy states all searches must be documented on the appropriate search log and shall be included as part of the shift packet. The search log must include: basis for reasonable suspicion to conduct a search; date and time of search; name of incarcerated individual; name of person conducting search; type of search; and result of search. The auditor requested documentation related to the cross gender searches performed via the body scanner. At the issuance of the interim report the documentation had not yet been provided.

115.15 (d): The PAQ stated that the facility has not implemented policies and procedures that enable incarcerated individuals to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Additionally, the PAQ stated that policies and procedures do not require staff of the opposite gender to announce their presence when entering an incarcerated individual housing unit. The PAQ advised that the PC

requires staff of the opposite gender to announce their presence when entering housing units. The PREA Policy, page 4 states the Detention Center enables incarcerated individuals to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Staff are required to announce their presence when entering an incarcerated individual housing unit that is occupied by incarcerated individuals of the opposite sex. During the tour the auditor observed that privacy was provided via curtains, walls and doors with security windows (have additional flap to cover window when necessary). The auditor viewed the strip search areas and confirmed there were not any cross gender viewing issues. A review of video monitoring technology confirmed there were appropriate modifications to the toilet areas of cells with cameras, with the exception of one cell. With regard to the opposite gender announcement, the auditor heard the announcement completed by staff during the tour. The announcement was made when staff were conducting rounds in the hallway. It should be noted the announcement was not made when the audit team entered the cells. All twelve random staff stated that incarcerated individuals have privacy when showering, using the restroom and changing clothes. 28 of the 30 incarcerated individuals interviewed indicated they have privacy when showering, using the restroom and changing their clothes. 25 of the 30 incarcerated individuals stated that staff of the opposite gender announce when entering incarcerated individual housing units. All twelve staff stated that opposite gender staff announce their presence when entering incarcerated individual housing units.

115.15 (e): The PAQ indicated that the facility does not have a policy prohibiting staff from searching or physically examining a transgender or intersex incarcerated individual for the sole purpose of determining the incarcerated individual's genital status. The PAQ noted that there have been no searches of this nature that occurred in the previous twelve months. The PREA Policy, page 4 states the Detention Center staff are prohibited from searching or physically examining a transgender and intersex incarcerated individual for the sole purpose of determining the incarcerated individual's genital status. Interviews with twelve random staff indicated all twelve were aware of an agency policy that prohibits strip searching a transgender or intersex incarcerated individual for the sole purpose of determining the incarcerated individuals' genital status. Interviews with two transgender incarcerated individuals confirmed neither believed they were searched for the sole purpose of determining their genital status.

115.15 (f): The PREA Policy, page 7 states the Detention Center shall train security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex incarcerated individuals, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. A review of the Working with Transgender Offenders Training Curriculum notes that it outlines definitions, dynamics and staff role for a respectful culture dealing with transgender

individuals. It does not outline cross gender searches or searches of transgender and intersex individuals. The PAQ indicated that 100% of staff have received this training. Interviews with random staff indicated eleven of the twelve had received training on conducting cross-gender pat down searches and searches of a transgender and intersex incarcerated individuals. Staff noted that transgender incarcerated individuals can choose the gender of staff they want to be searched by. A review of twelve staff training records indicated seven had received the Transgender Offender Training during the PREA training.

Based on a review of the PAQ, the PREA Policy, Policy IV-400, Working with Transgender Offenders Training Curriculum, Staff Training Records, observations made during the tour as information from interviews with random staff, random incarcerated individuals and transgender incarcerated individuals, this standard appears to require corrective action. During the tour the auditor observed the body scan process. Male staff conduct body scans of female incarcerated individuals and female staff conduct body scans of male incarcerated individuals. The auditor viewed the image and determined that based on the PREA Resource Center's FAQ, the use of opposite gender staff with the body scanner constituted a cross gender search. The auditor requested documentation related to the cross gender searches performed via the body scanner. At the issuance of the interim report the documentation had not yet been provided. A review of video monitoring technology confirmed there were appropriate modifications to the toilet areas of cells with cameras, with the exception of one cell. It should be noted the announcement was not made when the audit team entered the cells. A review of the Working with Transgender Offenders Training Curriculum notes that it outlines definitions, dynamics and staff role for a respectful culture dealing with transgender individuals. It does not outline cross gender searches or searches of transgender and intersex individuals. A review of twelve staff training records indicated seven had received the Transgender Offender Training during the PREA training.

Corrective Action

The facility will need to update policy and procedure related to searches using the body scanner to ensure cross gender searches do not occur with the body scanner. The updated policy and procedure will need to be provided. Additionally, all staff will need to be provided training on the updated policy and procedure. Confirmation of the training will need to be provided. The auditor will need to conduct a phone interview with booking staff to confirm the updated procedure for the body scanner. The facility will need to train staff on the requirement of the opposite gender announcement when entering any housing units. Confirmation of the training will need to be provided. Further, the facility will need to implement new training for cross gender searches and searches of transgender and intersex incarcerated individuals. A copy of the training curriculum selected for use will need to be provided as well as

	<p>confirmation that staff have completed the training.</p> <p>Verification of Corrective Action Since the Interim Audit Report</p> <p>The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.</p> <p>Additional Documents:</p> <ol style="list-style-type: none"> 1. Photos of Modifications <p>The facility provided a photo of the modification (black box) of the one cell with the cross gender viewing issue. The photos confirmed the video monitoring was modified and the issue was alleviated.</p> <p>No additional corrective action was taken during the 180 day corrective action period. As such this standard is still not met.</p>
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<p>115.16</p>	<p>Inmates with disabilities and inmates who are limited English proficient</p>
	<p>Auditor Overall Determination: Does Not Meet Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Policy 3. Language Line Information 4. Rules, Policies, Procedures and Inmate Rights Pertaining to Confinement (Handbook) 5. Zero Tolerance Poster

Interviews:

1. Interview with the Agency Head
2. Interviews with LEP and Disabled Incarcerated Individuals
3. Interviews with Random Staff

Site Review Observations:

1. Observations of PREA Posters

Findings (By Provision):

115.16 (a): The PAQ stated that the agency has not established procedures to provide disabled incarcerated individuals equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. A review of the Zero Tolerance Poster notes that it is available in large font and bright colors. A review of the Handbook notes that it is available electronically and font can be enlarged. The interview with the Agency Head confirmed that the agency has established procedures to provide incarcerated individuals with disabilities and incarcerated individuals who are limited English Proficient equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. He advised they have a tablet that is able to translate the information in different languages and in larger font. He noted they also have information readily available in Spanish. The Agency Head stated they have a contract with a language service and that medical also has a phone they can use. The auditor observed PREA information posted in hallways and common areas via the Zero Tolerance Poster. The Zero Tolerance Poster was displayed on legal size paper in English. Additionally, the auditor observed that the tablet system included the Handbook and PREA Policy. It should be noted that the phone numbers on the Zero Tolerance Poster and in the PREA Policy were incorrect. The facility had already implemented corrective action and was working on updating all material. The auditor also observed a few PREA Posters displayed in English within the facility that advised of the zero tolerance policy. Interviews with five disabled incarcerated individuals indicated three had received PREA information in a format they could understand.

115.16 (b): The PAQ indicates that the agency has established procedures to provide incarcerated individuals with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The facility utilizes translation

services via Language Line. Documentation provided outlines the phone number, pin and directions on use of the service. A review of the Zero Tolerance Poster indicated it was only available in English. A review of the Handbook noted it was only available in English. The facility advised that the tablet allowed for incarcerated individuals to translate information on the tablet into other languages and formats, however the auditor did not receive confirmation of this process. The auditor observed PREA information posted in hallways and common areas via the Zero Tolerance Poster. The Zero Tolerance Poster was displayed on legal size paper in English. Additionally, the auditor observed that the tablet system included the Handbook and PREA Policy. It should be noted that the phone numbers on the Zero Tolerance Poster and in the PREA Policy were incorrect. The facility had already implemented corrective action and was working on updating all material. The auditor also observed a few PREA Posters displayed in English within the facility that advised of the zero tolerance policy. During incarcerated individual interviews the auditor utilized Language Line for translation. The auditor was provided a call in number and a code to receive services. The auditor called the number and was able to secure a translator for the LEP interviews. Interviews with two LEP incarcerated individuals indicated neither were provided information in a format they could understand. It should be noted a third LEP incarcerated individual was interviewed and noted he did not received information in a format he could understand, but his interview was used under the random incarcerated individual criteria.

115.16 (c): The PAQ indicated that agency policy does not prohibit use of incarcerated individual interpreters, incarcerated individual readers, or other type of incarcerated individual assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the incarcerated individual's safety, the performance of first responder duties, or the investigation of the incarcerated individual's allegation. The PAQ further stated there were zero instances where an incarcerated individual was utilized to interpret, read or provide other types of assistance. The PREA Policy, page 8 states incarcerated individual shall not be used or relied on for incarcerated individual interpreters, incarcerated individual readers, or other types of incarcerated individual assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the incarcerated individual's safety, the performance of first-response duties under §115.64, or the investigation of the incarcerated individual's allegations. Interviews with random staff indicated ten of the twelve were aware of a policy that prohibits using incarcerated individuals interpreters, readers or other type of assistants. Most advised they have a language line they can use. Interviews with five disabled incarcerated individuals and two LEP incarcerated individuals indicated three were provided information in a format that they could understand. One LEP individual advised that another incarcerated individual was used to translate for the risk screening questions.

Based on a review of the PAQ, the PREA Policy, Language Line Information, Zero

Tolerance Poster, Handbook, observations made during the tour as well as interviews with the Agency Head, random staff, incarcerated individuals with disabilities and LEP incarcerated individuals indicates that this standard appears to require corrective action. Interviews with five disabled incarcerated individuals indicated three had received PREA information in a format they could understand. Interviews with two LEP incarcerated individuals indicated neither were provided information in a format they could understand. It should be noted a third LEP incarcerated individual was interviewed and noted he did not received information in a format he could understand, but his interview was used under the random incarcerated individual criteria. One LEP individual advised that another incarcerated individual was used to translate for the risk screening questions.

Corrective Action

The facility will need to ensure that all incarcerated individuals have equal access to benefit from the PREA policy and procedure. The facility will need to ensure all distributed information is available in, at minimum, English and Spanish, and can be translated in other languages when needed. Information will need to be displayed in, at minimum, English and Spanish. Copies of the documents, as well as photos of the documents displayed will need to be provided. Additionally, distributed/posted information should be available in adequate size font and should be displayed at a height for those with vision impairment and with any physical disabilities are able to view. The facility will also need to ensure they have a process for PREA information to be provided to those who speak a language other than English or Spanish and those with a hearing, vision, cognitive or other disability. Information on the accommodations will need to be provided.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. PREA Brochure in Spanish
2. PREA Poster in Spanish

	<p>The facility provided a copy of the PREA Brochure and the PREA Poster translated in Spanish. One photo was provided of the Spanish PREA Poster displayed in booking.</p> <p>No additional corrective action was taken during the 180 day corrective action period. As such this standard is still not met.</p>
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115.17	Hiring and promotion decisions
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	<p>Auditor Overall Determination: Meets Standard</p>
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	<p>Auditor Discussion</p>
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Documents:

1. Pre-Audit Questionnaire
2. Policy XIII-100 (2)
3. Policy III-400 – Equal Employment Opportunity
4. Policy XIII – Jail Staffing
5. Pre-Employment Reference Check
6. PREA Hiring/Promotion Record Check
7. Staff and Contractor Personnel Files

Interviews:

1. Interview with Human Resource Staff

Findings (By Provision):

115.17 (a): The PAQ indicated that agency policy prohibits hiring or promoting anyone who may come in contact with incarcerated individuals, and shall not enlist the services of any contractor who may have contact with incarcerated individuals if they have: engaged in sexual abuse in prison, jail, lockup or any other institution; been convicted of engaging or attempting to engage in sexual activity in the community or has been civilly or administratively adjudicated to have engaged in sexual abuse by force, overt or implied threats of force or coercion. Policy XIII-100(2) states in accordance with PREA § 115.17 Hiring and Promotion Decisions the Henderson

County Detention Center shall not hire or promote anyone who may have contact with incarcerated individuals, and shall not enlist the services of any contractor who may have contact with incarcerated individuals, who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section. Policy XIII states employees of the Henderson County Detention Center shall be subject to a thorough background investigation prior to hiring, and annually and at any time during employment to include: NCIC check including: Warrants, Criminal history, OL, and Domestic Violence clearance; Social Security Card and current active Operator's License (copies required); Drug test; Employment history; Education verification (copy of High School Diploma or GED required); Military discharge paperwork DD214 (if applicable); and Prior to employment by Henderson County Detention Center and annually: Health physical for employment upon request (to be paid by the applicant); and Employees and contract employees are subject to a drug and/or alcohol screening at any time upon the request of the Jailer or his/her designee. All employees, contract employees, and volunteers shall be subject to a thorough background investigation prior to hiring, annually and upon request of the Jailer. A review of documentation for four staff hired in the previous twelve months confirmed that all four had a criminal background records check completed prior to hire. All four also had the PREA Hiring/Promotion Records Check completed, which contains the PREA questions outlined under this standard. A review of documentation for two contractors hired in the previous twelve months indicated one had a criminal background records check completed prior to enlisting their services. The other had a criminal background records check completed but it was after the date of hire provided.

115.17 (b): The PAQ indicated that the agency considers any incidents of sexual harassment in determining whether to hire or promote any staff or enlist the services of any contractor who may have contact with an incarcerated individual. Policy XIII-100(2) the Henderson County Detention Center shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with incarcerated individuals. Policy III-400 states sexual harassment is defined as unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature when: Submission to such conduct explicitly or implicitly becomes a condition of employment; or Submission to or rejection of such conduct is used as a basis for employment decisions affecting the employee. The interview with Human Resource staff confirmed that sexual harassment is considered when hiring or promotion staff or enlisting services of contractors.

115.17 (c): The PAQ indicated that agency policy requires that before it hires any new employees who may have contact with incarcerated individuals, it (a) conducts criminal background record checks, and (b) consistent with federal, state, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. Policy XIII-100(2) states before hiring new employees, who may have contact with incarcerated individuals, the Henderson County Detention Center shall: Perform a criminal background records check; and Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. Policy XIII states employees of the Henderson County Detention Center shall be subject to a thorough background investigation prior to hiring, and annually and at any time during employment to include: NCIC check including: Warrants, Criminal history, OL, and Domestic Violence clearance; Social Security Card and current active Operator's License (copies required); Drug test; Employment history; Education verification (copy of High School Diploma or GED required); Military discharge paperwork DD214 (if applicable); and Prior to employment by Henderson County Detention Center and annually: Health physical for employment upon request (to be paid by the applicant); and Employees and contract employees are subject to a drug and/or alcohol screening at any time upon the request of the Jailer or his/her designee. All employees, contract employees, and volunteers shall be subject to a thorough background investigation prior to hiring, annually and upon request of the Jailer. The PAQ indicated that all persons hired have had a criminal background records check completed prior to hire. A review of the Pre-Employment Reference Check form notes that it inquires about any substantiated PREA allegations. The interview with Human Resource staff confirmed that a criminal background records check is completed prior to hiring staff. She advised that applicants fill out a form with necessary information and that information is provided to the Kentucky State Police to run them through NCIC. She confirmed they also contact prior institutional employers related to allegations of sexual abuse and resignations during investigation. A review of documentation for four staff hired in the previous twelve months confirmed that all four had a criminal background records check completed prior to hire. One of the four staff had a prior institutional employer listed on the application and had the Pre-Employment Reference Check form completed.

115.17 (d): The PAQ stated that agency policy requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with incarcerated individuals. The PAQ indicated that there have been zero contracts at the facility within the previous twelve months where criminal background record checks were conducted on all staff covered under the contract. Policy XIII-100(2) states the Henderson County Detention Center shall also perform a criminal background record check before enlisting the services of any contractor who may have contact with incarcerated individuals. Policy XIII states all employees, contract employees, and volunteers shall be subject to a thorough background

investigation prior to hiring, annually and upon request of the Jailer. The Human Resource staff confirmed that a criminal background records check is completed prior to enlisting the services of contractors. A review of documentation for two contractors hired in the previous twelve months indicated one had a criminal background records check completed prior to enlisting their services. The other had a criminal background records check completed but it was after the date of hire provided.

115.17 (e): The PAQ indicated that agency policy does not require that either criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with incarcerated individuals, or that a system is in place for otherwise capturing such information for current employees. Policy XIII-100(2) states the Henderson County Detention Center shall either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with incarcerated individuals or have in place a system for otherwise capturing such information for current employees. Policy XIII states all employees, contract employees, and volunteers shall be subject to a thorough background investigation prior to hiring, annually and upon request of the Jailer. The interview with Human Resource staff indicated that a criminal background records check is completed annually for staff and contractors. A review of documentation for three staff employed longer than five years and one contractor employed longer than five year confirmed all four had a criminal background records check completed annually, which exceeds the requirements of this provision.

115.17 (f): Policy XIII-100(2) states the Henderson County Detention Center shall ask all applicants and employees who may have contact with incarcerated individuals directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. HCDC shall also impose upon employees a continuing affirmative duty to disclose any such misconduct. A review of the PREA Hiring/Promotion Records Check confirmed that staff ask the applicant the questions under this provision and check their response on the form. The form also asks directly about sexual harassment, which exceeds the requirement for this provision. The Human Resource staff stated staff fill out a form that includes the questions under this provision. She stated the form is completed prior to hire but not prior to promotion. The Human Resource staff member confirmed that staff have a continuing affirmative duty to disclose any previous misconduct. A review of documentation for four staff hired in the previous twelve months confirmed all four had the PREA Hiring/Promotion Records Check completed, which contains the PREA questions outlined under this standard. A review of documentation for two staff promoted during the previous twelve months noted neither had the PREA questions completed prior to promotion.

115.17 (g): The PAQ indicated that agency policy does not state that material omissions regarding sexual misconduct or the provision of materially false information is grounds for termination. Policy XIII-100(2) states material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

115.17 (h): Policy XIII-100(2) states unless prohibited by law, the Henderson County Detention Center shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. The interview with the Human Resource staff confirmed that they provide information on any substantiated allegations of sexual abuse or sexual harassment when requested.

Based on a review of the PAQ, Policy XIII-100 (2), Policy III-400, Policy XIII, Pre-Employment Reference Check, PREA Hiring/Promotion Record Check, Personnel Files for Staff and Contractors and information obtained from the Human Resource staff interview, this standard appears to require corrective action. A review of documentation for two contractors hired in the previous twelve months indicated one had a criminal background records check completed prior to enlisting their services. The other had a criminal background records check completed but it was after the date of hire provided. The Human Resource staff stated staff fill out a form that includes the questions under this provision. She stated the form is completed prior to hire but not prior to promotion. A review of documentation for two staff promoted during the previous twelve months noted neither had the PREA questions completed prior to promotion.

Corrective Action

The facility will need to provide the originally requested documentation for the contractor. If not available, the facility will need to provide a list of contractors hired during the corrective action period and associated criminal background record checks prior to enlisting their services. The facility will need to ensure that the PREA Hire/Promotion Records Check form is completed prior to promoting any staff. The facility will need to provide a list of staff promoted during the corrective action period and associated documents.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Clarifying Documents for Contractors
2. PREA Hiring/Promotion Records Check

The facility provided clarifying documentation on the date of hire for the contractor. The date of hire was after the date of the criminal background records check. As such, both contractors had a criminal background records check completed prior to hire.

The facility provided a list of staff promoted during the corrective action period as well as the PREA Hiring/Promotion Records Check form. Documentation confirmed that all four staff that were promoted were asked the questions under provision (f) prior to promotion.

Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.

115.18	Upgrades to facilities and technologies
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	Auditor Overall Determination: Meets Standard
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	Auditor Discussion
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	Documents:
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| | <ol style="list-style-type: none">1. Pre-Audit Questionnaire2. Camera Invoices |
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	Interviews:
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| | <ol style="list-style-type: none">1. Interview with the Agency Head2. Interview with the Deputy Chief |
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Site Review Observations:

1. Observations of Modification to the Physical Plant/New Unit
2. Observations of Video Monitoring Technology

Findings (By Provision):

115.18 (a): The PAQ indicated that the agency/facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later. During the tour the auditor did not observe any substantial modifications to the existing physical plant. The interview with the Agency Head indicated they are planning on expanding the facility another 100 beds and that part of the expansion is a checklist that includes the improvements as they relate to PREA. He advised they have already installed extra cameras in cells and they are looking at places for more materials. The interview with the Chief Deputy indicated that they have not made any substantial modifications to the existing facility since the last PREA audit. She noted they closed a building and added a few bunk, but nothing else.

115.18 (b): The PAQ stated that the agency/facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later. During the tour the auditor observed cameras in housings units and common areas of the facility. The auditor noted that cameras covered almost every inch of the facility, including offices. The auditor verified that cameras are actively monitored by control room staff. Additionally administrative level staff and supervisors have access to view the cameras. The interview with the Agency Head indicated they use video monitoring technology to provide more visibility in areas. He stated the video cameras help to detect and be proactive. The Chief Deputy confirmed that when installing or updating video monitoring technology they consider how that technology will protect incarcerated individuals from sexual abuse. She noted they just added a bunch of cameras to alleviate blind spots and that these new cameras allow them to see everything. A review of camera invoices outlined the technology purchased to upgrade technology to enhance safety and security at the facility.

Based on a review of the PAQ, Camera Invoices, observations made during the tour and information from interviews with the Agency Head and Deputy Chief, this standard appears to be compliant.

115.21 Evidence protocol and forensic medical examinations

Auditor Overall Determination: Does Not Meet Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. PREA Policy
3. Policy XIII-100 (1) – Prison Rape Elimination Act
4. Kentucky State Police General Order OM-C-1c: Sexual Assault Investigations
5. Investigative Reports

Interviews:

1. Interviews with Random Staff
2. Interview with the PREA Compliance Manager
3. Interview with SAFE/SANE
4. Interviews with Incarcerated Individuals who Reported Sexual Abuse

Findings (By Provision):

115.21 (a): The PAQ indicated that the agency is responsible for conducting administrative investigations and the Kentucky State Policy is responsible for conducting criminal investigations. The PAQ state that when conducting sexual abuse investigations, the agency investigators do not follow a uniform evidence collection. The PREA Policy page 1 states every allegation of sexual assault, sexual misconduct and harassment will be thoroughly investigated. Page 15 outlines evidence protocol for the victim, suspect and crime scene. Policy states, Physical Evidence-Victim: In preparation for transporting the alleged victim to the hospital's emergency room the incarcerated individual is provided and instructed to undress over a clean sheet to collect any potential forensic evidence that may fall from the person. The sheet along with the victim/incarcerated individual's clothing is collected as evidence and placed in a bag with an appropriate chain of evidence form attached. In the event that the incarcerated individual's injuries prevent the incarcerated individual from standing to participate in trace evidence collection, the incarcerated individual will have this process conducted at the hospital by the Sexual Assault Nurse Examiner (SANE). Forensic evidence collected by the hospital emergency staff is gathered and delivered

to the investigator through appropriate protocols. Physical Evidence - Suspected Abuser: Immediately upon being identified as the alleged suspect the suspect will be instructed to undress over a clean sheet to collect any potential forensic evidence that may fall from the person. The sheet along with the suspect/incarcerated individual's clothing is collected as evidence and placed in a bag with an appropriate chain of evidence form attached. Physical Evidence- Crime Scene: Based on the amount of time passed since the alleged incident and other factors, a determination is made to assess whether there is a possibility of evidence still existing at the crime scene. If determined that a possibility of evidence still exists, and if possible, the crime scene is secured and any potential evidence remains for the investigator's examination. If the crime scene cannot be secured, the crime scene is photographed and/or videotaped and if any evidence exists, it is placed in a bag with an appropriate chain of evidence form attached. If a potential crime scene is established, limited access to the crime scene is authorized and a log maintained. Policy XIII-100 (1), page 4 states all reports of sexual abuse/threats will be fully investigated by Internal Affairs or the designated Internal Affairs person and the Sheriff kept informed through written reports. A review of documentation noted that the facility and the Kentucky State Policy follow a uniform evidence protocol, specifically they follow that as outlined in the DOJ's Office of Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011. Interviews with random staff indicated nine of the twelve knew and understood the protocol for obtaining usable physical evidence and all twelve were aware who would conduct investigations (PREA Coordinator or Lieutenant).

115.21 (b): The PAQ indicated that the protocol is not developmentally appropriate for youth and was not adapted from or otherwise based on the most recent edition for the DOJ's Office of Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011. The PREA Policy page 15 outlines evidence protocol for the victim, suspect and crime scene. Policy states, Physical Evidence-Victim: In preparation for transporting the alleged victim to the hospital's emergency room the incarcerated individual is provided and instructed to undress over a clean sheet to collect any potential forensic evidence that may fall from the person. The sheet along with the victim/incarcerated individual's clothing is collected as evidence and placed in a bag with an appropriate chain of evidence form attached. In the event that the incarcerated individual's injuries prevent the incarcerated individual from standing to participate in trace evidence collection, the incarcerated individual will have this process conducted at the hospital by the Sexual Assault Nurse Examiner (SANE). Forensic evidence collected by the hospital emergency staff is gathered and delivered to the investigator through appropriate protocols. Physical Evidence - Suspected Abuser: Immediately upon being identified as the alleged suspect the suspect will be instructed to undress over a clean sheet to collect any potential forensic evidence that may fall from the person. The sheet along with the suspect/incarcerated individual's clothing is collected as evidence and placed

in a bag with an appropriate chain of evidence form attached. Physical Evidence-Crime Scene: Based on the amount of time passed since the alleged incident and other factors, a determination is made to assess whether there is a possibility of evidence still existing at the crime scene. If determined that a possibility of evidence still exists, and if possible, the crime scene is secured and any potential evidence remains for the investigator's examination. If the crime scene cannot be secured, the crime scene is photographed and/or videotaped and if any evidence exists, it is placed in a bag with an appropriate chain of evidence form attached. If a potential crime scene is established, limited access to the crime scene is authorized and a log maintained. A review of documentation noted that the facility and the Kentucky State Policy follow a uniform evidence protocol, specifically they follow that as outlined in the DOJ's Office of Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011. \\

115.21 (c): The PAQ indicated that the facility does not offer all incarcerated individuals who experience sexual abuse access to forensic medical examinations at an outside medical facility. The PREA Policy, page 12 states medical services will consider any treatment of the sexual assault victim as a medical emergency. The incarcerated individual will be provided outside medical treatment pursuant to medical protocols, when necessary, and transported to a medical facility which, when appropriate based on the injuries and nature of the incident, will provide sexual assault medical examination services administered by a certified Sexual Assault Nurse Examiner (SANE). The PAQ was blank related to forensic medical examinations. The auditor contacted Deaconess Henderson Hospital related to forensic medical examinations. Hospital staff confirmed that forensic medical examinations are provided by SAFE/SANE. A review of investigations indicated there were zero incarcerated individuals transported to the local hospital for a forensic medical examination. One victim was offered the services but declined.

115.21 (d): The PAQ indicated that the facility attempts to make available to the victim a victim advocate from a rape crisis center and the efforts are documented. The PAQ further indicated that if a rape crisis center is not available they do not offer a qualified staff member from a community-based organization or a qualified agency staff member. The PREA Policy, page 11 states if requested by the victim and with the investigators consent, the mental health / victim support person may sit in during the investigation interviews. Any notes taken by the victim support person will be limited to the notation of emotional status of the incarcerated individual. Notes shall not reflect investigative information. Page 16 further states a victim support person or case manager is permitted to sit in on any victim interviews if requested by the victim. Only qualified health care employees are utilized in this capacity. Victim support persons acting in this capacity require approval by the Jailer or the Chief of Operations. If an incarcerated individual requests a victim support person, the individual selected will be at the discretion of the Jailer. The agency does not have an

MOU with an outside service, however they were actively working on the agreement. The facility did not have qualified staff that served as victim advocates or community based staff. The interview with the PC indicated that victims are not provided a victim advocate, qualified agency staff member or qualified community-based organization staff member to accompany and support the victim through the forensic medical examination process and investigatory interviews. She stated they are working on the process and that victims will be afforded these services in the future. Interviews with incarcerated individuals who reported sexual abuse indicated none of the three were afforded the opportunity to contact someone after a report of sexual abuse. It should be noted that two of the three had reported sexual harassment, not sexual abuse. A review documentation noted that victims of sexual abuse were not afforded access to victim advocates.

115.21 (e): The PAQ indicated that the facility does not provide a victim advocate, qualified agency staff member or qualified community-based organization staff member to accompany and support the victim through the forensic medical examination process and investigatory interviews. The PREA Policy, page 11 states if requested by the victim and with the investigators consent, the mental health / victim support person may sit in during the investigation interviews. Any notes taken by the victim support person will be limited to the notation of emotional status of the incarcerated individual. Notes shall not reflect investigative information. Page 16 further states a victim support person or case manager is permitted to sit in on any victim interviews if requested by the victim. Only qualified health care employees are utilized in this capacity. Victim support persons acting in this capacity require approval by the Jailer or the Chief of Operations. If an incarcerated individual requests a victim support person, the individual selected will be at the discretion of the Jailer. The agency does not have an MOU with an outside service, however they were actively working on the agreement. The facility did not have qualified staff that served as victim advocates or community based staff. The interview with the PC indicated that victims are not provided a victim advocate, qualified agency staff member or qualified community-based organization staff member to accompany and support the victim through the forensic medical examination process and investigatory interviews. She stated they are working on the process and that victims will be afforded these services in the future. She advised that they are working with the local rape crisis center, New Beginnings, to provide these services. Interviews with incarcerated individuals who reported sexual abuse indicated none of the three were afforded the opportunity to contact someone after a report of sexual abuse. It should be noted that two of the three had reported sexual harassment, not sexual abuse. A review documentation noted that victims of sexual abuse were not afforded access to victim advocates.

115.21 (f): The PAQ indicated that the agency has not requested that the responsible agency follow the requirements of paragraphs §115.21 (a) through (e) of the standards. The agency can conduct both administrative and criminal investigations,

however they do refer investigations to the Kentucky State Police (KSP). The facility does not have an agreement with the KSP. The auditor conducted a phone interview with Detective Turner of the Kentucky State Police. Detective Turner confirmed that the agency follows a uniform evidence protocol and the requirements under this standard. Additionally, a review of General Order OM-C-1c confirms the agency follows the requirements under this standard.

115.21 (g): The auditor is not required to audit this provision.

115.21 (h): The facility does not have qualified staff to serve as victim advocates. The facility is not currently offering victim advocacy services to victims of sexual abuse.

Based on a review of the PAQ, the PREA Policy, Policy XIII-100 (1), Kentucky State Police General Order OM-C-1c: Sexual Assault Investigations, Investigative Reports, and information from interviews with the random staff, the PREA Compliance Manager, SAFE/SANE and incarcerated individual who reported sexual abuse indicates that this standard appears to require corrective action. The PAQ further indicated that if a rape crisis center is not available they do not offer a qualified staff member from a community-based organization or a qualified agency staff member. The facility does not have qualified staff to serve as victim advocates. The facility is not currently offering victim advocacy services to victims of sexual abuse. The agency does not have an MOU with an outside service, however they were actively working on the agreement. The facility did not have qualified staff that served as victim advocates or community based staff. The interview with the PC indicated that victims are not provided a victim advocate, qualified agency staff member or qualified community-based organization staff member to accompany and support the victim through the forensic medical examination process and investigatory interviews. She stated they are working on the process and that victims will be afforded these services in the future. Interviews with incarcerated individuals who reported sexual abuse indicated none of the three were afforded the opportunity to contact someone after a report of sexual abuse. It should be noted that two of the three had reported sexual harassment, not sexual abuse. A review documentation noted that victims of sexual abuse were not afforded access to victim advocates.

Corrective Action

The facility will need to establish the MOU with the local rape crisis center to provide services as required under this standard. A copy of the MOU will need to be provided. The facility will need to establish a procedure to afford and document these services. A copy of this procedure/process as well as training with applicable staff will need to

be provided. The facility will need to identify and train applicable staff to serve as victim advocates when a rape crisis center advocate is not available. Training documentation will need to be provided. The facility will need to outline the process of using staff when the rape crisis center is not available and provide training with applicable staff on this process as well. Confirmation of the training will need to be provided. The facility will need to provide a list of sexual abuse allegation during the corrective action period and associated victim advocacy documentation.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Memorandum of Understanding with New Beginnings
2. Staff Victim Advocate Training Certificate

The facility provided the executed (December 10, 2025) MOU with New Beginnings. The MOU outlined that New Beginnings will provide advocacy services to victims of sexual abuse, including during forensic exams and investigatory interviews. Additionally, the facility had one staff member complete training to serve as a victim advocate if/when New Beginnings is not available.

No additional corrective action was taken during the 180 day period. As such this standard is still not met.

115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion
	Documents: <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire

2. PREA Policy
3. Policy XIII-100 (1) – Prison Rape Elimination Act
4. Investigative Reports

Interviews:

1. Interview with the Agency Head
2. Interviews with Investigative Staff

Findings (By Provision):

115.22 (a): The PAQ indicated that the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The PAQ stated there were 33 allegations reported within the previous twelve months and 33 resulted in an administrative investigation. The PAQ noted that the PC was not informed of when cases were referred for criminal investigation. The PAQ stated all allegations received in the previous twelve months had an administrative and/or criminal investigation completed. PREA Policy page 1 states every allegation of sexual assault, sexual misconduct and harassment will be thoroughly investigated. Pages 8-9 state an investigation is conducted and documented whenever an allegation of sexual assault/abuse or sexual misconduct is reported. All allegations of sexual assault/abuse and sexual misconduct will be investigated. The Detention Center reserves the right to conduct investigations of allegations of prohibited sexual behavior to completion or to refer an investigation at any point in the investigation process to a local or county Law Enforcement Agency or to the Kentucky State Police. Such allegations are treated with discretion and, to the extent permitted by law, confidentially. Policy XIII-100 (1), page 4 states all reports of sexual abuse/threats will be fully investigated by Internal Affairs or the designated Internal Affairs person and the Sheriff kept informed through written reports. The interview with the Agency Head confirmed that the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment. He stated as soon as information is discovered they complete first responder duties and the information is reported to the supervisor. He stated this information is then passed along to the investigators. The Agency Head advised if it is something criminal that they contact the Kentucky State Police. He further stated the agency can conduct criminal investigations but he prefers that the KSP complete these. A review of sixteen investigations indicated all were administrative investigations. Nine of the allegations did not rise to the level of sexual abuse or sexual harassment. Two allegations were forwarded for criminal investigation. The auditor did not receive the criminal investigations and the allegations did not have administrative investigations completed per the PREA Coordinator, as she advised she was not made aware of the

incidents. As such, all allegations were not investigated as required under the PREA Resource Center's Frequently Asked Question (FAQ), which requires that all allegations require, at minimum, an administrative investigation.

115.22 (b): The PAQ was blank and indicated the PC did not know this information. PREA Policy page 1 states every allegation of sexual assault, sexual misconduct and harassment will be thoroughly investigated. Pages 8-9 state an investigation is conducted and documented whenever an allegation of sexual assault/abuse or sexual misconduct is reported. All allegations of sexual assault/abuse and sexual misconduct will be investigated. The Detention Center reserves the right to conduct investigations of allegations of prohibited sexual behavior to completion or to refer an investigation at any point in the investigation process to a local or county Law Enforcement Agency or to the Kentucky State Police. Such allegations are treated with discretion and, to the extent permitted by law, confidentially. A review of the agency website notes that it advises that "HCDC conduct all administrative investigations of sexual abuse as well as support local law enforcement (KSP or sheriff's office) in any criminal investigation that may potentially lead to prosecution." A review of sixteen administrative investigations indicated all sixteen were investigated by facility investigators (nine of the allegations did not meet the definition of sexual abuse or sexual harassment). Two criminal investigations were completed by agency investigators, however the facility did not provide the auditor with the investigations at the issuance of the interim report. The facility indicated they had not forwarded any allegations to the KSP during the previous twelve months and that while KSP can conduct criminal investigations, the agency can also conduct criminal investigations as well.

115.22 (c): PREA Policy page 1 states every allegation of sexual assault, sexual misconduct and harassment will be thoroughly investigated. Pages 8-9 state an investigation is conducted and documented whenever an allegation of sexual assault/abuse or sexual misconduct is reported. All allegations of sexual assault/abuse and sexual misconduct will be investigated. The Detention Center reserves the right to conduct investigations of allegations of prohibited sexual behavior to completion or to refer an investigation at any point in the investigation process to a local or county Law Enforcement Agency or to the Kentucky State Police. Such allegations are treated with discretion and, to the extent permitted by law, confidentially. A review of the agency website notes that it advises that "HCDC conduct all administrative investigations of sexual abuse as well as support local law enforcement (KSP or sheriff's office) in any criminal investigation that may potentially lead to prosecution."

115.22 (d): The PAQ stated that if the agency is not responsible for conducting administrative or criminal investigations of alleged sexual abuse, and another state entity has that responsibility, this other entity does not have a policy governing how

such investigations are conducted. The PREA Policy, pages 8-9 state an investigation is conducted and documented whenever an allegation of sexual assault/abuse or sexual misconduct is reported. All allegations of sexual assault/abuse and sexual misconduct will be investigated. The Detention Center reserves the right to conduct investigations of allegations of prohibited sexual behavior to completion or to refer an investigation at any point in the investigation process to a local or county Law Enforcement Agency or to the Kentucky State Police. Such allegations are treated with discretion and, to the extent permitted by law, confidentially. A review of the agency website notes that it advises that "HCDC conduct all administrative investigations of sexual abuse as well as support local law enforcement (KSP or sheriff's office) in any criminal investigation that may potentially lead to prosecution."

115.22(e): The auditor is not required to audit this provision.

Based on a review of the PAQ, PREA Policy, Policy XIII-100 (1), Investigative Reports, the agency's website and information obtained via interviews with the Agency Head and the investigators, this standard appears to require corrective action. A review of sixteen investigations indicated all were administrative investigations. Nine of the allegations did not rise to the level of sexual abuse or sexual harassment. Two allegations were forwarded for criminal investigation. The auditor did not receive the criminal investigations and the allegations did not have administrative investigations completed per the PREA Coordinator, as she advised she was not made aware of the incidents. As such, all allegations were not investigated as required under the PREA Resource Center's Frequently Asked Question (FAQ), which requires that all allegations require, at minimum, an administrative investigation.

Corrective Action

The facility will need to ensure that at minimum, an administrative investigation is completed for all allegations of sexual abuse and sexual harassment. The facility will need to establish a more consistent process related to referring allegations to designated facility investigators. This should involve a designated point of contact that all allegations are distributed (recommend the PREA Coordinator) to then be assigned to a specific investigator. This process should also include contacting KSP initially for all criminal activity (if the facility plans to use them for all criminal investigations), rather than waiting until an administrative investigation is completed, to determine if they are going to conduct an investigation. A process memorandum and training with applicable staff on the identified process will need to be provided. The facility will need to provide list of sexual abuse and sexual harassment allegations during the corrective action period and associated investigative reports, including a sample of both administrative and criminal investigations.

	<p>Verification of Corrective Action Since the Interim Audit Report</p> <p>The agency did not take any corrective action during the 180 day corrective action period. As such, this standard is not met.</p>
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115.31	Employee training
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	Auditor Overall Determination: Does Not Meet Standard
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	Auditor Discussion
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	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Policy 3. Policy XIII-100 (4) - PREA Training 4. PREA Training 5. Staff Training Records <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interviews with Random Staff <p>Findings (By Provision):</p>
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115.31 (a): The PAQ indicated that the agency trains all employees who may have contact with incarcerated individuals on the requirements under this provision. The PREA Policy, page 1 states the Detention center will also provide education to incarcerated individuals and staff regarding staff sexual misconduct and harassment. The PREA Policy, page 7 states a comprehensive training program is provided for all staff to emphasize the importance of preventing sexual assault toward incarcerated individuals and promotes awareness of the serious impact of sexual victimization within the correctional setting. PREA training will be provided to all employees, volunteers, and contract workers during orientation training and annually thereafter. Training will include but is not limited to: review of this information; information on the prevention, investigation, and prosecution of prohibited sexual behavior; and

recognition of signs of prohibited sexual behavior, sensitivity to incarcerated individual allegations of prohibited sexual behavior, confidentiality, recognition of signs of predatory incarcerated individuals and potential victims, reporting incidents, and risks/consequences associated with failure to report incidents. Additional specialized training is required for PREA First Responders and all employees who may respond, as part of their job duties, to reported incidents of sexual assault. This training may include, but is not limited to: crime scene management, elimination of contamination, evidence collection protocol, and sexual assault crisis intervention. Policy XIII-100 (4) states the Henderson County Detention Center shall train all employees who may have contact with incarcerated individuals on: Its zero-tolerance policy for sexual abuse and sexual harassment; How to fulfill their responsibilities under jail sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; Incarcerated individuals' right to be free from sexual abuse and sexual harassment; The right of incarcerated individuals and employees to be free from retaliation for reporting sexual abuse and sexual harassment; The dynamics of sexual abuse and sexual harassment in confinement; The common reactions of sexual abuse and sexual harassment victims; How to detect and respond to signs of threatened and actual sexual abuse; How to avoid inappropriate relationships with incarcerated individuals; How to communicate effectively and professionally with incarcerated individuals, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming incarcerated individuals; and How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. A review of the PREA Training notes that it includes information on the agency's zero-tolerance policy, how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures, the incarcerated individuals' right to be free from sexual abuse and sexual harassment, the right of the incarcerated individual to be free from retaliation for reporting sexual abuse or sexual harassment, the dynamics of sexual abuse and sexual harassment in a confinement setting, the common reactions of sexual abuse and sexual harassment victims, how to detect and respond to signs of threatened and actual sexual abuse, how to how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex incarcerated individuals, how to avoid inappropriate relationship with incarcerated individuals and how to comply with relevant laws related to mandatory reporting. Interviews with twelve random staff confirmed all twelve receive PREA training annually and the training included the elements under this provision. A review of a total of 21 total staff training records indicated sixteen had completed PREA training.

115.31 (b): The PAQ indicated that training is tailored to the gender of incarcerated individual at the facility. It noted that additional training is not provided as the agency is only one facility. Policy XIII-100 (4) states such training shall be tailored to the gender of the incarcerated individuals at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male incarcerated individuals to a facility that houses only female incarcerated individuals, or vice versa. A review of the PREA Training indicates it is a general

training, which is mainly tailored toward male incarcerated individuals. HCDC houses both male and female incarcerated individuals. The facility did not provide any information on any additional training staff receive related to handling female incarcerated individuals.

115.31 (c): The PAQ indicated that between trainings the agency provides employees who may have contact with incarcerated individuals with refresher information about current policies regarding sexual abuse and sexual harassment and that staff are provided training annually. Policy XIII-100 (4) states all current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and HCDC shall provide each employee with refresher training every two years to ensure that all employees know the current sexual abuse and sexual harassment policies and procedures. In years in which an employee does not receive refresher training, HCDC shall provide refresher information on current sexual abuse and sexual harassment policies. A review of twelve staff training records for staff that required training at least every two year indicated four had training at least every two years.

115.31 (d): The PAQ indicated that the agency documents that employees who may have contact with incarcerated individuals understand the training they have received through employee signatures or electronic verification. Policy XIII-100 (4) states HCDC shall document, through employee signature or electronic verification, that employees understand the training they have received. Staff sign the PREA acknowledgment that states “the undersigned attests that the PREA material that has been presented is understood and that the undersigned will abide by the PREA policies and procedures outlined in the training materials that have been distributed and the information included in this training course.” A review of staff training records indicated staff signed an acknowledgement form confirming they received and understood the training.

Based on a review of the PAQ, PREA Policy, Policy XIII-100 (4), PREA Training, Staff Training Records as well as interviews with random staff indicates that this standard appears to require corrective action. A review of the PREA Training indicates it is a general training, which is mainly tailored toward male incarcerated individuals. HCDC houses both male and female incarcerated individuals. The facility did not provide any information on any additional training staff receive related to handling female incarcerated individuals. A review of a total of 21 total staff training records indicated sixteen had completed PREA training. A review of twelve staff training records for staff that required training at least every two year indicated four had training at least every two years.

	<p>Corrective Action</p> <p>The facility will need to tailor the current PREA training to outline specific gender differences, including dynamics, signs and response related to sexual abuse and sexual harassment or the facility will need to conduct additional training with staff on dealing with female incarcerated individuals. The updated training or the additional training curriculum will need to be provided. Confirmation of completion of the updated/new training will need to be provided. The facility will need to provide the originally requested staff training documentation. If not available, the facility will need to ensure all staff (security and non-security) complete PREA training at least every other year, with refreshers annually. The facility will need to provide confirmation that all current staff have completed PREA training within the last year.</p> <p>Verification of Corrective Action Since the Interim Audit Report</p> <p>The agency did not take any corrective action during the 180 day corrective action period. As such, this standard is not met.</p>
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115.32	Volunteer and contractor training
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	Auditor Overall Determination: Does Not Meet Standard
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	Auditor Discussion
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	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy XIII-100 (4) - PREA Training 3. PREA Training 4. Contractor and Volunteer Training Records <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interviews with Volunteers and Contractors who have Contact with Incarcerated Individuals <p>Findings (By Provision):</p>
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115.32 (a): The PAQ indicated that all volunteers and contractors who have contact with incarcerated individuals have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection and response. Policy XIII-100 (4) states the Henderson County Detention Center shall ensure that all volunteers and contractors who have contact with incarcerated individuals have been trained on their responsibilities under the sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The PAQ indicated that all volunteers and contractors had received PREA training. Contractors and Volunteers complete the same training as staff. A review of the PREA Training notes that it includes information on the agency's zero-tolerance policy, how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures, the incarcerated individuals' right to be free from sexual abuse and sexual harassment, the right of the incarcerated individual to be free from retaliation for reporting sexual abuse or sexual harassment, the dynamics of sexual abuse and sexual harassment in a confinement setting, the common reactions of sexual abuse and sexual harassment victims, how to detect and respond to signs of threatened and actual sexual abuse, how to how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex incarcerated individuals, how to avoid inappropriate relationship with incarcerated individuals and how to comply with relevant laws related to mandatory reporting. Interviews with contractors and volunteers confirmed that they had received information on the agency's sexual abuse and sexual harassment policies. They advised they received the training either in person or online. A review of documentation for five contractors and five volunteers indicated seven had completed PREA training.

115.32 (b): The PAQ indicated that the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with incarcerated individuals. Further the PAQ noted that volunteers and contractors who have contact with incarcerated individuals have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed on how to report such incidents. Policy XIII-100 (4) states the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with incarcerated individuals, but all volunteers and contractors who have contact with incarcerated individuals shall be notified of the zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. Interviews with contractors and volunteers confirmed the training they received included the zero tolerance policy and reporting information. Contractors and Volunteers complete the same training as staff. A review of the PREA Training notes that it includes information on the agency's zero-tolerance policy, how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures, the incarcerated individuals' right to be free from sexual abuse and sexual harassment, the right of the incarcerated individual to be free from retaliation for reporting sexual abuse or sexual

harassment, the dynamics of sexual abuse and sexual harassment in a confinement setting, the common reactions of sexual abuse and sexual harassment victims, how to detect and respond to signs of threatened and actual sexual abuse, how to how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex incarcerated individuals, how to avoid inappropriate relationship with incarcerated individuals and how to comply with relevant laws related to mandatory reporting. A review of documentation for five contractors and five volunteers indicated seven had completed PREA training.

115.32 (c): The PAQ indicated that the agency maintains documentation confirming that volunteers and contractors understand the training they have received. Policy XIII-100 (4) states HCDC shall maintain documentation confirming that volunteers and contractors understand the training they have received. Volunteers and Contractors sign the PREA acknowledgment that states "the undersigned attests that the PREA material that has been presented is understood and that the undersigned will abide by the PREA policies and procedures outlined in the training materials that have been distributed and the information included in this training course." A review of documentation confirmed that volunteers and contractors signed an acknowledgment confirming they received and understood the training.

Based on a review of the PAQ, Policy XIII-100 (4), PREA training, volunteer and contractor training records as well as the interviews with contractors and the volunteer, this standard appears to require corrective action. A review of documentation for five contractors and five volunteers indicated seven had completed PREA training.

Corrective Action

The facility will provide the originally requested documentation. If not available, the facility will need to ensure all contractor and volunteers complete PREA training prior to contact with incarcerated individuals. The facility will need to provide a process memo indicating how this will be completed as well as training with staff responsible for ensuring this is completed. The facility will need to provide a list of current contractors and volunteers as well as confirmation that they have completed PREA training.

Verification of Corrective Action Since the Interim Audit Report

The agency did not take any corrective action during the 180 day corrective action

period. As such, this standard is not met.

115.33 Inmate education

Auditor Overall Determination: Does Not Meet Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. PREA Policy
3. PREA Brochure
4. Henderson County PREA Form
5. Rules, Policies, Procedures and Inmate Rights Pertaining to Confinement (Handbook)
6. Zero Tolerance Poster
7. Language Line Solutions Information
8. Incarcerated Individual Education Documents

Interviews:

1. Interview with Intake Staff
2. Interviews with Random Incarcerated Individuals

Site Review Observations:

1. Observations of Intake Area
2. Observations of PREA Posters

Findings (By Provision):

115.33 (a): The PAQ indicated that incarcerated individuals receive information at the time of intake about the zero-tolerance policy and how to report incidents or

suspicions of sexual abuse and sexual harassment. The PAQ indicated that all incarcerated individuals received information on the zero-tolerance policy and how to report at intake. PREA Policy, page 1 states the Detention center will also provide education to incarcerated individuals and staff regarding staff sexual misconduct and harassment. Incarcerated individuals are provided information about sexual assault to include: prevention/intervention, self-protection, reporting sexual assault, treatment and counseling, utilizing various avenues of training, pamphlets, video and posters. Page 8 states all incarcerated individuals entering Henderson County Detention Center shall receive orientation material about prohibited sexual behavior. The information will be communicated orally and in written form in a manner that is clearly understood by the incarcerated individual. Appropriate provisions shall be made to ensure effective communication for incarcerated individuals not fluent in English, those with low literacy levels, and persons with other disabilities. Information provided will include, but is not limited to: The Zero Tolerance Policy, Self-Protection, Prevention/Intervention, Reporting procedures for sexual misconduct and sexual assault, Treatment and Counseling, Protection against retaliation and Disciplinary actions for making false allegations. Incarcerated individuals shall receive a copy of the HCDC PREA Policy that they have signed during their intake process. Incarcerated individuals will be handed additional information on the HCDC PREA flyer before being sent to their housing assignment. Additional PREA Education videos will be shown daily, in all cells equipped with a television when the system has been completed to run the videos. A review of the PREA Brochure indicates that it includes definitions of sexual abuse and sexual harassment, rights under PREA, reporting methods, zero tolerance, red flags (for staff to observe), boundaries (for staff) and the facility PREA Coordinator contact information. A review of the PREA Form notes that it includes information on the law, definitions, Kentucky State Statue, treatment options for victims, how incarcerated individuals can protect themselves, actions the agency will take after an allegation is reported and disciplinary sanctions for perpetrators. The PREA Form includes an area for incarcerated individuals to sign and date. A review of the Handbook indicated it includes information on the zero tolerance policy, methods for reporting, third party and emergency sexual abuse grievances, treatment for victims of sexual abuse, investigative procedures and information for outside emotional support services. A review of the Zero Tolerance Poster noted it included information on incarcerated individuals rights, that the incident would be investigated, that the victim would be provided information and support services, the different reporting mechanisms, and contact information for outside emotional support services. The auditor observed the intake process through a demonstration. Incarcerated individuals are provided the PREA Brochure upon arrival. Staff also advise the incarcerated individual what PREA is and that reporting information and other PREA information is available in the PREA Brochure and on the tablet. Interviews with 30 incarcerated individuals indicated 26 were provided information on the zero tolerance policy and reporting mechanisms. Incarcerated individuals advised they were provided this information in booking via a brochure and/or through information on the tablet. The interview with the intake staff indicated that incarcerated individuals are provided information on the zero tolerance policy and reporting mechanisms during intake. Incarcerated individuals are provided a handout when they arrived that includes the information and they also have to read and

acknowledge information on the tablet before they can access anything else on the tablet. The auditor requested documentation for 35 incarcerated individual that arrived during the previous twelve months. At the issuance of the interim report documentation had not been provided related to information provided at intake.

115.33 (b): PREA Policy, page 1 states the Detention center will also provide education to incarcerated individuals and staff regarding staff sexual misconduct and harassment. Incarcerated individuals are provided information about sexual assault to include: prevention/intervention, self-protection, reporting sexual assault, treatment and counseling, utilizing various avenues of training, pamphlets, video and posters. Page 8 states all incarcerated individuals entering Henderson County Detention Center shall receive orientation material about prohibited sexual behavior. The information will be communicated orally and in written form in a manner that is clearly understood by the incarcerated individual. Appropriate provisions shall be made to ensure effective communication for incarcerated individuals not fluent in English, those with low literacy levels, and persons with other disabilities. Information provided will include, but is not limited to: The Zero Tolerance Policy, Self-Protection, Prevention/Intervention, Reporting procedures for sexual misconduct and sexual assault, Treatment and Counseling, Protection against retaliation and Disciplinary actions for making false allegations. Incarcerated individuals shall receive a copy of the HCDC PREA Policy that they have signed during their intake process. Incarcerated individuals will be handed additional information on the HCDC PREA flyer before being sent to their housing assignment. Additional PREA Education videos will be shown daily, in all cells equipped with a television when the system has been completed to run the videos. The PAQ indicated was blank. A review of the PREA Brochure indicates that it includes definitions of sexual abuse and sexual harassment, rights under PREA, reporting methods, zero tolerance, red flags (for staff to observe), boundaries (for staff) and the facility PREA Coordinator contact information. A review of the PREA Form notes that it includes information on the law, definitions, Kentucky State Statute, treatment options for victims, how incarcerated individuals can protect themselves, actions the agency will take after an allegation is reported and disciplinary sanctions for perpetrators. The PREA Form includes an area for incarcerated individuals to sign and date. A review of the Handbook indicated it includes information on the zero tolerance policy, methods for reporting, third party and emergency sexual abuse grievances, treatment for victims of sexual abuse, investigative procedures and information for outside emotional support services. A review of the Zero Tolerance Poster noted it included information on incarcerated individuals rights, that the incident would be investigated, that the victim would be provided information and support services, the different reporting mechanisms, and contact information for outside emotional support services. The facility does not conduct comprehensive PREA education. Incarcerated individuals are required to read and acknowledge information on the tablet prior to being provided access to other areas of the tablet. The facility indicated this was their comprehensive PREA education. The facility further advised they do not have any documentation showing this acknowledgment. The interview with intake staff confirmed that incarcerated individuals are provided

information related to their right to be free from sexual abuse and sexual harassment, their right to be free from retaliation from reporting such information and the agency's response to an allegation of sexual abuse, during intake. He stated incarcerated individuals are provided a handout when they arrived that includes the information and they also have to read and acknowledge information on the tablet before they can access anything else on the tablet. Interviews with 30 incarcerated individuals indicated two were provided information on their right to be free from sexual abuse and sexual harassment, their right to be free from retaliation from reporting such incidents and the agency's policies and procedures after an allegations of sexual abuse or sexual harassment. A review of documentation confirmed none of the incarcerated individuals were provided comprehensive PREA education.

115.33 (c): The PAQ indicated of those not educated within 30 days of intake, all incarcerated individuals had not subsequently been educated. The PAQ further stated that agency policy requires that incarcerated individuals who are transferred from one facility to another be educated regarding their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents, to the extent that the policies and procedures of the new facility differ from those of the previous facility. PREA Policy, page 1 states the Detention center will also provide education to incarcerated individuals and staff regarding staff sexual misconduct and harassment. Incarcerated individuals are provided information about sexual assault to include: prevention/intervention, self-protection, reporting sexual assault, treatment and counseling, utilizing various avenues of training, pamphlets, video and posters. Page 8 states all incarcerated individuals entering Henderson County Detention Center shall receive orientation material about prohibited sexual behavior. The information will be communicated orally and in written form in a manner that is clearly understood by the incarcerated individual. Appropriate provisions shall be made to ensure effective communication for incarcerated individuals not fluent in English, those with low literacy levels, and persons with other disabilities. Information provided will include, but is not limited to: The Zero Tolerance Policy, Self-Protection, Prevention/Intervention, Reporting procedures for sexual misconduct and sexual assault, Treatment and Counseling, Protection against retaliation and Disciplinary actions for making false allegations. Incarcerated individuals shall receive a copy of the HCDC PREA Policy that they have signed during their intake process. Incarcerated individuals will be handed additional information on the HCDC PREA flyer before being sent to their housing assignment. Additional PREA Education videos will be shown daily, in all cells equipped with a television when the system has been completed to run the videos. The interview with intake staff confirmed that incarcerated individuals are provided information related to their right to be free from sexual abuse and sexual harassment, their right to be free from retaliation from reporting such information and the agency's response to an allegation of sexual abuse, during intake. He stated incarcerated individuals are provided a handout when they arrived that includes the information and they also have to read and acknowledge information on the tablet before they can access anything else on the tablet. A review

of documentation confirmed none of the incarcerated individuals were provided comprehensive PREA education.

115.33 (d): The PAQ indicated that incarcerated individual PREA education is available in formats accessible to incarcerated individuals who are Limited English Proficient. The PAQ noted that the PREA education is not available in formats accessible to those who are deaf, blind, otherwise disabled or who have limited reading skills. PREA Policy, page 1 states the Detention center will also provide education to incarcerated individuals and staff regarding staff sexual misconduct and harassment. Incarcerated individuals are provided information about sexual assault to include: prevention/intervention, self-protection, reporting sexual assault, treatment and counseling, utilizing various avenues of training, pamphlets, video and posters. Page 8 states all incarcerated individuals entering Henderson County Detention Center shall receive orientation material about prohibited sexual behavior. The information will be communicated orally and in written form in a manner that is clearly understood by the incarcerated individual. Appropriate provisions shall be made to ensure effective communication for incarcerated individuals not fluent in English, those with low literacy levels, and persons with other disabilities. Information provided will include, but is not limited to: The Zero Tolerance Policy, Self-Protection, Prevention/ Intervention, Reporting procedures for sexual misconduct and sexual assault, Treatment and Counseling, Protection against retaliation and Disciplinary actions for making false allegations. Incarcerated individuals shall receive a copy of the HCDC PREA Policy that they have signed during their intake process. Incarcerated individuals will be handed additional information on the HCDC PREA flyer before being sent to their housing assignment. Additional PREA Education videos will be shown daily, in all cells equipped with a television when the system has been completed to run the videos. A review of the Zero Tolerance Poster notes that is available in large font and bright colors. A review of the Handbook notes that it is available electronically and font can be enlarged. Both documents were only available in English. The facility utilizes translation services via Language Line. Documentation provided outlines the phone number, pin and directions on use of the service. The facility advised that the tablet allowed for incarcerated individuals to translate information on the tablet into other languages and formats, however the auditor did not receive confirmation of this process. A review of documentation noted none of the incarcerated individuals were provided comprehensive PREA education.

115.33 (e): The PAQ indicated that the agency does not maintain documentation of incarcerated individual participation in PREA education sessions. A review of documentation indicated that incarcerated individuals sign the PREA Form upon intake. The facility does not conduct comprehensive PREA education and as such there is not documentation confirming the education is completed.

115.33 (f): The PAQ indicated that the agency ensures that key information about the

agency's PREA policies is continuously and readily available or visible through posters, incarcerated individual handbooks or other written formats. The auditor observed PREA information posted in hallways and common areas via the Zero Tolerance Poster. The Zero Tolerance Poster was displayed on legal size paper in English. Additionally, the auditor observed that the tablet system included the Handbook and PREA Policy. It should be noted that the phone numbers on the Zero Tolerance Poster and in the PREA Policy were incorrect. The facility had already implemented corrective action and was working on updating all material. The auditor also observed a few PREA Posters displayed in English within the facility that advised of the zero tolerance policy.

Based on a review of the PAQ, the PREA Policy, PREA Brochure, Henderson County PREA Form, Rules, Policies, Procedures and Incarcerated individual Rights Pertaining to Confinement (Handbook), Zero Tolerance Poster, Language Line Solutions Information, Incarcerated Individual Education Documents, observations made during the tour as well as information obtained during interviews with intake staff and random incarcerated individuals indicates that this standard appears to require corrective action. The auditor requested documentation for 35 incarcerated individual that arrived during the previous twelve months. At the issuance of the interim report documentation had not been provided related to information provided at intake. The facility does not conduct comprehensive PREA education. Incarcerated individuals are required to read and acknowledge information on the tablet prior to being provided access to other areas of the tablet. The facility indicated this was their comprehensive PREA education. The facility further advised they do not have any documentation showing this acknowledgment. The interview with intake staff confirmed that incarcerated individuals are provided information related to their right to be free from sexual abuse and sexual harassment, their right to be free from retaliation from reporting such information and the agency's response to an allegation of sexual abuse, during intake. He stated incarcerated individuals are provided a handout when they arrived that includes the information and they also have to read and acknowledge information on the tablet before they can access anything else on the tablet. Interviews with 30 incarcerated individuals indicated two were provided information on their right to be free from sexual abuse and sexual harassment, their right to be free from retaliation from reporting such incidents and the agency's policies and procedures after an allegations of sexual abuse or sexual harassment. A review of documentation confirmed none of the incarcerated individuals were provided comprehensive PREA education. A review of the Handbook notes that it is available electronically and font can be enlarged. Both documents were only available in English. The facility utilizes translation services via Language Line. Documentation provided outlines the phone number, pin and directions on use of the service. The facility advised that the tablet allowed for incarcerated individuals to translate information on the tablet into other languages and formats, however the auditor did not receive confirmation of this process.

Recommendation

The auditor highly recommend the facility update the PREA Brochure and Handbook to remove information that is tailored toward staff training and not incarcerated individuals.

Corrective Action

The facility will need to provide the originally requested incarcerated individual documentation related to PREA information provided at intake. If not available, further corrective action will be required, including confirmation of PREA information received at intake for those that arrived during the corrective action period. The facility will need to update the PREA Brochure and remove the information that is tailored toward staff. A copy of the updated PREA Brochure will need to be provided. The facility will need to develop a process for comprehensive PREA education within 30 days of arrival. The education will need to be in person and/or through a video and will need to provide information on the incarcerated individuals rights as well as the facility's response to an incident of sexual abuse. The education will need to be provided in a format that is accessible for LEP and disabled incarcerated individuals. The process will need to be structured and the facility will need to document the incarcerated individuals participation. Once a process is established, a memo outlining the process will need to be provided. The facility will need to train applicable staff on the process and provided confirmation of the training. The auditor will need to conduct a phone interview with the staff who complete the education to confirm the process. The facility will need to provide a list of incarcerated individuals that arrived during the corrective action period and a systematic sample (i.e. every tenth incarcerated individual on the list) of documentation showing comprehensive education was received/completed.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Incarcerated individual Orientation Acknowledgment Form

	<p>2. Process Memorandum</p> <p>Additional Interviews:</p> <p>1. Intake Staff (PREA Coordinator)</p> <p>The facility provided the Incarcerated individual Orientation Acknowledgment Form, which is to be utilized to document completion of education under this standard. The form includes an area for the incarcerated individual to sign that they completed the education.</p> <p>The facility provided a process memo that outlined that comprehensive education will be completed by the PREA Coordinator twice each month. The PREA Adult Comprehensive Education Video will be shown and incarcerated individuals will sign the Incarcerated individual Orientation Acknowledgment Form. The process memo was completed by the PREA Coordinator and as such additional training on the process was not required. The auditor conducted a phone interview with the intake staff (PREA Coordinator) who advised she verbally tells the incarcerated individuals that they are there for PREA education. She plays the sixteen minute PREA video and then asks them if they have any questions. She stated she also shows them where the information is in the Handbook and tells them how they can report at the facility.</p> <p>No additional corrective action was taken during the 180 day corrective action period. As such this standard is still not met.</p>
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115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Policy 3. National Institute of Corrections (NIC): Investigating Sexual Abuse in a Confinement Setting 4. Investigator Training Records

Interviews:

1. Interviews with Investigative Staff

Findings (By Provision):

115.34 (a): The PAQ indicates that agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. The PREA Policy, page 13 states investigators are trained specifically in the investigations of sexual assault. The facility utilizes the NIC: Investigating Sexual Abuse in a Confinement Setting. The interview with the facility investigator confirmed she received specialized training regarding conducting sexual abuse and sexual harassment investigations in a confinement setting via the NIC training. A review of documentation indicated three facility staff were documented with the specialized investigations training.

115.34 (b): The facility utilizes the NIC: Investigating Sexual Abuse in a Confinement Setting. The training includes the elements required under this provision. The interview with the facility investigator confirmed that the specialized investigator training included the topics required under this provision: techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate an administrative case. A review of documentation indicated three facility staff were documented with the specialized investigations training.

115.34 (c): The PAQ indicated that the agency maintains documentation showing that investigators have completed the required training and that three facility investigator had completed the specialized training. A review of documentation indicated three facility staff were documented with the specialized investigations training.

115.34 (d): The auditor is not required to audit this provision.

Based on a review of the PAQ, the PREA Policy, NIC Training, Investigator Training Records as well as the interview with the investigator, this standard appears to be compliant.

115.35

Specialized training: Medical and mental health care

Auditor Overall Determination: Does Not Meet Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. PREA Policy
3. Relias Medical and Mental Health PREA Training Curriculum
4. Medical and Mental Health Staff Training Records

Interviews:

1. Interviews with Medical and Mental Health Staff

Findings (By Provision):

115.35 (a): The PAQ indicated that the agency does not have policy related to the training of medical and mental health practitioners who work regularly in its facilities. The PREA Policy, page 7 states the Detention Center ensures the availability of the service of a mental health and medical professional that has the scope of practice, training and/or experience in sexual abuse trauma. The training is conducted via the Relias Medical and Mental Health PREA Training. A review of the training noted that is general training that includes elements under PREA Standards 115.31, not specialized training under this standard. The PAQ indicated that the facility has 25 medical and mental health staff and that it is unknown if any completed specialized training. Interviews with medical and mental health care staff indicated the medical staff received specialized training but the mental health staff did not receive the training. The medical staff advised they complete annual training through the company that is PREA specific. She noted the element under this provision are included in the training. The facility provided documentation that one of the four requested medical and mental health care staff completed the Relias Medical and Mental Health PREA Training.

115.35 (b): The PAQ indicated that this provision does not apply as agency medical and mental health care staff do not perform forensic medical examinations. Interviews with medical and mental health staff confirmed that they do not perform forensic medical examinations.

115.35 (c): The PAQ indicated that documentation showing the completion of the training is not maintained by the agency. The facility provided documentation that one of the four requested medical and mental health care staff completed the Relias Medical and Mental Health PREA Training. The training was documented electronically in the Relias system.

115.35 (d): Policy XIII-100 (4) states the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with incarcerated individuals, but all volunteers and contractors who have contact with incarcerated individuals shall be notified of the zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. Interviews with contractors and volunteers confirmed the training they received included the zero tolerance policy and reporting information. Contractors and Volunteers complete the same training as staff. A review of the PREA Training notes that it includes information on the agency's zero-tolerance policy, how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures, the incarcerated individuals' right to be free from sexual abuse and sexual harassment, the right of the incarcerated individual to be free from retaliation for reporting sexual abuse or sexual harassment, the dynamics of sexual abuse and sexual harassment in a confinement setting, the common reactions of sexual abuse and sexual harassment victims, how to detect and respond to signs of threatened and actual sexual abuse, how to how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex incarcerated individuals, how to avoid inappropriate relationship with incarcerated individuals and how to comply with relevant laws related to mandatory reporting. A review of four medical and mental health care staff training records indicated two had completed training as required under 115.31 or 115.32.

Based on a review of the PAQ, the PREA Policy, Relias Medical and Mental Health PREA Training Curriculum, medical and mental health care staff training records as well as interviews with medical and mental health care staff, this standard appears to require corrective action. The training is conducted via the Relias Medical and Mental Health PREA Training. A review of the training noted that is general training that includes elements under PREA Standards 115.31, not specialized training under this standard. Interviews with medical and mental health care staff indicated the medical staff received specialized training but the mental health staff did not receive the training. The medical staff advised they complete annual training through the company that is PREA specific. She noted the element under this provision are included in the training. The facility provided documentation that one of the four requested medical and mental health care staff completed the Relias Medical and Mental Health PREA Training. A review of four medical and mental health care staff training records indicated two had completed training as required under 115.31 or 115.32.

	<p>Corrective Action</p> <p>The facility will need to ensure medical and mental health care staff complete specialized training using a curriculum that includes the requirements under this standard. A copy of the training curriculum will need to be provided. All medical and mental health care staff will need to complete the training. Confirmation of the completion will need to be provided. Additionally, all medical and mental health care staff will need to complete training as required under PREA Standards 115.31 or 115.32. Confirmation of the training will also need to be provided.</p> <p>Verification of Corrective Action Since the Interim Audit Report</p> <p>The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.</p> <p>Additional Documents:</p> <ol style="list-style-type: none"> 1. Medical and Mental Health Training <p>The facility provided documentation that illustrated two medical staff completed the specialized training via the PREA 201 for Medical and Mental Health Practitioners (National Institute of Corrections).</p> <p>No additional corrective action was taken during the 180 day corrective action period. As such this standard is still not met.</p>
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115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire

2. PREA Policy
3. Intake Screening
4. Incarcerated Individual Assessment Documents

Interviews:

1. Interview with Staff Responsible for Risk Screening
2. Interviews with Random Incarcerated Individuals
3. Interview with the PREA Coordinator
4. Interview with the PREA Compliance Manager

Site Review Observations:

1. Observations of Risk Screening Area
2. Observations of Where Incarcerated Individual Files are Located

Findings (By Provision):

115.41 (a): The PAQ indicated that the agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other incarcerated individuals. The PREA Policy, page 5 states intake screening shall ordinarily take place within 72 hours of arrival. All incarcerated individuals shall receive a mental health appraisal during intake screening and upon transfer to another facility for their risk of being sexual abused by other incarcerated individuals or sexually abusive toward other incarcerated individuals. The auditor was provided a demonstration of the initial risk screening process. The initial risk screening is completed in booking at the main desk. The auditor observed that this did not provide a private/confidential space for incarcerated individuals to answer questions of a sensitive nature. Booking staff verbally ask the questions from the intake screening. This includes medical questions, safety and security questions, PREA victim questions and PREA abuser questions. Staff utilize the verbal responses to complete the questionnaire and do not confirm responses through a file/record review. The interview with the staff responsible for the risk screening confirmed that incarcerated individuals are screened for their risk of victimization and abusiveness upon intake.

115.41 (b): The PAQ was blank. The PREA Policy, page 5 states intake screening shall ordinarily take place within 72 hours of arrival. All incarcerated individuals shall receive a mental health appraisal during intake screening and upon transfer to another facility for their risk of being sexual abused by other incarcerated individuals or sexually abusive toward other incarcerated individuals. The PAQ was blank. The interview with the staff responsible for the risk screening confirmed that incarcerated individuals are screened for their risk of victimization and abusiveness when booked into the facility. Interviews with 28 incarcerated individuals that arrived within the previous twelve months indicated eighteen were asked the questions related to risk of victimization and abusiveness in booking the day they arrived. A review of 35 incarcerated individual files of those that arrived within the previous twelve months indicated that 33 had an initial risk screening completed within 72 hours. Two incarcerated individuals that arrived were released within 24 hours.

115.41 (c): The PAQ indicated that the risk screening is conducted using an objective screening instrument. The PREA Policy, page 5 states incarcerated individual screening shall consider, at the minimum, the following criteria to assess incarcerated individuals for risk of sexual victimization (Incarcerated individuals may not be disciplined for refusing to answer or for not disclosing complete information in response to questions #1, 7, 8, and 9 below): Whether the incarcerated individual has a mental, physical, or developmental disability; The age of the incarcerated individual; The physical build of the incarcerated individual; Whether the incarcerated individual has previously been incarcerated; Whether the incarcerated individual's criminal history is exclusively nonviolent; Whether the incarcerated individual has prior convictions for sex offenses against an adult or child; Whether the incarcerated individual is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; Whether the incarcerated individual has previously experienced sexual victimization; The incarcerated individual's own perception of vulnerability and Whether the incarcerated individual is detained solely for civil immigration purposes. The following should be considered to assess risk of sexual abusiveness: Prior acts of sexual abuse, Prior convictions for violent offenses and History of institutional violence or sexual abuse. A review of the Intake Screening notes that includes many sections, including the PREA Victim Screening section and the PREA Abuser Screening section. At the conclusion of each section the form notes that if the incarcerated individual answered yes to more than a specific number of questions, they are considered to be a high risk victim or high risk abuser.

115.41 (d): The PREA Policy, page 5 states incarcerated individual screening shall consider, at the minimum, the following criteria to assess incarcerated individuals for risk of sexual victimization (Incarcerated individuals may not be disciplined for refusing to answer or for not disclosing complete information in response to questions #1, 7, 8, and 9 below): Whether the incarcerated individual has a mental, physical, or developmental disability; The age of the incarcerated individual; The physical build of the incarcerated individual; Whether the incarcerated individual has previously been

incarcerated; Whether the incarcerated individual's criminal history is exclusively nonviolent; Whether the incarcerated individual has prior convictions for sex offenses against an adult or child; Whether the incarcerated individual is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; Whether the incarcerated individual has previously experienced sexual victimization; The incarcerated individual's own perception of vulnerability and Whether the incarcerated individual is detained solely for civil immigration purposes . A review of the Intake Screening notes that in includes many sections, including the PREA Victim Screening section and the PREA Abuser Screening section. The PREA Victim Screening section includes: if the incarcerated individual is detained solely for civil immigration, if the incarcerated individual was previously incarcerated, age of the incarcerated individual, physical stature, if the incarcerated individual has a mental, physical or developmental disability, if the incarcerated individual was ever a victim of rape or sexual assault, if the incarcerated individual is, or is perceived to be LGBTI, if the incarcerated individual has a history of only non-violent offenses, and if the incarcerated individual has any prior sexual offenses against adults or children. The staff responsible for the risk screening stated the initial risk screening includes asking the questions on the Intake Screening and utilizing the classification. She advised the questions include the elements under this provision. She further stated they try to confirm information such as criminal history, sex offense, etc.

115.41 (e): The PREA Policy, page 5 states incarcerated individual the following should be considered to assess risk of sexual abusiveness: Prior acts of sexual abuse, Prior convictions for violent offenses and History of institutional violence or sexual abuse. A review of the Intake Screening notes that in includes many sections, including the PREA Victim Screening section and the PREA Abuser Screening section. The PREA Abuser Screening section includes if the incarcerated individual has a history of sexual offenses, if the incarcerated individual was every convicted of a violent felony offense, if the incarcerated individual has a history of institutional violence, if the incarcerated individual has an open PREA investigation at another facility, and if the incarcerated individual has a history of committing sexual abuse in an institutional setting. The staff responsible for the risk screening stated the initial risk screening includes asking the questions on the Intake Screening and utilizing the classification. She advised the questions include the elements under this provision. She further stated they try to confirm information such as criminal history, sex offense, etc.

115.41 (f): The PAQ indicated that the policy requires that the facility reassess each incarcerated individual's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the incarcerated individual's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. The PREA Policy, page 5 states within a set time period, not to exceed 30 days from the incarcerated individual's arrival at the facility, the facility will reassess the incarcerated individual's risk of victimization or abusiveness based upon any

additional, relevant information received by the facility since the intake screening. The PAQ was blank but further communication with the PCM noted they do not conduct reassessments so zero incarcerated individuals had a reassessment. The facility does not conduct reassessments of incarcerated individuals. The interview with the staff responsible for the risk screening indicated that they have not been conducting reassessments, but they are in the process of implementing the process. Interviews with 28 incarcerated individuals that arrived within the previous twelve months indicated one had been asked questions related to their risk of victimization and abusiveness more than once. A review of 35 incarcerated individual files of those that arrived in the previous twelve months indicated zero had a reassessment completed.

115.41 (g): The PAQ indicated that the policy does not require that an incarcerated individual's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the incarcerated individual's risk of sexual victimization or abusiveness. The PREA Policy, page 5 states an incarcerated individual's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the incarcerated individuals risk of sexual victimization or abusiveness. The interview with the staff responsible for the risk screening indicated that they have not been conducting reassessments, but they are in the process of implementing the process. Interviews with 28 incarcerated individuals that arrived within the previous twelve months indicated one had been asked questions related to their risk of victimization and abusiveness more than once. A review of 35 incarcerated individual files of those that arrived in the previous twelve months indicated zero had a reassessment completed. A review of investigations indicated one was sexual abuse that required a reassessment due to incident of sexual abuse. The victim was not reassessed. It should be noted that two criminal investigations were not provided and information was not provided for the auditor to determine if the victims required a reassessment due to incident of sexual abuse.

115.41 (h): The PAQ indicated that policy prohibits disciplining incarcerated individuals for refusing to answer (or for not disclosing complete information related to) questions regarding: (a) whether or not the incarcerated individual has a mental, physical, or developmental disability; (b) whether or not the incarcerated individual is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; (c) whether or not the incarcerated individual has previously experienced sexual victimization; and (d) the incarcerated individual's own perception of vulnerability. The PREA Policy, page 5 states incarcerated individual screening shall consider, at the minimum, the following criteria to assess incarcerated individuals for risk of sexual victimization (Incarcerated individuals may not be disciplined for refusing to answer or for not disclosing complete information in response to questions #1, 7, 8, and 9 below): Whether the incarcerated individual has a mental, physical, or developmental disability; The age of the incarcerated individual; The physical build of

the incarcerated individual; Whether the incarcerated individual has previously been incarcerated; Whether the incarcerated individual's criminal history is exclusively nonviolent; Whether the incarcerated individual has prior convictions for sex offenses against an adult or child; Whether the incarcerated individual is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; Whether the incarcerated individual has previously experienced sexual victimization; The incarcerated individual's own perception of vulnerability and Whether the incarcerated individual is detained solely for civil immigration purposes. The following should be considered to assess risk of sexual abusiveness: Prior acts of sexual abuse, Prior convictions for violent offenses and History of institutional violence or sexual abuse. The interview with the staff responsible for risk screening confirmed that incarcerated individuals are not disciplined for refusing to answer or for not fully disclosing information any of the risk screening questions.

115.41 (i): The PREA Policy, page 6 states the Detention Center exercises appropriate controls on the dissemination within the facility of incarcerated individual responses to the questions listed in A, B, and E, above in order to ensure that sensitive information is not exploited to the incarcerated individual's detriment by staff or other incarcerated individuals. Risk screening information is both paper and electronic. Paper files are maintained by the PC as well as in the incarcerated individuals main file. The PC maintains her records in her locked office. The auditor observed that main files are stored in a rear office area of booking, which is staffed 24 hours a day, seven days a week. The electronic records are stored in the facility Jail Tracker system. The auditor confirmed that all staff have access to Jail Tracker and can view the risk screening information. The interview with the PREA Coordinator indicated that currently all jail staff have access to the risk screening information. The staff responsible for risk screening indicated the information is part of the intake process and intake paperwork. She advised it is all electronic and it is part of the other documentation, which can be reviewed by anyone.

Based on a review of the PAQ, the PREA Policy, Intake Screening, Incarcerated Individual Risk Assessments, staff training and information from interviews with the PREA Coordinator, PREA Compliance Manager, staff responsible for conducting the risk screenings and random incarcerated individuals indicate that this standard appears to require corrective action. The initial risk screening is completed in booking at the main desk. The auditor observed that this did not provide a private/confidential space for incarcerated individuals to answer questions of a sensitive nature. Staff utilize the verbal responses to complete the questionnaire and do not confirm responses through a file/record review. The PAQ was blank but further communication with the PCM noted they do not conduct reassessments so zero incarcerated individuals had a reassessment. The facility does not conduct reassessments of incarcerated individuals. The interview with the staff responsible for the risk screening indicated that they have not been conducting reassessments, but they are in the process of implementing the process. Interviews with 28 incarcerated

individuals that arrived within the previous twelve months indicated one had been asked questions related to their risk of victimization and abusiveness more than once. The electronic records are stored in the facility Jail Tracker system. The auditor confirmed that all staff have access to Jail Tracker and can view the risk screening information. The interview with the PREA Coordinator indicated that currently all jail staff have access to the risk screening information. The staff responsible for risk screening indicated the information is part of the intake process and intake paperwork. She advised it is all electronic and it is part of the other documentation, which can be reviewed by anyone. A review of 35 incarcerated individual files of those that arrived in the previous twelve months indicated zero had a reassessment completed. A review of investigations indicated one was sexual abuse that required a reassessment due to incident of sexual abuse. The victim was not reassessed. It should be noted that two criminal investigations were not provided and information was not provided for the auditor to determine if the victims required a reassessment due to incident of sexual abuse.

Corrective Action

The facility will need to conduct initial risk assessments in an area that is private and confidential. The facility will need to determine a process for this and provide a memo outlining where these will be conducted. A photo of the location will also need to be provided. The facility will need to ensure that initial risk screening information includes the incarcerated individuals verbal response as well as a file review for information that can be verified (i.e. criminal history). Appropriate staff will need to be trained on this process and confirmation of the training will need to be provided. The auditor will need to conduct a phone interview with the initial risk screening staff to confirm the updated process. The facility will need to develop a process for the 30 day reassessment and reassessment due to referral, request, incident of sexual abuse or receipt of additional information. A process memorandum will need to be provided. Training with appropriate staff will need to be conducted and confirmation of the training will need to be provided. A phone interview with the staff who complete the risk reassessments will need to be completed. The facility will need to provide a list of incarcerated individuals that arrived during the corrective action period and a systematic sample (i.e. every 10th incarcerated individual) of risk reassessments. Additionally, a list of sexual abuse allegations during the corrective action period and associated risk reassessments due to incident of sexual abuse will need to be provided. Further, the facility will need to restrict access to the risk screening information in Jail Tracker to only those with a need to know. Confirmation of this restriction will need to be provided.

Verification of Corrective Action Since the Interim Audit Report

	<p>The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.</p> <p>Additional Documents:</p> <ol style="list-style-type: none"> 1. Risk Screening Restriction <p>The facility provided documentation confirming that risk assessment access/viewing was restricted to the "PREA Group", which includes eight staff.</p> <p>No additional corrective action was taken during the 180 day corrective action period. As such this standard is still not met.</p>
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115.42	Use of screening information
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	Auditor Overall Determination: Does Not Meet Standard
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	Auditor Discussion
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	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Policy 3. LGBTI Housing Assignments <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Staff Responsible for Risk Screening 2. Interview with PREA Coordinator 3. Interview with PREA Compliance Manager 4. Interviews with Gay, Lesbian and Bisexual Incarcerated Individuals 5. Interviews with Transgender Incarcerated Individuals <p>Site Review Observations:</p>
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1. Location of Records
2. Shower Area in Housing Units

Findings (By Provision):

115.42 (a): The PAQ indicated that the agency/facility uses information from the risk screening required by §115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those incarcerated individuals at high risk of being sexually victimized from those at high risk of being sexually abusive. The PREA Policy, page 5 states any housing concerns noted regarding an incarcerated individual's history of sexual abuse-victimization or sexual predatory behavior is documented in the incarcerated individuals file and considered when making housing placement decisions. The Detention Center shall make individualized determinations about how to ensure the safety of each incarcerated individual. Once an incarcerated individual is identified as a High Risk Sexual Predator or as a victim/potential victim at any time during his/her incarceration, the incarcerated individual is evaluated for appropriate housing and programs. As determined appropriate and whenever possible, a single occupancy cell will be assigned for incarcerated individuals that are considered as potentially high-risk of being sexually abused or sexually abusive. Any housing concerns or assignments that are made in response to concerns raised during the screening/appraisal process are documented as appropriate. The interview with the PREA Coordinator indicated that information from the risk screening is used to determine housing. She stated high risk abusers who are sex offenders are housed separate from the rest of the population and that going forward high risk abusers that are not sex offenders will not be housed with high risk victims. The interview with the staff responsible for the risk screening indicated that information from the risk screening is utilized for the classification tree. The classification tree determines custody level and housing status. Classification will look at charges and other information to see who is appropriate to be housed together. The facility does not track high risk victim and high risk abusers based on the risk screening tool. As such, they are not using the information from the risk screening as required under this provision.

115.42 (b): The PAQ indicated that the agency/facility makes individualized determinations about how to ensure the safety of each incarcerated individual. The PREA Policy, page 5 states any housing concerns noted regarding an incarcerated individual's history of sexual abuse-victimization or sexual predatory behavior is documented in the incarcerated individuals file and considered when making housing placement decisions. The Detention Center shall make individualized determinations about how to ensure the safety of each incarcerated individual. Once an incarcerated individual is identified as a High Risk Sexual Predator or as a victim/potential victim at any time during his/her incarceration, the incarcerated individual is evaluated for

appropriate housing and programs. As determined appropriate and whenever possible, a single occupancy cell will be assigned for incarcerated individuals that are considered as potentially high-risk of being sexually abused or sexually abusive. Any housing concerns or assignments that are made in response to concerns raised during the screening/appraisal process are documented as appropriate. The interview with the staff responsible for the risk screening indicated that information from the risk screening is utilized for the classification tree. The classification tree determines custody level and housing status. Classification will look at charges and other information to see who is appropriate to be housed together.

115.42 (c): The PAQ indicated that the agency/facility does not make housing and program assignments for transgender or intersex incarcerated individuals in the facility on a case-by-case basis. The PREA Policy, page 6 states in deciding whether to assign a transgender or intersex incarcerated individual to male or female housing units, and in making other housing and programming assignments, the Detention Center considers on a case by case basis whether a placement would ensure the incarcerated individual's health and safety, and whether the placement would present management or security problems. The interview with the PC indicated they are not currently reviewing housing on a case-by-case basis but they will be starting the process moving forward via the housing criteria form. She confirmed that housing and programming assignments will consider the incarcerated individuals health and safety as well as whether the placement will present any security or management problems. Interviews with transgender incarcerated individuals indicated neither were asked how they felt about their safety. The agency does not currently review housing for transgender or intersex incarcerated individuals on a case-by-case basis and as such no documentation was available for review.

115.42 (d): The PREA Policy, page 6 states a transgender or intersex incarcerated individual's own views with respect to his or her own safety are given serious consideration. The PC advised that moving forward they will be assessing transgender and intersex incarcerated individuals biannually. The staff responsible for the risk screening stated classification and operations split duties and that once they are housed, all reviews fall on operations. The facility does not conduct biannual assessments for transgender and intersex incarcerated individuals and as such no documentation was available for review.

115.42 (e): The PREA Policy, page 6 states placement and programming assignments for each transgender or intersex incarcerated individual shall be reassessed at least twice each year to review any threats to safety experienced by the incarcerated individual. Interviews with the PCM and staff responsible for the risk screening confirmed that transgender and intersex incarcerated individuals' views with respect to their safety are given serious consideration. Interviews with transgender incarcerated individuals indicated neither were asked how they felt about their

safety.

115.42 (f): The PREA Policy, page 6 states transgender and Intersex incarcerated individuals shall be given the opportunity to shower separately from other incarcerated individuals. During the tour the auditor observed that showers were single person and provided privacy via a curtain. The PC confirmed that transgender and intersex incarcerated individuals are afforded the opportunity to shower separately. She stated all showers are single person with a curtain, but if a transgender or intersex incarcerated individual wanted additional privacy they could shower in the booking area shower. The interview with the staff responsible for risk screening confirmed transgender and intersex incarcerated individuals are given the opportunity to shower separately. Interviews with transgender incarcerated individuals indicated both were afforded the opportunity to shower separately.

115.42 (g): The PREA Policy, page 6 states the Detention Center shall not place lesbian, gay, bisexual, transgender, or intersex incarcerated individuals in dedicated facilities , units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such incarcerated individuals. The interview with the PC confirmed that the agency is not subject to a consent decree and that there is not a dedicated facility for LGBTI incarcerated individuals. Interviews with four LGBTI incarcerated individuals confirmed none felt the facility placed LGBTI incarcerated individuals in dedicated facilities, units, or wings solely on the basis of such identification or status. A review of housing assignments for LGBTI incarcerated individuals confirmed that they were housed across a few different housing units at the facility.

Based on a review of the PAQ, the PREA Policy, LGBTI Incarcerated Individual Housing Assignments, observations made during the tour and information from interviews with the PC, PCM, staff responsible for conducting the risk screening and LGBTI incarcerated individuals, indicates that this standard appears require corrective action. The interview with the staff responsible for the risk screening indicated that information from the risk screening is utilized for the classification tree. The classification tree determines custody level and housing status. Classification will look at charges and other information to see who is appropriate to be housed together. The facility does not track high risk victim and high risk abusers based on the risk screening tool. As such, they are not using the information from the risk screening as required under this provision. The interview with the PC indicated they are not currently reviewing housing on a case-by-case basis but they will be starting the process moving forward via the housing criteria form. She confirmed that housing and programming assignments will consider the incarcerated individuals health and safety as well as whether the placement will present any security or management problems. Interviews with transgender incarcerated individuals indicated neither were asked

how they felt about their safety. The agency does not currently review housing for transgender or intersex incarcerated individuals on a case-by-case basis and as such no documentation was available for review. The interview with the PC indicated they are not currently reviewing housing on a case-by-case basis but they will be starting the process moving forward via the housing criteria form. She confirmed that housing and programming assignments will consider the incarcerated individuals health and safety as well as whether the placement will present any security or management problems. Interviews with transgender incarcerated individuals indicated neither were asked how they felt about their safety. The agency does not currently review housing for transgender or intersex incarcerated individuals on a case-by-case basis and as such no documentation was available for review.

Corrective Action

The facility will need to develop a process to track those who were identified as high risk victims and high risk abusers during the risk screening to ensure a goal of keeping them separate in housing, job and program assignments. A copy of the tracking mechanism with high risk incarcerated individual assignments will need to be provided. Training with applicable staff on this process will need to be conducted and confirmation of the training will need to be provided. The facility will need to provide training with applicable staff on case-by-case housing of transgender and intersex incarcerated individuals and biannual assessments. Confirmation of the training will need to be provided. The facility will need to provide housing documentation and biannual assessments for transgender and intersex incarcerated individuals at the facility during the corrective action period.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Monthly Tracking Table

The facility provided a monthly tracking table that tracks individuals who answered yes to specific risk screening questions and those that scored at high risk of victimization and/or abusiveness. The tracking table did not include any information

	<p>on housing or other assignments.</p> <p>No additional corrective action was taken during the 180 day corrective action period. As such this standard is still not met.</p>
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115.43	Protective Custody
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	Auditor Overall Determination: Does Not Meet Standard
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	Auditor Discussion
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	Documents:
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1. Pre-Audit Questionnaire
2. PREA Policy

Interviews:

1. Interview with the Deputy Chief
2. Interview with Staff who Supervise Incarcerated Individuals in Segregated Housing

Site Review Observations:

1. Observations in the Segregated Housing Unit

Findings (By Provision):

115.43 (a): The PAQ indicated that the agency does not have a policy prohibiting the placement of incarcerated individuals 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. The PAQ was blank related to numbers. The PREA Policy, page 7 states incarcerated individuals at high risk for sexual victimization shall not be placed 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 a facility cannot conduct such an assessment immediately, the facility may

hold the incarcerated individual in involuntary segregated housing for less than 24 hours while completing the assessment. The interview with the Chief Deputy confirmed that agency policy prohibits placing incarcerated individuals at high risk of sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and it is determined that there are no alternative means of separation from likely abusers. The facility does not have a tracking mechanisms for those deemed at high risk of victimization as a result of the risk screening. The facility did indicate they have a classification tree that is utilized for housing. The auditor requested documentation related to those incarcerated individuals deemed at high risk related to the classification tree, however at the issuance of the interim report the documentation had not be provided.

115.43 (b): The PREA Policy, page 7 states incarcerated individuals placed in segregated housing for this purpose shall have access to programs, privileges, education and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document: The opportunities that have been limited; The duration of the limitation; and The reasons for such limitations. During the tour the auditor observed the segregated housing area. The area includes multiple isolation cells. The isolation cells utilize the outdoor recreation in the hallway. Incarcerated individuals in segregated housing are provided recreation daily, through recreation or stress walks. They are provided showers three times a week, the phone three times a week, video visits twice a week and the tablets every night. Grievances are completed electronically on the tablet. Mail can be sent over the tablet or can be provided to staff. The interview with the staff who supervise incarcerated individuals in segregated housing indicated incarcerated individuals placed in segregated housing for this purpose shall have access to programs, privileges, education and work opportunities to the extent possible. He advised they would have access as long as there are no safety issues. He also stated usually when someone is in isolation all their privileges are taken away. The staff stated any restrictions would be documented. The auditor was unable to determine if there were any incarcerated individual housed in segregated housing due to risk level. The auditor did interview numerous incarcerated individual housed in isolation, including a transgender incarcerated individual housed in isolation. She noted she was housed there due to refusing to go to the housing unit that the facility was trying to place her in with other incarcerated individuals she felt she should not be housed with.

115.43 (c): The PAQ was blank. The PREA Policy, page 7 states the facility shall assign such incarcerated individuals to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days. The interview with the Chief Deputy confirmed that incarcerated individuals would only be placed in involuntary segregated housing until an alternative means of separation from likely abuser(s) could be arranged. She advised they could find alternative housing within

three to four days typically. The interview with the staff who supervise incarcerated individuals in segregated housing indicated that incarcerated individuals would only be placed in involuntary segregated housing until they could find an alternative means of separation. He advised they try not to make it more than 24 hours but they do what they have to regarding safety and what that person feels comfortable. The auditor was unable to determine if there were any incarcerated individual housed in segregated housing due to risk level. The auditor did interview numerous incarcerated individual housed in isolation, including a transgender incarcerated individual housed in isolation. She noted she was housed there due to refusing to go to the housing unit that the facility was trying to place her in with other incarcerated individuals she felt she should not be housed with.

115.43 (d): The PREA Policy, page 8 states if an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, the facility shall clearly document: The basis for the facilities concern for the incarcerated individual's safety; and The reason why no alternative means of separation can be arranged. The PAQ as blank related to numbers. The facility does not have a tracking mechanisms for those deemed at high risk of victimization as a result of the risk screening. The facility did indicate they have a classification tree that is utilized for housing. The auditor requested documentation related to those incarcerated individuals deemed at high risk related to the classification tree, however at the issuance of the interim report the documentation had not be provided.

115.43 (e): The PAQ indicate that if an incarcerated individual was placed in segregation due to risk of victimization, they would be reviewed every 30 days to determine if there was a continued need for the incarcerated individual to be separated from the general population. The PREA Policy, page 7 states every 30 days, the facility shall afford each such incarcerated individual a review to determine whether there is a continuing need for separation from the general population. The interview with the staff who supervise incarcerated individuals in segregated housing confirmed that incarcerated individuals would be reviewed at least every 30 days for their continued need for placement in involuntary segregated housing. He stated they review incarcerated individuals every seven days.

Based on a review of the PAQ, the PREA Policy, observations from the facility tour as well as information from the interviews with the Deputy Chief and staff who supervise incarcerated individuals in segregated housing indicates this standard appears to require corrective action. The facility does not have a tracking mechanisms for those deemed at high risk of victimization as a result of the risk screening. The facility did indicate they have a classification tree that is utilized for housing. The auditor requested documentation related to those incarcerated individuals deemed at high risk related to the classification tree, however at the issuance of the interim report the documentation had not be provided. The interview with the staff who supervise

incarcerated individuals in segregated housing indicated incarcerated individuals placed in segregated housing for this purpose shall have access to programs, privileges, education and work opportunities to the extent possible. He advised they would have access as long as there are no safety issues. He also stated usually when someone is in isolation all their privileges are taken away. The staff stated any restrictions would be documented.

Corrective Action

The facility will need to develop a tracking mechanism as outlined under PREA Standard 115.42 for those at high risk of victimization. The facility will need to ensure they are not placing those at high risk of victimization in involuntary segregated housing, and if they are, such documentation as described under this standard is required. The facility will need to train applicable staff on the requirements under this standard. A copy of the training will need to be provided. The facility will need to provide housing assignments for those on the high risk list and any necessary justification and documentation related to involuntary segregated housing.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Monthly Tracking Table

The facility provided a monthly tracking table that tracks individuals who answered yes to specific risk screening questions and those that scored at high risk of victimization and/or abusiveness. The tracking table did not include any information on housing or other assignments.

No additional corrective action was taken during the 180 day corrective action period. As such this standard is still not met.

115.51 Inmate reporting

Auditor Overall Determination: Does Not Meet Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. PREA Policy
3. Policy XIII-100 (1) - Prison Rape Elimination Act
4. Rules, Policies, Procedures and Incarcerated individual Rights Pertaining to Confinement (Handbook)
5. PREA Brochure
6. Henderson County PREA Form
7. Zero Tolerance Poster
8. Incident Reports
9. Investigative Reports

Interviews:

1. Interviews with Random Staff
2. Interviews with Random Incarcerated Individuals
3. Interview with the PREA Compliance Manager

Site Review Observations:

1. Observation of Posted PREA Reporting Information
2. Testing of Internal Reporting Hotline
3. Testing of the External Reporting Entity

Findings (By Provision):

115.51 (a): The PAQ indicated that the agency has established procedures allowing

for multiple internal ways for incarcerated individuals to report privately to agency officials about: (a) sexual abuse or sexual harassment; (b) retaliation by other incarcerated individuals or staff for reporting sexual abuse and sexual harassment; and (c) staff neglect or violation of responsibilities that may have contributed to such incidents. The PREA Policy, page 9 states any incarcerated individual may report an incident to any employee, contract employee or volunteer using available methods of communication, including but not limited to: verbal reports, filing a grievance, Incarcerated individual Medical Request form. Policy further states incarcerated individuals may report any act of prohibited sexual behavior by any of the following means: Verbal or written reports to any staff member, volunteer, medical staff, mental health professional, chaplain; Request to talk to a Medical or Mental Health Professional; Send a sealed note or letter to the Jailer or any staff member; and the general public may report any incident of prohibited sexual behavior by contacting the Jailer or local law enforcement. They may also call toll free to 866-397-5211 and leave a confidential message. Policy XIII-100 (1), page 3 states an incarcerated individual or employee or contractor may report and sexual misconduct in person to any employee, by a request/nurse's slip, through the grievance process, via a phone call, or by a friend, family member, or an Attorney. It may be reported openly or discretely. A review of the PREA Brochure indicates that it includes reporting mechanisms including: to any staff, volunteer, medical, mental health or contractors; through a medical request or grievance via the tablet; a confidential/anonymous report via a phone number, and through a third party. A review of the PREA Form notes that it includes information on the law, definitions, Kentucky State Statue, treatment options for victims, how incarcerated individuals can protect themselves, actions the agency will take after an allegation is reported and disciplinary sanctions for perpetrators. A review of the Handbook noted that it outlines reporting mechanisms including: to any staff, contractor or volunteer, to any medical or mental health care staff, in writing through a grievance or medical form, in a sealed note or letter to the Jailer or any other staff, through a third party (the number provided for the third party to contact was incorrect), to the hotline, and through KSP via calling 911. A review of the Zero Tolerance Poster indicated it includes a section on how to report. It outlines the multiple ways to report including by calling the Henderson County Detention Center, by calling the external reporting hotline, by verbally telling any staff, volunteer, contractor or medical or mental health staff, by submitting a grievance, PREA complain or sick call slip, by reporting to the PC, by having a third party report on their behalf and by submitting written report in any of the white boxes around the facility. The auditor observed PREA information posted in hallways and common areas via the Zero Tolerance Poster. The Zero Tolerance Poster was displayed on legal size paper in English. Additionally, the auditor observed that the tablet system included the Handbook and PREA Policy. It should be noted that the phone numbers on the Zero Tolerance Poster and in the PREA Policy were incorrect. The facility had already implemented corrective action and was working on updating all material. The auditor also observed a few PREA Posters displayed in English within the facility that advised of the zero tolerance policy. The auditor tested the internal reporting mechanism during the tour. On July 8, 2025 the auditor had an incarcerated individual assist with submitting a test report via the tablet. Incarcerated individuals have access to tablets in each cell. Tablets are shared among the incarcerated

individuals, but the auditor observed there was an adequate number for all to utilize. Each incarcerated individuals logs into the tablet using their unique login information. Once on the tablet, incarcerated individuals can submit a written report in a variety of ways, including through a PREA Complaint or through Crime Tips. All PREA Complaints are directly received by the PC, while Crime Tips are received by another facility staff member. Additionally, if an incarcerated individual submits PREA information through any other electronic process the information is provided to the PC. The auditor received confirmation on the same date (July 8, 2025) that the written report was received by the PC. Interviews with 30 incarcerated individuals indicated they could report through the tablet, to staff or over the phone. Interviews with twelve random staff indicated that incarcerated individuals can report verbally, in writing, through the tablet, via the hotline and through family and friends.

115.51 (b): The PAQ stated that the agency provides at least one way for incarcerated individuals to report sexual abuse to a public or private entity or office that is not part of the agency. Additionally, the PAQ indicated that the agency does not detain solely for civil immigration purposes. A review of the PREA Brochure indicates that it includes reporting mechanisms including: to any staff, volunteer, medical, mental health or contractors; through a medical request or grievance via the tablet; a confidential/anonymous report via a phone number, and through a third party. A review of the PREA Form notes that it includes information on the law, definitions, Kentucky State Statue, treatment options for victims, how incarcerated individuals can protect themselves, actions the agency will take after an allegation is reported and disciplinary sanctions for perpetrators. A review of the Handbook noted that it outlines incarcerated individuals can report to the hotline and through KSP via calling 911. While the external reporting entity is listed (hotline) it is not outlined as the external reporting entity and does not advise incarcerated individuals that they can remain anonymous when reporting. The Handbook does advise the hotline is free from any jail phone. A review of the Zero Tolerance Poster indicated that it advises incarcerated individuals they can call the Henderson County Detention Center for external reporting. It also advises that if the incarcerated individuals wishes to remain anonymous they can report through the hotline. The auditor observed PREA information posted in hallways and common areas via the Zero Tolerance Poster. The Zero Tolerance Poster was displayed on legal size paper in English. Additionally, the auditor observed that the tablet system included the Handbook and PREA Policy. It should be noted that the phone numbers on the Zero Tolerance Poster and in the PREA Policy were incorrect. The facility had already implemented corrective action and was working on updating all material. The auditor also observed a few PREA Posters displayed in English within the facility that advised of the zero tolerance policy. The auditor attempted to test the external reporting mechanism. Incarcerated individuals are advised they can report to a PREA hotline, which is operated by the Kentucky Department of Corrections. Incarcerated individuals are provided a phone number to contact from the phones within the cells. The auditor had an incarcerated individual assist with calling the number. The incarcerated individual dialed "1" for English and then "0" for a collect call. She was then required to enter her "jacket

number” (pin) and utilize her voice recognition. She then dialed the number provided. The auditor observed that the call went through and rang but there was no connection. The staff advised that typically when you call the line a live staff member answers and takes the information. The auditor called the number from her cell phone to confirm the process. The auditor reached a staff member at the Kentucky Justice and Public Safety Cabinet, Internal Affairs Investigation Unit. The staff advised they are the third party reporting entity for the entire state of Kentucky for PREA allegations. He indicated an incarcerated individual can report sexual abuse or sexual harassment through the hotline number and he would enter the information into their intake reporting system. That information would then be forwarded to the Kentucky Department of Corrections, who would in turn disseminate it to the appropriate agency. He advised they get calls from incarcerated individuals in KY DOC, KY Detention Centers and KY Juvenile Centers. He confirmed that incarcerated individuals can remain anonymous when reporting and they have a drop down for anonymous reporting. The interview with the PC indicated that the facility has a hotline number that goes to an external reporting entity (KDOC). She noted that the information is received by the external entity and that Kentucky Department of Corrections forwards that information back to the facility to handle. Interviews with 30 incarcerated individuals indicated two were aware of an outside reporting entity and twelve knew they could anonymously report.

115.51 (c): The PAQ indicated that the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. It further indicated that staff are required to document verbal reports immediately. The PREA Policy, page 9 states anyone that receives a report of an alleged sexual assault, whether verbally or in writing will immediately notify the supervisor and complete an Incident Report. Policy XIII-100 (1), page 4 states any staff member who witnesses or has knowledge of alleged sexual misconduct must submit an incident report before the end of their shift. This includes all staff members on duty, transported offender, or spoke with possible witnesses. During the tour, the auditor asked staff to demonstrate how to document a verbal report of sexual abuse. Staff indicated if they received a verbal report they would complete a written report via an “Incident of Record.” The written report would then be provided to the supervisor, investigator or PREA Coordinator for the investigative file. This report is not filed with regular incident reports to maintain confidentiality. Interviews with 30 incarcerated individuals indicated 29 knew they could report verbally and/or in writing to staff and nineteen knew they could report through a third party. Interviews with random staff indicated that incarcerated individuals can report verbally, in writing, anonymously and through a third party. The staff stated verbal reports would be documented via a written report by the end of shift. A review of administrative sexual abuse and sexual harassment investigations indicated five were reported verbally. All five included an incident report authored by the staff receiving the verbal report.

115.51 (d): The PAQ indicates the agency has established procedures for staff to privately report sexual abuse and sexual harassment of incarcerated individuals. Interviews with twelve staff indicated eight were aware that they could privately report sexual abuse of an incarcerated individual.

Based on a review of the PAQ, the PREA Policy, Policy XIII-100 (1), observations during the tour, information from interviews with the PCM, random incarcerated individuals and random staff, and the documentation provided related to the auditors test of the outside entity reporting and the internal reporting line, this standard appears to require corrective action. The auditor observed PREA information posted in hallways and common areas via the Zero Tolerance Poster. The Zero Tolerance Poster was displayed on legal size paper in English. Additionally, the auditor observed that the tablet system included the Handbook and PREA Policy. It should be noted that the phone numbers on the Zero Tolerance Poster and in the PREA Policy were incorrect. The facility had already implemented corrective action and was working on updating all material. A review of the Handbook noted it included incorrect information for the phone number third parties can call to report sexual abuse of an incarcerated individual. A review of the Handbook noted that it outlines incarcerated individuals can report to the hotline and through KSP via calling 911. While the external reporting entity is listed (hotline) it is not outlined as the external reporting entity and does not advise incarcerated individuals that they can remain anonymous when reporting. The Handbook does advise the hotline is free from any jail phone. A review of the Zero Tolerance Poster indicated that it advises incarcerated individuals they can call the Henderson County Detention Center for external reporting. It also advises that if the incarcerated individuals wishes to remain anonymous they can report through the hotline. The auditor attempted to test the external reporting mechanism. Incarcerated individuals are advised they can report to a PREA hotline, which is operated by the Kentucky Department of Corrections. Incarcerated individuals are provided a phone number to contact from the phones within the cells. The auditor had an incarcerated individual assist with calling the number. The incarcerated individual dialed "1" for English and then "0" for a collect call. She was then required to enter her "jacket number" (pin) and utilize her voice recognition. She then dialed the number provided. The auditor observed that the call went through and rang but there was no connection. The staff advised that typically when you call the line a live staff member answers and takes the information. Interviews with 30 incarcerated individuals indicated two were aware of an outside reporting entity and twelve knew they could anonymously report. Interviews with twelve staff indicated eight were aware that they could privately report sexual abuse of an incarcerated individual.

Recommendation

The auditor highly recommends that information related to the external reporting entity and ability to remain anonymous be covered during education under PREA

Standard 115.33.

Corrective Action

The facility will need to update the posted/distributed information to outline which reporting is external and which is internal. For the external entity, the information will need to outline that incarcerated individuals can remain anonymous and how they can remain anonymous. The facility will also need to update all phone numbers to ensure they are accurate and correct. Copies of the updated information will need to be provided. Photos of the updated information posted around the facility (in units) and on the tablet will need to be provided. The facility will need to alleviate the issue with the phone system and contacting the external reporting entity. The facility will need to ensure a "jacket number" is not required to allow for the incarcerated individuals to remain anonymous when reporting. Once the phone system is corrected, the facility will need to complete a test to the reporting entity through the incarcerated individual phone system. Confirmation of the test will need to be provided. Further, the facility will need to update policy on how staff can privately report sexual abuse of an incarcerated individual. Staff will need to be trained on the method. A copy of the update policy and confirmation of the training will need to be provided.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Updated PREA Brochure
2. Email on Updated PREA Hotline Number

The facility provided the updated PREA Brochure with correct phone numbers. The PREA Brochure was also updated to outline the external reporting entity and the ability to remain anonymous when reporting to the external reporting entity.

	<p>The facility provided an email that outlined that the facility implemented a speed dial for the PREA Hotline (*9). The email noted that the PREA Hotline is anonymous and free.</p> <p>No additional corrective action was taken during the 180 day corrective action period. As such this standard is still not met.</p>
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115.52	Exhaustion of administrative remedies
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	Auditor Overall Determination: Does Not Meet Standard
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	Auditor Discussion
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Documents:

1. Pre-Audit Questionnaire
2. PREA Policy
3. 501 KAR 3:140 Section 6 Incarcerated individual Grievance Procedure
4. Rules, Policies, Procedures and Incarcerated individual Rights Pertaining to Confinement (Handbook)

Interviews:

1. Interviews with Incarcerated Individuals who Reported Sexual Abuse

Findings (By Provision):

115.52 (a): The PAQ indicated that the agency has an administrative procedure for dealing with incarcerated individual grievances regarding sexual abuse. The PREA Policy and 501 KAR 3:140 Section 6 outline the grievance procedure.

115.52 (b): The PAQ indicated that the agency policy or procedure allows an incarcerated individual to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred. The PAQ stated agency policy requires an incarcerated individual to use an informal grievance

process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse. 501 KAR 3:140 Section 6 states a grievance shall be made in the form of an electronic statement, submitted via tablet, by the incarcerated individual within 48 hours following the incident or condition giving rise to the incident. Such statement shall be transmitted promptly to the Grievance Officer without interference.

115.52 (c): The PAQ indicated the agency's policy and procedure allows an incarcerated individual to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. It further stated that the agency's policy and procedure requires that an incarcerated individual grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint.

115.52 (d): The PAQ indicated the agency's policy and procedure requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. It further stated the agency always notifies an incarcerated individual in writing when the agency files for an extension, including notice of the date by which a decision will be made. The PAQ was blank related to number of grievances. The PREA Policy, page 10 states a final decision on the merits of any portion of a report alleging sexual assault/abuse or sexual misconduct within 90 days of the initial communication or report of an alleged incident. The file will be documented accordingly to explain any delays that cause the investigation to remain ongoing beyond 90 days. Computation of the 90 day time period shall not include time consumed by incarcerated individuals preparing any administrative appeal. The Detention Center may claim an extension of time to respond, up to 70 additional days, if the normal time period for response is insufficient to make an appropriate decision. The Detention Center shall notify the incarcerated individual in writing of any such extension and provide a date by which a decision will be made. At any level of the administrative process, including the final level, if the incarcerated individual does not receive a response within the time allotted for reply, including any properly noticed extension, the incarcerated individual may consider the absence of a response to be a denial at the level. 501 KAR 3:140 Section 6 states any incarcerated individual who submits a grievance will receive a response in 3 working days (excluding weekends and holidays) following the investigation of the grievance, to include findings and actions taken by the Grievance Officer, or designee. Pages 44-45 of the Handbook state a final decision on the merits of any portion of a report alleging sexual assault/abuse or sexual misconduct within 90 days of the initial communication or report of an alleged incident. The file will be documented accordingly to explain any delays that cause the investigation to remain ongoing beyond 90 days. Computation of the 90 day time period shall not include time consumed by incarcerated individuals preparing any administrative appeal. The Detention Center may claim an extension of time to respond, up to 70 additional days, if the normal time period for response is insufficient to make an appropriate decision. The Detention Center shall notify the incarcerated individual in writing of

any such extension and provide a date by which a decision will be made. At any level of the administrative process, including the final level, if the incarcerated individual does not receive a response within the time allotted for reply, including any properly noticed extension, the incarcerated individual may consider the absence of a response to be a denial at the level. The auditor requested documentation related to grievances filed during the previous twelve months, however at the issuance of the interim report the documentation had not been provided.

115.52 (e): The PAQ indicated agency policy and procedure permits third parties, including fellow incarcerated individuals, staff members, family members, attorneys, and outside advocates, to assist incarcerated individuals in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of incarcerated individuals. It further stated agency policy and procedure does not require that if an incarcerated individual declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the incarcerated individual's decision to decline. The PREA Policy, pages 9-10 state third Parties, including fellow incarcerated individuals, staff members, family members, attorneys and outside advocates, shall be permitted to assist incarcerated individuals in filing requests for administrative remedies relating to allegations of sexual assault/abuse and sexual misconduct, and shall also be permitted to file such requests on behalf of incarcerated individuals. If a third party files such a request on behalf of an incarcerated individual, the Detention Center may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process. If the incarcerated individual declines to have the request processed on his or her behalf, the Detention Center shall document the incarcerated individual's decision. Pages 42-43 of the Handbook state third Parties, including fellow incarcerated individuals, staff members, family members, attorneys and outside advocates, shall be permitted to assist incarcerated individuals in filing requests for administrative remedies relating to allegations of sexual assault/abuse and sexual misconduct, and shall also be permitted to file such requests on behalf of incarcerated individuals. If a third party files such a request on behalf of an incarcerated individual, the Detention Center may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process. If the incarcerated individual declines to have the request processed on his or her behalf, the Detention Center shall document the incarcerated individual's decision. The auditor requested documentation related to grievances filed during the previous twelve months, however at the issuance of the interim report the documentation had not been provided.

115.52 (f): The PAQ indicated the agency has a policy and established procedures for filing an emergency grievance alleging that an incarcerated individual is subject to a

substantial risk of imminent sexual abuse. The PAQ noted that the agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires an initial response within 48 hours. The PAQ further stated the agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires that a final agency decision be issued within 5 days. The PAQ did not contain numbers related to emergency grievances. The PREA Policy, page 10 states if the incarcerated individual or the third party reporting an incident of sexual assault/abuse or sexual misconduct considers the incident to be urgent and or alleging that an incarcerated individual is subject to a substantial risk of imminent sexual abuse, the envelope should be marked "URGENT" and given to a member of staff as soon as possible - calling the staff member's attention to the "URGENT" notation. Communications submitted in this manner shall be delivered immediately to the supervisor on duty. The supervisor shall immediately forward the communication (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken, shall provide an initial response within 48 hours, and shall issue final agency decision within 5 calendar days. The initial response and final agency decision shall be document the Detention Centers determination whether the incarcerated individual is in substantial risk of imminent sexual abuse and the action taken in response to the communication that was marked "URGENT". Page 43-44 of the Handbook states if the incarcerated individual or the third party reporting an incident of sexual assault/abuse or sexual misconduct considers the incident to be urgent and or alleging that an incarcerated individual is subject to a substantial risk of imminent sexual abuse, the envelope should be marked "URGENT" and given to a member of staff as soon as possible - calling the staff member's attention to the "URGENT" notation. Communications submitted in this manner shall be delivered immediately to the supervisor on duty. The supervisor shall immediately forward the communication (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken, shall provide an initial response within 48 hours, and shall issue final agency decision within 5 calendar days. The initial response and final agency decision shall be document the Detention Centers determination whether the incarcerated individual is in substantial risk of imminent sexual abuse and the action taken in response to the communication that was marked "URGENT". The auditor requested documentation related to grievances filed during the previous twelve months, however at the issuance of the interim report the documentation had not been provided.

115.52 (g): The PAQ indicated that the agency does not have a written policy that limits its ability to discipline an incarcerated individual for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the incarcerated individual filed the grievance in bad faith. The PREA Policy, page 9 states the Detention Center may discipline an incarcerated individual for falsely reporting an incident of alleged sexual assault/abuse or misconduct where the Detention Center can demonstrate that the incarcerated individual reported the incident in bad faith.

	<p>Based on a review of the PAQ, the PREA Policy, 501 KAR 3:140 Section 6 Incarcerated individual Grievance Procedure, Handbook, this standard appears to require corrective action. The auditor requested documentation related to grievances filed during the previous twelve months, however at the issuance of the interim report the documentation had not been provided.</p> <p>Recommendation</p> <p>The auditor highly recommends the facility update policy and the Handbook to outline that there is not a timeline for filing sexual abuse grievances as well as language under provision (b) and (c) of this standard.</p> <p>Corrective Action</p> <p>The facility will need to provide the originally requested grievance log/information. If not available, further corrective action will be required.</p> <p>Verification of Corrective Action Since the Interim Audit Report</p> <p>The agency did not take any corrective action during the 180 day corrective action period. As such, this standard is not met.</p>
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115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Does Not Meet Standard
	<p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Brochure 3. Rules, Policies, Procedures and Incarcerated individual Rights Pertaining to Confinement (Handbook) 4. Zero Tolerance Poster

Interviews:

1. Interviews with Random Incarcerated Individuals
2. Interviews with Incarcerated Individuals who Reported Sexual Abuse

Site Review Observations:

1. Observation of Victim Advocacy Information

Findings (By Provision):

115.53 (a): The PAQ indicated that the facility does not provide incarcerated individuals with access to outside victim advocates for emotional support services related to sexual abuse. All other areas of the PAQ were blank. A review of the PREA Brochure notes that it advises incarcerated individuals that if they need sexual assault victim support at any time to reach out to New Beginnings Sexual Assault Support Services at their 24 hour Confidential Crisis Hotline 1-800-226-7273. A review of the Handbook confirmed that it included the phone number and mailing address for New Beginnings Sexual Assault Support Services. The Handbook advises that the call is free and confidential from any jail phone. A review of the Zero Tolerance Poster noted that included a section with victim support services information. It outlined the phone number for New Beginnings for emotional support services. It should be noted that the phone number on the Zero Tolerance Poster was different from that in the Handbook, however the auditor confirmed that both numbers reached New Beginnings. The auditor observed PREA information posted in hallways and common areas via the Zero Tolerance Poster. The Zero Tolerance Poster was displayed on legal size paper in English. Additionally, the auditor observed that the tablet system included the Handbook and PREA Policy. The auditor also observed a few PREA Posters displayed in English within the facility that advised of the zero tolerance policy. The auditor attempted to tested the victim advocacy hotline during the on-site portion of the audit. An incarcerated individual assisted with the call and dialed "1" for English and "0" for a collect call. The incarcerated individual then had to enter a "jacket number" (pin) and utilize voice recognition. The incarcerated individual then dialed the number provided. The auditor observed that the phone line advised that no calls were allowed at this time. The incarcerated individuals stated that calls to 800 numbers are not authorized through the incarcerated individual phone system. The auditor did observe that incarcerated individuals are provided a mailing address for the organization and can send correspondence. Interviews with 30 incarcerated individuals, including those who reported sexual abuse, indicated fourteen were aware of outside victim advocacy services and nine were provided a phone number and mailing address to a local rape crisis center.

115.53 (b): The PAQ was blank. A review of the PREA Brochure notes that it advises incarcerated individuals that if they need sexual assault victim support at any time to reach out to New Beginnings Sexual Assault Support Services at their 24 hour Confidential Crisis Hotline 1-800-226-7273. A review of the Handbook confirmed that it included the phone number and mailing address for New Beginnings Sexual Assault Support Services. The Handbook advises that the call is free and confidential from any jail phone. A review of the Zero Tolerance Poster noted that included a section with victim support services information. It outlined the phone number for New Beginnings for emotional support services. The auditor observed PREA information posted in hallways and common areas via the Zero Tolerance Poster. The Zero Tolerance Poster was displayed on legal size paper in English. Additionally, the auditor observed that the tablet system included the Handbook and PREA Policy. During the tour the auditor observed that incarcerated individuals are able to place outgoing mail in the locked boxes around the facility and can provide mail to staff. None of the boxes were specific to sexual abuse or sexual harassment allegations or information. The interview with the mailroom staff indicated that incoming personal mail goes through a third party in Maryland. Family and friends send mail to the address provided and the third party scans the mail and sends it electronically. The mailroom staff review the electronic mail and once approved, the mail is sent to the incarcerated individual through the tablet. All legal incoming mail is received through the Post Office Box. The mailroom staff advised legal mail is opened in front of the incarcerated individual. All outgoing mail is collected by the mailroom staff who reviews the envelope. Outgoing mail is not opened or monitored/read. The mailroom staff advised that mail received from the victim advocacy organization would fall under legal mail. Interviews with 30 incarcerated individuals, including those who reported sexual abuse, indicated fourteen were aware of outside victim advocacy services and nine were provided a phone number and mailing address to a local rape crisis center. All nine advised they did not know specific information related to the organization.

115.53 (c): The PAQ was blank. The PCM indicated that the facility does not currently have a memorandum of understanding or other agreement with a community service provider that is able to provide incarcerated individuals with emotional support services related to sexual abuse. She advised they are currently working with New Beginnings related to the MOU and services.

Based on a review of the PAQ, PREA Brochure, Zero Tolerance Poster, observations during the tour, and interviews with random incarcerated individuals and incarcerated individuals who reported sexual abuse, this standard appears to require corrective action. The auditor observed PREA information posted in hallways and common areas via the Zero Tolerance Poster. The Zero Tolerance Poster was displayed on legal size paper in English. The auditor attempted to tested the victim advocacy hotline during

the on-site portion of the audit. An incarcerated individual assisted with the call and dialed "1" for English and "0" for a collect call. The incarcerated individual then had to enter a "jacket number" (pin) and utilize voice recognition. The incarcerated individual then dialed the number provided. The auditor observed that the phone line advised that no calls were allowed at this time. The incarcerated individuals stated that calls to 800 numbers are not authorized through the incarcerated individual phone system. Interviews with 30 incarcerated individuals, including those who reported sexual abuse, indicated fourteen were aware of outside victim advocacy services and nine were provided a phone number and mailing address to a local rape crisis center. The PAQ was blank. The PCM indicated that the facility does not currently have a memorandum of understanding or other agreement with a community service provider that is able to provide incarcerated individuals with emotional support services related to sexual abuse. She advised they are currently working with New Beginnings related to the MOU and services.

Recommendation

The auditor highly recommends that information related to New Beginnings be covered during education under PREA Standard 115.33.

Corrective Action

The facility will need to complete the MOU with New Beginnings and provide the auditor with a copy of the executed MOU. The facility will need to alleviate the issue with access to the hotline from the incarcerated individual phones. Once the issue is alleviate the facility will need to conduct a test of and provide confirmation that the hotline is accessible from the phones in the housing units. The facility will need updated the Handbook to include how mail to New Beginnings is handled. A copy of the updated Handbook will need to be provided. Confirmation of the updated Handbook added to the tablet will need to also be provided.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

	<p>Additional Documents:</p> <ol style="list-style-type: none"> 1. Email on Updated Rape Crisis Hotline Number 2. Memorandum of Understanding with New Beginnings <p>The facility provided an email that outlined that the facility implemented a speed dial for the Rape Crisis Hotline (*18). The email noted that the Rape Crisis Hotline is anonymous and free.</p> <p>The facility provided the executed (December 10, 2025) MOU with New Beginnings. The MOU outlines that New Beginnings will provide emotional support services to incarcerated individual victims of sexual abuse through their confidential hotline and through correspondence to their mailing address.</p> <p>No additional corrective action was taken during the 180 day corrective action period. As such this standard is still not met.</p>
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115.54	Third-party reporting
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	Auditor Overall Determination: Meets Standard
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	Auditor Discussion
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	Documents:
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1. Pre-Audit Questionnaire
2. PREA Policy
3. Policy XIII-100 (1) - Prison Rape Elimination Act
4. Zero Tolerance Poster

Findings (By Provision):

	Documents:
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1. Pre-Audit Questionnaire
2. PREA Policy

3. Policy XIII-100 (1) – Prison Rape Elimination Act

4. Zero Tolerance Poster

Findings (By Provision):

115.54 (a): The PAQ indicated that the agency has a method to receive third-party reports of sexual abuse and sexual harassment and the agency publicly distributes that information on how to report sexual abuse and sexual harassment on behalf of an incarcerated individual. The PREA Policy, page 9 states any incarcerated individual may report an incident to any employee, contract employee or volunteer using available methods of communication, including but not limited to: verbal reports, filing a grievance, Incarcerated individual Medical Request form. Policy further states incarcerated individuals may report any act of prohibited sexual behavior by any of the following means: Verbal or written reports to any staff member, volunteer, medical staff, mental health professional, chaplain; Request to talk to a Medical or Mental Health Professional; Send a sealed note or letter to the Jailer or any staff member; and the general public may report any incident of prohibited sexual behavior by contacting the Jailer or local law enforcement. They may also call toll free to 866-397-5211 and leave a confidential message. Policy XIII-100 (1), page 3 states an incarcerated individual or employee or contractor may report and sexual misconduct in person to any employee, by a request/nurse's slip, through the grievance process, via a phone call, or by a friend, family member, or an Attorney. It may be reported openly or discretely. A review of the agency website notes that it includes a phone number for civil immigration and the phone number to the Kentucky State Police. The website does not contain any information for third party reporting to the facility. A review of the Zero Tolerance Poster indicated it includes a section on how to report. It outlines the multiple ways to report including by calling the Henderson County Detention Center, by calling the external reporting hotline, by verbally telling any staff, volunteer, contractor or medical or mental health staff, by submitting a grievance, PREA complain or sick call slip, by reporting to the PC, by having a third party report on their behalf and by submitting written report in any of the white boxes around the facility. The auditor did not observe third party reporting information in visitation or at the front entrance. The auditor observed that a PREA Poster was displayed at the front entrance, however it only advised of the agency's zero tolerance policy. The auditor was unable to test the third party reporting mechanism as the contact information on the website was not for reporting sexual abuse or sexual harassment, but rather for civil immigration tips and regular crimes to local law enforcement.

Based on a review of the PAQ, the PREA Policy, Policy XIII-100 (1), the Zero Tolerance

	<p>Poster, and the agency’s website this standard appears to require corrective action.</p> <p>Corrective Action</p> <p>The agency will need to establish a method for third parties to report sexual abuse and sexual harassment of incarcerated individuals (i.e. phone number to facility, email, online complaint form, etc.). This will need to be published on the agency website as well as posted at the front entrance and in visitation. The facility will need to provide photos of the posted information and confirmation that the website was updated. The auditor will conduct a test of the third party reporting process once established.</p> <p>Verification of Corrective Action Since the Interim Audit Report</p> <p>The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.</p> <p>Additional Documents:</p> <ol style="list-style-type: none"> 1. Updated Agency Website <p>The agency updated their website to include information on how third parties can report sexual abuse or sexual harassment of an incarcerated individual. The website advises that third parties can call the Shift Supervisor to report to the PREA Coordinator via phone (number provided) or mail (address provided). This information was also posted at the front entrance of the facility and in visitation.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.61	Staff and agency reporting duties
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	Auditor Overall Determination: Does Not Meet Standard
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	Auditor Discussion
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Documents:

1. Pre-Audit Questionnaire
2. PREA Policy
3. Investigative Reports

Interviews:

1. Interviews with Random Staff
2. Interviews with Medical and Mental Health Staff
3. Interview with the Deputy Chief
4. Interview with the PREA Coordinator

Findings (By Provision):

115.61 (a): The PAQ indicated that the agency requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; any retaliation against incarcerated individuals or staff who reported such an incident; and/or any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. PREA Policy, page 1 states all staff, contract employee and volunteer who receives a report of sexual abuse or sexual misconduct must immediately notify his or her supervisor. In addition, all staff, contract employees and volunteers are under duty to report any knowledge or reasonable belief of any sexual abuse or sexual misconduct. Page 10 further states employees, contract workers, or volunteers who receive any information, regardless of its source, concerning prohibited sexual behavior shall immediately and confidentially report the incident to their supervisor who will then notify the Guard Commander and the PREA Coordinator. Interviews with twelve staff confirmed that policy requires that they report any knowledge, suspicion or information regarding an incident of sexual abuse and sexual harassment, any retaliation related to reporting sexual abuse and/or information related to any staff neglect or violation of responsibilities that contributed to the sexual abuse or retaliation.

115.61 (b): The PAQ indicated that apart from reporting to designated supervisors or officials and designated state or local services agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than

to the extent necessary to make treatment, investigation, and other security and management decisions. PREA Policy, page 1 states all staff, contract employee and volunteer who receives a report of sexual abuse or sexual misconduct must immediately notify his or her supervisor. In addition, all staff, contract employees and volunteers are under duty to report any knowledge or reasonable belief of any sexual abuse or sexual misconduct. Page 10 further states employees, contract workers, or volunteers who receive any information, regardless of its source, concerning prohibited sexual behavior shall immediately and confidentially report the incident to their supervisor who will then notify the Guard Commander and the PREA Coordinator. Interviews with twelve staff confirmed that policy requires that they report any knowledge, suspicion or information regarding an incident of sexual abuse and sexual harassment, any retaliation related to reporting sexual abuse and/or information related to any staff neglect or violation of responsibilities that contributed to the sexual abuse or retaliation. Staff stated they would report the information to their supervisor and the PREA Coordinator.

115.61 (c): The PREA Policy, page 10 states unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse and to inform incarcerated individuals of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services. Medical and Mental Health practitioners shall obtain informed consent from incarcerated individuals before reporting information about prior sexual victimization that did not occur in an institutional setting. Interviews with medical and mental health care staff confirmed that at the initiation of services with an incarcerated individual they disclose limitations of confidentiality and their duty to report. Both staff stated they are required to report any knowledge, suspicion or information related an incident of sexual abuse or sexual harassment. The mental health staff member stated he had become aware of such incidents and reported the information to security. A review of investigations indicated none were reported to mental or mental health care staff.

115.61 (d): The interview with the PREA Coordinator indicated that any allegation by someone under eighteen or considered a vulnerable adult would be reported for criminal investigation. The Chief Deputy stated that there are not any specific mandatory reporting law for those populations. She stated they do not house anyone under eighteen.

115.61 (e): The PREA Policy, page 1 states all staff, contract employee and volunteer who receives a report of sexual abuse or sexual misconduct must immediately notify his or her supervisor. In addition, all staff, contract employees and volunteers are under duty to report any knowledge or reasonable belief of any sexual abuse or sexual misconduct. Page 5 further states Incarcerated individual -to-Incarcerated individual: Any sexual touching, attempted act or act not at the level of a crime is still prohibited under the Zero tolerance policy, weather consensual, no-consensual or

abusive. All cases will be referred to the Jailer or his designee. Substantiated cases, if appropriate, will be referred to the District Attorney for prosecution. Incarcerated individual-to- Staff and Staff-to-Incarcerated individual: All cases involving prohibited sexual behavior will be referred to the Jailer or his designee. Due to the incarcerated individual's custody or supervision status, no prohibited act of sexual harassment or sexual misconduct between a staff member and an incarcerated individual can have an affirmative defense. Substantiated cases, if appropriate, will be referred to the District Attorney for prosecution. The interview with the Chief Deputy confirmed that all allegations are reported to the designated facility investigators. She stated they would complete an administrative investigation first and then refer out to the State Police. A review seven sexual abuse and sexual harassment administrative investigations indicated five were reported verbally, one was reported via the hotline and one was reported through staff observation. All allegations were forwarded to the facility investigator. Additionally, nine allegations that were reported that did not rise to the level of PREA were also forwarded to designated facility investigators. It should be noted that two allegations that were staff on incarcerated individual were forwarded to the Deputy Chief and bypassed the PREA Coordinator. The Deputy Chief and her staff conducted the investigations. The auditor was not provided any information on these investigations at the issuance of the interim report.

Based on a review of the PAQ, the PREA Policy, investigative reports and information from interviews with random staff, medical and mental health care staff, the PREA Coordinator and the Deputy Chief indicates that this standard appears to require corrective action. The interview with the PREA Coordinator indicated that any allegation by someone under eighteen or considered a vulnerable adult would be reported for criminal investigation. The Chief Deputy stated that there are not any specific mandatory reporting law for those populations. She stated they do not house anyone under eighteen.

Corrective Action

The facility will need to conduct training with applicable staff on mandatory reporting laws. Confirmation of the training will need to be provided.

Verification of Corrective Action Since the Interim Audit Report

The agency did not take any corrective action during the 180 day corrective action period. As such, this standard is not met.

115.62 Agency protection duties

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. Investigative Reports

Interviews:

1. Interview with the Agency Head
2. Interview with the Deputy Chief
3. Interviews with Random Staff

Findings (By Provision):

115.62 (a): The PAQ indicated that when the agency or facility learns that an incarcerated individual is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the incarcerated individual (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay). The PAQ was blank related to numbers associated with this standard. The Agency Head stated that when an incarcerated individual is deemed at imminent risk of sexual abuse they remove the individual from the area. He advised they can move the incarcerated individual to another cell or they can place them in an area they are isolated, but still have access to privileges. The Agency Head stated they try to move the incarcerated individuals for protection. The interview with the Chief Deputy indicated they complete the screening upon arrival and that they talk to those who score at high risk related to their comfort level. She advised if they deem someone at imminent risk they will try to move their housing location and sometimes they may need to send them to isolation until there is resolution. Interviews with random staff indicated they would take action if an incarcerated individual was deemed at imminent risk including removing the incarcerated individual from the area and contacting the supervisor. A review of documentation indicated those who reported sexual harassment and those who reported allegations that did not rise to the level of sexual abuse or sexual harassment still had actions taken by staff. There were no incarcerated individuals deemed at imminent risk of sexual abuse, but it appeared staff took action when any information was reported or learned.

	<p>Based on a review of the PAQ, Investigative Reports and information from interviews with the Agency Head, Deputy Chief and random staff indicates that this standard appears to be compliant.</p> <p>Recommendation</p> <p>The auditor highly recommends that the facility outline protective actions to take when an incarcerated individual is at risk of imminent risk of sexual abuse in policy and/or in annual PREA training.</p>
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115.63	Reporting to other confinement facilities
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	Auditor Overall Determination: Meets Standard
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	Auditor Discussion
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Documents:

1. Pre-Audit Questionnaire
2. PREA Policy
3. Investigative Reports

Interviews:

1. Interview with the Agency Head
2. Interview with the Deputy Chief

Findings (By Provision):

115.63 (a): The PAQ indicated that the agency does not have a policy requiring that, upon receiving an allegation that an incarcerated individual was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. The PREA Policy, page 8 states upon receiving an allegation that an incarcerated individual was sexually abused while confined at another facility, the Jailer or his designee shall notify the head of the facility or appropriate office of the agency where the alleged abused occurred. Such notification shall be provided as

soon as possible, but not later than 72 hours after receiving the allegation. The agency shall document that it has provided such notification. The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards. The PAQ was blank related to number of allegations received. A review of documentation indicated there were zero allegations reported during the previous twelve months that required a notification.

115.63 (b): The PAQ indicated that agency policy does not require that the facility head provide such notification as soon as possible, but no later than 72 hours after receiving the allegation. The PREA Policy, page 8 states upon receiving an allegation that an incarcerated individual was sexually abused while confined at another facility, the Jailer or his designee shall notify the head of the facility or appropriate office of the agency where the alleged abused occurred. Such notification shall be provided as soon as possible, but not later than 72 hours after receiving the allegation. The agency shall document that it has provided such notification. The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.

115.63 (c): The PAQ indicated that the agency or facility does not document that it has provided such notification within 72 hours of receiving the allegation. The PREA Policy, page 8 states upon receiving an allegation that an incarcerated individual was sexually abused while confined at another facility, the Jailer or his designee shall notify the head of the facility or appropriate office of the agency where the alleged abused occurred. Such notification shall be provided as soon as possible, but not later than 72 hours after receiving the allegation. The agency shall document that it has provided such notification. The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.

115.63 (d): The PAQ indicated that the agency or facility policy does not require that allegations received from other facilities and agencies are investigated in accordance with the PREA standards. The PREA Policy, page 8 states the facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards. The PAQ was blank for number of allegation received that were investigated. The Agency Head stated that when notified by another agency of an allegation the point of contact is either the himself or the PC. He advised he would normally receive the information and then meet with the PC and Colonel. The allegation would be investigated and then information would be sent to the facility where the incarcerated individual was housed. The Agency Head advised they have not had allegations reported from another agency since he has been the Jailer. The interview with the Chief Deputy indicated that if an allegation was received by another agency/facility it would be investigated. She advised this would not be assigned to a PREA investigator, but rather she or the Major would handle it. She

stated they have not received any allegation from another agency/facility within the previous twelve months. A review of investigation noted that none were reported via an Agency Head to Agency Head notification.

Based on a review of the PAQ, the PREA Policy, Investigative Reports and interviews with the Agency Head and Deputy Chief, this standard appears to be compliant.

Recommendation

The auditor highly recommends that all allegations received via Deputy Chief to Deputy Chief notification be handled the same way any other allegation is received via the investigative process. When investigations are handled differently it allows for allegations and information to slip through the cracks. The auditor highly recommends that these allegations be directly reported to the agency PREA Coordinator who then assigns the allegation to an investigator (see corrective action under 115.22).

115.64 Staff first responder duties

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. PREA Policy
3. Policy XIII-100 (1) - Prison Rape Elimination Act
4. PREA Training
5. Investigative Reports

Interviews:

1. Interviews with First Responders
2. Interviews with Random Staff
3. Interviews with Incarcerated Individuals who Reported Sexual Abuse

Findings (By Provision):

115.64 (a): The PAQ indicated that the agency does not have a first responder policy for allegations of sexual abuse and that the policy requires that, upon learning of an allegation that an incarcerated individual was sexually abused, the first security staff member to respond to the report to separate the alleged victim and abuser. It further states that the policy does not require that, upon learning of an allegation that an incarcerated individual was sexually abused, the first security staff member to respond to the report to preserve and protect any crime scene until appropriate steps can be taken to collect any evidence and if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report request that the alleged victim and ensure that the alleged perpetrator not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. The PREA Policy, page 11 states the supervisor, through his or her chain of command, ensures the alleged victim and alleged suspect are physically separated through the placement of one or both incarcerated individuals in segregation. Instruct the suspect and the victim not to shower, wash, brush his/her teeth, or change clothing. Once separated, designated staff will conduct preliminary interviews with incarcerated individuals regarding incarcerated individual to incarcerated individual alleged sexual assaults. The alleged victim is immediately taken to medical services for initial evaluation and any immediate first aid treatment. If requested by the victim and with the investigators consent, the mental health / victim support person may sit in during the investigation interviews. Any notes taken by the victim support person will be limited to the notation of emotional status of the incarcerated individual. Notes shall not reflect investigative information. Immediately notify the supervisor on duty, who will report the information to the Guard Commander and the PREA Coordinator. The Shift Supervisor will also ensure that the following has been done. Isolate and separate all witnesses present until the investigator can question them. Secure the crime scene. Isolate and cordon off with crime scene tape, if possible and appropriate given the layout of the crime area. The scene should be large enough to encompass the entire area of the crime. Security employees may be assigned to secure the crime scene. The employee(s) securing the crime scene will log all events to assist the investigator. Notify the Medical Department Transport the victim to the Medical Department for a cursory medical assessment. Secure perpetrator in holding cell and ensure the perpetrator is not allowed to wash, shower, and change clothes in order to protect evidence. Assign an employee to secure and monitor the perpetrator if necessary. Policy XIII-100 (1), pages 3-4 state staff who receive an initial report of sexual misconduct must first separate the victim from the alleged assailant to protect the victim and prevent further violence. Staff who receive an initial report of sexual misconduct are required to promptly determine and secure the crime scene and assure that the victim receives prompt medical and psychological treatment. Victims of sexual misconduct must have an assessment for potential risk of suicide. The shift Supervisor must refer

victims of sexual misconduct to a community health care facility and notify our healthcare provider if the alleged incident has been committed within the last 48 hours of the report. Do not alter the victim in any way, clothing should remain unchanged and do not let the victim shower or clean up in any way. If the alleged incident occurred more than 48 hours before the report, contact the healthcare provider and refer to them for further instructions. A review of the PREA Training noted that it included slides on first responder duties, including separating, preserving evidence, and not allowing individuals to take action to destroy evidence (i.e. shower, change clothes, brush teeth, etc.). The PAQ was blank related to first responder duties. The security staff first responder stated that he would separate the individuals, secure the crime scene, not allow the individuals to take action to destroy evidence and transport the victim to the hospital. The non-security first responder advised she would immediately provide the information to security. Interviews with incarcerated individuals who reported sexual abuse indicated one involved first responder duties. The incarcerated individual advised staff observed the incident and immediately came and removed the perpetrators. He advised he was offered medical and mental health services but declined the services. The other two incidents were reported on the tablet system. One incarcerated individual stated staff came and moved the incarcerated individual perpetrator and the second incarcerated individual stated nothing happened with the staff he reported against. A review of investigations indicated two involved immediate first responder duties, including immediate separation and collection of evidence/securing a crime scene.

115.64 (b): The PAQ indicated that agency policy does not require that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence. It further indicated that agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to notify security staff. The PREA Policy, page 11 states the supervisor, through his or her chain of command, ensures the alleged victim and alleged suspect are physically separated through the placement of one or both incarcerated individuals in segregation. Instruct the suspect and the victim not to shower, wash, brush his/her teeth, or change clothing. Once separated, designated staff will conduct preliminary interviews with incarcerated individuals regarding incarcerated individual to incarcerated individual alleged sexual assaults. The alleged victim is immediately taken to medical services for initial evaluation and any immediate first aid treatment. If requested by the victim and with the investigators consent, the mental health / victim support person may sit in during the investigation interviews. Any notes taken by the victim support person will be limited to the notation of emotional status of the incarcerated individual. Notes shall not reflect investigative information. Immediately notify the supervisor on duty, who will report the information to the Guard Commander and the PREA Coordinator. The Shift Supervisor will also ensure that the following has been done. Isolate and separate all witnesses present until the investigator can question them. Secure the crime scene. Isolate and cordon off with crime scene tape, if possible and appropriate given the layout of the crime area. The scene should be large enough to encompass

the entire area of the crime. Security employees may be assigned to secure the crime scene. The employee(s) securing the crime scene will log all events to assist the investigator. Notify the Medical Department Transport the victim to the Medical Department for a cursory medical assessment. Secure perpetrator in holding cell and ensure the perpetrator is not allowed to wash, shower, and change clothes in order to protect evidence. Assign an employee to secure and monitor the perpetrator if necessary. The PAQ was blank for non-security first responder duties. The security staff first responder stated that he would separate the individuals, secure the crime scene, not allow the individuals to take action to destroy evidence and transport the victim to the hospital. The non-security first responder advised she would immediately provide the information to security. Interviews with random staff indicated most were aware of first responder duties. A review of investigations indicated none involved non-security first responder duties.

Based on a review of the PAQ, the PREA Policy, Policy XIII-100 (1), PREA Training, Investigative Reports, and interviews with random staff, first responders, and incarcerated individuals who reported sexual abuse, this standard appears to be compliant.

Recommendation

The auditor highly recommends that first responder duties be covered quarterly during trainings or shift briefings.

115.65 Coordinated response

Auditor Overall Determination: Does Not Meet Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire

Interviews:

1. Interview with the Deputy Chief

Findings (By Provision):

115.65 (a): The PAQ indicated that the facility has not developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The agency has a policy that outlines first responder duties, but the facility does not have a coordinated response plan for actions to be taken by medical, mental health, investigators and facility leadership. The Deputy Chief stated that the facility has an institutional plan that coordinates actions among staff first responders, medical and mental health practitioners, investigators and facility leadership.

Based on a review of the PAQ, and information from the interview with the Deputy Chief, this standard appears to require corrective action. The agency has a policy that outlines first responder duties, but the facility does not have a coordinated response plan for actions to be taken by medical, mental health, investigators and facility leadership.

Corrective Action

The facility will need to establish a facility specific coordinated response plan that outlines duties in response to an incident of sexual abuse. The plan should detail duties of first responders, medical staff, mental health care staff, investigators and facility leadership. The facility will need to provide a copy of the coordinated response plan. The facility will need to conduct training with staff on their duties under the coordinated response plan. Confirmation of the training will need to be provided.

Verification of Corrective Action Since the Interim Audit Report

The agency did not take any corrective action during the 180 day corrective action period. As such, this standard is not met.

115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Policy <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head <p>Findings (By Provision):</p> <p>115.66 (a): The PAQ indicated that the agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has not entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later. PREA Policy, page 1 states neither the agency nor any other governmental entity responsible for collective bargaining on the agency's' behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the agency's 'ability to remove alleged staff -sexual abusers from contact with any incarcerated individuals pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. The interview with the Agency Head indicated that Kentucky is a right to work state and that they do not have collective bargaining agreements.</p> <p>115.66 (b): The auditor is not required to audit this provision.</p> <p>Based on a review of the PAQ, the PREA Policy, and the interview with the Agency Head, this standard appears to be compliant.</p>
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115.67	Agency protection against retaliation
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Policy

3. Investigative Reports

Interviews:

1. Interview with the Agency Head
2. Interview with the Deputy Chief
3. Interview with Designated Staff Member Charged with Monitoring Retaliation
4. Interviews with Incarcerated Individuals who Reported Sexual Abuse

Findings (By Provision):

115.67 (a): The PAQ indicated that the agency has a policy to protect all incarcerated individuals and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other incarcerated individuals or staff. The PAQ indicated that the agency designates staff members charged with monitoring for retaliation. Further communication indicated that the PREA Coordinator is responsible for monitoring for retaliation. The PREA Policy, page 4 states the Detention Center has a Zero Tolerance for retaliation or acts of intimidation. Any such occurrences against individuals because of their involvement in the reporting or investigation of prohibited sexual behavior should be reported to the Jailer or his designee. Page 9 states investigators are responsible for investigation all allegations of retaliation in connection with an incident of sexual abuse/assault or sexual misconduct. The Chief of Operations is responsible for administration of disciplinary sanctions associated with incidents of retaliation in connection with incidents of sexual abuse/assault and sexual misconduct.

115.67 (b): The PREA Policy, page 8 the Detention Center employs multiple protection measures, such as housing changes for incarcerated individual victims or abusers, removal of alleged staff or incarcerated individual abusers from contact with victims, and emotional support services for incarcerated individuals or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with an investigation. The Agency Head stated when an allegation is received the individuals are separated and not around one another. He confirmed they can change housing assignments, transfer to Davis County, remove staff from contact and offer emotional support services. The Chief Deputy stated that they would interview the individual to see where they stand and offer them isolation. She stated they can transfer to Davis County, they can remove staff from contact and they can offer emotional support services. The interview with the staff who monitors for retaliation indicated she is not currently conducting monitoring for retaliation, but in the future she will be

monitoring discipline, previous write ups, housing changes and she will visually monitor. She advised they prevent retaliation through training staff on not retaliating. She also stated they can move bed assignments, transfer from the facility, remove staff and provide emotional support services. Interviews with incarcerated individuals who reported sexual abuse indicated all three felt safe at the facility and two felt protected against retaliation. A review of documentation confirmed that the facility is not currently monitoring for retaliation. They do take protective measures when an allegation is reported, including housing changes and emotional support services.

115.67 (c): The PAQ indicated that the agency/facility monitors the conduct or treatment of incarcerated individuals or staff who reported sexual abuse and of incarcerated individuals who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by incarcerated individuals or staff. The PAQ further stated that the agency/facility acts promptly to remedy any relation and that the agency/facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need. The PREA Policy, page 9 states for at least 90 days following a report of sexual assault/abuse and sexual misconduct, the Detention Center shall monitor the conduct and treatment of incarcerated individuals or staff who reported the incident and of incarcerated individuals or staff who were reported to be victims to see if there are changes that may suggest possible retaliation by incarcerated individuals or staff, and shall act promptly to remedy any such retaliation. The following items are monitors: Incarcerated individual disciplinary reports, housing, or program changes and Staff negative performance reviews or requests for reassignments. Such monitoring shall also include periodic status checks. Incarcerated individual and Staff monitoring will continue beyond the 90 days if indications/information supports a continuing need. If any other individual who cooperates with an investigation expresses a fear of retaliation, the Detention Center will take appropriate measures to protect that individual against retaliation. The Detention Center's obligation to monitor shall terminate if an investigation of the incident determines that the allegation is unfounded. The PAQ was blank for number of incidents of retaliation. The interview with the Chief Deputy indicated that if retaliation is suspected or reported it would be investigated. She stated if retaliation was found to have occurred, there would be discipline isolation and additional charges, if necessary. The interview with the staff member responsible for monitoring retaliation indicated that she will monitor for 90 days and that if she suspects retaliation she would extend monitoring another 90 days. The staff advised she will review discipline, write ups, cell changes and visual monitoring. A review of documentation confirmed that the facility is not currently monitoring for retaliation.

115.67 (d): The PREA Policy, page 9 states for at least 90 days following a report of sexual assault/abuse and sexual misconduct, the Detention Center shall monitor the conduct and treatment of incarcerated individuals or staff who reported the incident and of incarcerated individuals or staff who were reported to be victims to see if there

are changes that may suggest possible retaliation by incarcerated individuals or staff, and shall act promptly to remedy any such retaliation. The following items are monitors: Incarcerated individual disciplinary reports, housing, or program changes and Staff negative performance reviews or requests for reassignments. Such monitoring shall also include periodic status checks. The staff responsible for monitoring stated that she will conduct in-person status checks at the 30, 60 and 90 day mark. A review of documentation confirmed that the facility is not currently monitoring for retaliation.

115.67 (e): The PREA Policy, page 9 states if any other individual who cooperates with an investigation expresses a fear of retaliation, the Detention Center will take appropriate measures to protect that individual against retaliation. The Agency Head stated that the same protective measures outlined in provision (b) would be offered to those who cooperate with an investigation or express fear for retaliation. The Agency Head stated when an allegation is received the individuals are separated and not around one another. He confirmed they can change housing assignments, transfer to Davis County, remove staff from contact and offer emotional support services. The interview with the Chief Deputy stated indicated they would interview the individual to see where they stand and offer them isolation. She stated they can transfer to Davis County, they can remove staff from contact and they can offer emotional support services. She stated that if retaliation is suspected or reported it would be investigated. She stated if retaliation was found to have occurred, there would be discipline isolation and additional charges, if necessary.

115.67 (f): Auditor not required to audit this provision.

Based on a review of the PAQ, the PREA Policy, Investigative Reports, and interviews with the Agency Head, Deputy Chief, staff charged with monitoring for retaliation and incarcerated individuals who reported sexual abuse, this standard appears to require corrective action. The interview with the staff who monitors for retaliation indicated she is not currently conducting monitoring for retaliation, but in the future she will be monitoring discipline, previous write ups, housing changes and she will visually monitor. She advised they prevent retaliation through training staff on not retaliating. She also stated they can move bed assignments, transfer from the facility, remove staff and provide emotional support services. A review of documentation confirmed that the facility is not currently monitoring for retaliation. They do take protective measures when an allegation is reported, including housing changes and emotional support services.

Corrective Action

	<p>The facility will need to complete monitoring for retaliation. The facility will need to provide a list of sexual abuse allegations during the corrective action period and associated monitoring for retaliation documents.</p> <p>Verification of Corrective Action Since the Interim Audit Report</p> <p>The agency did not take any corrective action during the 180 day corrective action period. As such, this standard is not met.</p>
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115.68	Post-allegation protective custody
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	Auditor Overall Determination: Does Not Meet Standard
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	Auditor Discussion
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Documents:

1. Pre-Audit Questionnaire
2. PREA Policy

Interviews:

1. Interview with the Deputy Chief
2. Interview with Staff who Supervise Incarcerated Individuals in Segregated Housing

Site Review Observations:

1. Observations of the Segregated Housing Unit

Findings (By Provision):

115.68 (a): The PAQ indicated that the agency has a policy prohibiting the placement of incarcerated individuals who allege to have suffered sexual abuse 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. The PAQ further indicated that if an involuntary segregated housing assignment is made, the facility affords each such incarcerated individual a review every 30 days to determine whether there is a continuing need for separation from the general population. The PAQ was blank related to number of victims housed in involuntary segregated housing. The PREA Policy, page 12 states the Shift Supervisor will arrange housing for victim of any prohibited sexual behavior. All housing options should be considered, including input from victim regarding housing preference whenever possible. During the tour the auditor observed the segregated housing area. The area includes multiple isolation cells. The isolation cells utilize the outdoor recreation in the hallway. Incarcerated individuals in segregated housing are provided recreation daily, through recreation or stress walks. They are provided showers three times a week, the phone three times a week, video visits twice a week and the tablets every night. Grievances are completed electronically on the tablet. Mail can be sent over the tablet or can be provided to staff. The interview with the Chief Deputy confirmed that agency policy prohibits placing incarcerated individuals who report sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and it is determined that there are no alternative means of separation from likely abusers. The Chief Deputy further confirmed that incarcerated individuals would only be placed in involuntary segregated housing until an alternative means of separation from likely abuser(s) could be arranged. She advised they could find alternative housing within three to four days typically. The Chief Deputy indicated they had placed an incarcerated individual in segregated housing. She stated the incarcerated individual has a sexual charge and those with sexual charges are housed in specific units and the incarcerated individual refuses to go to any of those units. Since she is refusing those units she remains in segregated housing. The interview with the staff who supervise incarcerated individuals in segregated housing indicated incarcerated individuals placed in segregated housing after reporting sexual abuse shall have access to programs, privileges, education and work opportunities to the extent possible. He advised they would have access as long as there are no safety issues. He also stated usually when someone is in isolation though all their privileges are taken away. The staff stated any restrictions would be documented. The staff who supervise incarcerated individuals in segregated housing indicated that incarcerated individuals would only be placed in involuntary segregated housing until they could find an alternative means of separation. He advised they try not to make it more than 24 hours but they do what they have to regarding safety and what that person feels comfortable. The staff who supervise incarcerated individuals in segregated housing confirmed that incarcerated individuals would be reviewed at least every 30 days for their continued need for placement in involuntary segregated housing. He stated they review incarcerated individuals every seven days. The auditor requested housing documentation for victims of sexual abuse, however at the issuance of the interim report the documentation had not been provided.

Based on a review of the PAQ, the PREA Policy, and the interview with the Deputy

	<p>Chief and staff who supervise incarcerated individuals in segregated housing, this standard appears to require corrective action. The auditor requested housing documentation for victims of sexual abuse, however at the issuance of the interim report the documentation had not been provided.</p> <p>Corrective Action</p> <p>The facility will need to provide the originally requested documentation. If not available, the facility will need to ensure that victims of sexual abuse are not placed in involuntary segregated housing (isolation) after a report of sexual abuse. Training with adequate staff will need to be conducted. Confirmation of the training will need to be provided. The facility will need to provide a list of sexual abuse allegations during the corrective action period and associated housing documentation for the victims.</p> <p>Verification of Corrective Action Since the Interim Audit Report</p> <p>The agency did not take any corrective action during the 180 day corrective action period. As such, this standard is not met.</p>
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115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Policy 3. Investigative Reports 4. Investigator Training Records <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interviews with Investigative Staff

2. Interview with the Deputy Chief
3. Interview with the PREA Coordinator
4. Interview with the PREA Compliance Manager
5. Interviews with Incarcerated Individuals who Reported Sexual Abuse

Findings (By Provision):

115.71 (a): The PAQ indicated that the agency/facility does not have a policy related to criminal and administrative agency investigations. PREA Policy page 1 states every allegation of sexual assault, sexual misconduct and harassment will be thoroughly investigated. Page 5 states Incarcerated individual -to-Incarcerated individual: Any sexual touching, attempted act or act not at the level of a crime is still prohibited under the Zero tolerance policy, weather consensual, no-consensual or abusive. All cases will be referred to the Jailer or his designee. Substantiated cases, if appropriate, will be referred to the District Attorney for prosecution. Incarcerated individual-to-Staff and Staff-to-Incarcerated individual: All cases involving prohibited sexual behavior will be referred to the Jailer or his designee. Due to the incarcerated individual's custody or supervision status, no prohibited act of sexual harassment or sexual misconduct between a staff member and an incarcerated individual can have an affirmative defense. Substantiated cases, if appropriate, will be referred to the District Attorney for prosecution. Page 13 further states investigations that are conducted by the Detention Center will be done so promptly, thoroughly, and objectively for all allegations, including third party and anonymous reports. The interview with the facility investigator indicated that an investigation is initiated as soon as she arrives at the facility. She noted she and the PC keep in contact and she initiates an investigation as soon as she receives information from her related to an incident. She advised all allegations, regardless of how they are reported, are investigated the same. A review of seven administrative investigations indicated all seven were timely and objective. six of the seven were thorough. The auditor did not receive the two criminal investigations at the issuance of the interim report.

115.71 (b): The PREA Policy, page 13 states investigators are trained specifically in the investigations of sexual assault. A review of seven administrative investigations revealed they were completed by three investigators, all of which had completed the specialized investigator training. The auditor had not received the two criminal investigations or confirmation that the staff that completed the investigations had completed the specialized training.

115.71 (c): The PREA Policy, page 15 states collection of evidence will be done by the

Chief Investigation Officer (a qualified PREA First Responder) in coordination with qualified Medical professionals. Investigators will gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; will interview alleged victims, suspected perpetrators, and witnesses; and will review prior complaints and reports of sexual abuse involving the suspected perpetrator. The facility investigator indicated that her first step is to read the complaint and then go talk to the victim/alleged victim. She noted she would then go and collect any physical evidence and review cameras. The investigator indicated she would then interview the alleged abuser and any witnesses. She noted she would also review any rounds sheets and go back and look at any other evidence that was discovered after interviews. The investigator indicated she would be responsible for collecting physical evidence, video evidence, interviews/statements, round sheets, phone calls, and tablet information. She stated with prompting that she would review prior complaints of the alleged abuser. A review of the seven administrative sexual abuse and sexual harassment investigations indicated six included interviews and three involved evidence collection. One of the seven had a review of prior complaints. The auditor did not receive the two criminal investigations at the issuance of the interim report.

115.71 (d): The interview with the facility investigator indicated she would not conduct compelled interviews and that she would refer back to the PC related to this topic. A review of administrative investigative reports confirmed none involved compelled interviews. The auditor did not receive the two criminal investigations at the issuance of the interim report.

115.71 (e): The PREA Policy, page 13 states the credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as incarcerated individual or staff. The Detention Center will not require an incarcerated individual who alleges sexual abuse to submit to a polygraph examination or other truth telling device as a condition for proceeding with the investigation of such an allegation. The interview with the facility investigators confirmed that the agency does not require incarcerated individual victims of sexual abuse to submit to a polygraph tests or any other truth-telling devices. Further she stated that credibility is on an individual basis and everything is taken seriously. Interviews with incarcerated individuals who reported sexual abuse confirmed none were required to take a polygraph test or truth telling device test.

115.71 (f): The facility investigator confirmed that all administrative investigations are documented in a written report and include: the initial allegation, a description of investigative steps, a description of evidence, all interviews/statements, video footage, DNA and all other evidence, and a credibility assessments. A review of seven administrative sexual abuse and sexual harassment investigations confirmed all were documented in a written report and included information related to the initial

allegation, a description of statements/interviews with the alleged victim, perpetrator(s) and/or witnesses, if applicable, a description of evidence and investigatory facts and findings.

115.71 (g): The PREA Policy, page 13 states criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. The interview with the investigator confirmed that the criminal investigation would be documented in a written report and include information related to the initial allegation, a description of statements/interviews with the alleged victim, perpetrator(s) and/or witnesses, if applicable, a description of evidence and investigatory facts and findings. The auditor did not receive the two criminal investigations at the issuance of the interim report.

115.71 (h): The PAQ indicated that substantiated allegations of conduct that appear to be criminal are referred for prosecution. The PAQ was blank related to number of allegation referred for prosecution. PREA Policy, page 5 states Incarcerated individual -to-Incarcerated individual: Any sexual touching, attempted act or act not at the level of a crime is still prohibited under the Zero tolerance policy, whether consensual, non-consensual or abusive. All cases will be referred to the Jailer or his designee. Substantiated cases, if appropriate, will be referred to the District Attorney for prosecution. Incarcerated individual-to- Staff and Staff-to-Incarcerated individual: All cases involving prohibited sexual behavior will be referred to the Jailer or his designee. Due to the incarcerated individual's custody or supervision status, no prohibited act of sexual harassment or sexual misconduct between a staff member and an incarcerated individual can have an affirmative defense. Substantiated cases, if appropriate, will be referred to the District Attorney for prosecution. Page 13 further states investigations if substantiated, result in a recommendation for criminal prosecution. The facility investigator stated an allegation would be referred for prosecution at the conclusion of the investigation if it was substantiated. A review of documentation indicated there were zero investigations referred for prosecution. Two of the investigations were substantiated sexual abuse, one was not criminal behavior, however the second was criminal behavior. The facility indicated they did not refer it for prosecution because the victim advised it was consensual, however due to his mental disability it was not consensual. The auditor did not receive the two criminal investigations at the issuance of the interim report.

115.71 (i): The PAQ indicated that the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. The facility had not retained any investigations. The PC advised when she took over the role in 2023 there were no investigations provided to her from prior to that point.

115.71 (j): The PREA Policy, page 13 states the departure of the alleged abuser or victim from the employment or control of the Detention Center shall not provide a basis for terminating an investigation. The interview with the facility investigator confirmed that the release of an incarcerated individual or a staff member resigning or being terminated does not negate the need to complete an investigation. She advised they would finish the investigation and get all the evidence they could.

115.71 (k): The auditor is not required to audit this standard.

115.71 (l): The PREA Policy, page 13 states the Detention Center reserves the right to conduct investigations of allegations of prohibited sexual behavior to completion or to refer an investigation at any point in the investigation process to a local law enforcement agency, Sheriff's office or to the Kentucky State Police. When outside agencies investigate sexual abuse, the Detention Center shall cooperate with the outside investigators and shall endeavor to remain informed about the progress of the investigation. The PREA Coordinator stated she is unsure how the agency remains informed as she is not involved in the criminal investigation process. The Chief Deputy stated that they would remain informed of the progress of outside investigations through the Major. The facility investigator advised when KSP conducts an investigation she would assist with whatever is needed.

Based on a review of the PAQ, the PREA Policy, Investigative Reports, Investigative Training Records and information from interviews with the Deputy Chief, PREA Coordinator, investigator and incarcerated individual who reported sexual abuse, indicate that this standard appears to require corrective action. One of the seven had a review of prior complaints. The auditor did not receive the two criminal investigations at the issuance of the interim report. The auditor had not received the two criminal investigations or confirmation that the staff that completed the investigations had completed the specialized training. The interview with the facility investigator indicated she would not conduct compelled interviews and that she would refer back to the PC related to this topic. The PREA Coordinator stated she is unsure how the agency remains informed as she is not involved in the criminal investigation process. The facility had not retained any investigations. The PC advised when she took over the role in 2023 there were no investigations provided to her from prior to that point.

Corrective Action

The facility will need to provide the originally requested criminal investigations and specialized training of the investigators who completed the criminal investigations. If not provided or available, further corrective action will be necessary. The facility will need to ensure that all investigations include a review or prior complaints of the alleged perpetrator. The facility will need to provide a list of sexual abuse and sexual harassment allegations during the corrective action period and associated investigations. The investigations will need to be completed by those with the specialized training. The facility will need to develop a method to ensure the PC is notified about the status of investigations completed by an outside agency. A process/assurance memorandum will need to be provided outlining this procedure. Further, a process/assurance memorandum will need to be provided related to retention of PREA investigations as required under this standard.

Verification of Corrective Action Since the Interim Audit Report

The agency did not take any corrective action during the 180 day corrective action period. As such, this standard is not met.

115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Policy 3. Investigative Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Investigative Staff <p>Findings (By Provision):</p>

	<p>115.72 (a): The PAQ stated that the agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated. The PREA Policy, page 13 states the Detention Center shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual assault/abuse, sexual misconduct or sexual harassment are substantiated. The interview with the facility investigator confirmed that the standard of evidence to substantiate an administrative investigation is no higher than a preponderance of the evidence. A review of seven administrative investigations indicated all appeared to utilize a standard no higher than a preponderance of the evidence. Two of the seven were substantiated.</p> <p>Based on a review of the PAQ, the PREA Policy, investigative reports and information from the interview with the investigator, this standard appears to be compliant.</p>
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115.73	Reporting to inmates
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Policy 3. Investigative Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Deputy Chief 2. Interviews with Investigative Staff 3. Interviews with Incarcerated Individuals who Reported Sexual Abuse <p>Findings (By Provision):</p>
	<p>115.73 (a): The PAQ indicated that the agency does not have a policy requiring that any incarcerated individual who makes an allegation that he or she suffered sexual</p>

abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. The PAQ was blank related to numbers. Interviews with the Chief Deputy and the investigator indicate that incarcerated individuals are informed of the outcome of the investigation into their allegation through the PC. The PC advised that she has not been notifying the victims of the outcome of the investigation. Interviews with incarcerated individuals who reported sexual abuse indicated two of the three were aware they were to be notified of the outcome of the investigation. All three stated they were never advised an outcome. A review of documentation confirmed that the facility was not notifying victims of the outcome of the investigation.

115.73 (b): The PAQ indicate that if an outside entity conducts such investigations, the agency does not request the relevant information from the investigative entity in order to inform the incarcerated individual of the outcome of the investigation. The PAQ did not contain numbers for this provision. A review of investigations confirmed that none were completed by an outside agency and as such no notifications under this provision were required.

115.73 (c): The PAQ indicated following an incarcerated individual's allegation that a staff member has committed sexual abuse against the incarcerated individual, the agency/facility does not subsequently inform the incarcerated individual (unless the agency has determined that the allegation is unfounded) whenever: the staff member is no longer posted within the incarcerated individual's unit; the staff member is no longer employed at the facility; the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. Additionally, the PAQ indicated that there has not been a substantiated or unsubstantiated complaint (i.e., not unfounded) of sexual abuse committed by a staff member against an incarcerated individual in an agency facility in the past 12 months. The PREA Policy, page 14 states following an incarcerated individuals' allegation that a staff member has committed sexual abuse against the incarcerated individual, the agency shall subsequently inform the incarcerated individual (unless the agency has determined that the allegation is unfounded) whenever: The staff member is no longer posted within the incarcerated individual's unit; The staff member is no longer employed by the Detention Center; The Detention Center learns that the staff member has been indicted on a charge related to sexual abuse within the facility; and/or The Detention Center learns that the staff member has been convicted on a charge related to sexual abuse within the facility. All such notifications or attempted notifications shall be documented. The Detention Center's obligation to report under this requirement shall terminate if the incarcerated individual is released from the Detention Center. If the Detention Center did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the incarcerated individual. Interviews with incarcerated individuals who

reported sexual abuse indicated one was against a staff member, but the incarcerated individual did not receive any notifications under this provision. A review of documentation confirmed that the facility was not notifying victims of the information under this provision.

115.73 (d): The PAQ indicated following an incarcerated individual's allegation that he or she has been sexually abused by another incarcerated individual in an agency facility, the agency does not subsequently inform the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. The PREA Policy, page 14 states following an incarcerated individual's allegation that he or she has been sexually abused by another incarcerated individual, the agency shall subsequently inform the alleged victim whenever: The Detention Center learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or The Detention Center learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. All such notifications or attempted notifications shall be documented. The Detention Center's obligation to report under this requirement shall terminate if the incarcerated individual is released from the Detention Center. If the Detention Center did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the incarcerated individual. Interviews with incarcerated individuals who reported sexual abuse indicated two were incarcerated individual-on-incarcerated individual incidents, but either received notifications under this provision. A review of documentation confirmed that there were no notifications required under this provision, however the facility was not notifying related to anything under this standard and did not have a process for notifications.

115.73 (e): The PAQ indicated the agency does not have a policy that all notifications to incarcerated individuals described under this standard are documented. The PAQ did not contain numbers for this provision. A review of documentation confirmed that the facility was not notifying victims of the information under this standards.

115.73 (f): This provision is not required to be audited.

Based on a review of the PAQ, the PREA Policy, investigative reports, victim notification memos and information from interviews with the Deputy Chief, investigator and incarcerated individuals who reported sexual abuse, this standard appears to require corrective action. The PAQ indicated that the agency does not have a policy requiring that any incarcerated individual who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in

writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. The PAQ was blank related to numbers. Interviews with the Chief Deputy and the investigator indicate that incarcerated individuals are informed of the outcome of the investigation into their allegation through the PC. The PC advised that she has not been notifying the victims of the outcome of the investigation. Interviews with incarcerated individuals who reported sexual abuse indicated two of the three were aware they were to be notified of the outcome of the investigation. All three stated they were never advised an outcome. A review of documentation confirmed that the facility was not notifying victims of the outcome of the investigation or any other notifications under this standard.

Recommendation

The auditor highly recommends the procedure related to notifications under this standard be added to agency policy.

Corrective action

The facility will need to develop a process to notify victims of the outcome of the investigation as well as the elements under provision (c) and (d) of this standard. The facility will need to provide a list of sexual abuse allegations during the corrective action period, investigative reports and associated notifications.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Victim Notifications

The facility provided two Incarcerated individual Notification Forms from August 2025. One included notification of an unfounded investigation and the other included

	<p>notification of a substantiated investigation. No additional documentation was provided.</p> <p>No additional corrective action was taken during the 180 day corrective action period. As such this standard is still not met.</p>
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115.76 Disciplinary sanctions for staff	
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	Auditor Overall Determination: Meets Standard
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	Auditor Discussion
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Documents:

1. Pre-Audit Questionnaire
2. PREA Policy
3. Investigative Reports
4. Termination Documents

Findings (By Provision):

115.76 (a): The PAQ indicated that staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. The PREA Policy, page 4 states all prohibited sexual behavior between Detention Center employees, contract workers, volunteers, or agents and incarcerated individuals is inconsistent with the professional, ethical principles, and policies of the Detention Center. All allegations of prohibited sexual behavior will be investigated. If applicable, criminal charges will be filed and / or a professional standard investigation will be conducted which may result in corrective and/ or disciplinary action, including termination. Failure of employees, contract workers, and volunteers to report incidents of prohibited sexual behavior may result in corrective and/ or disciplinary action. Page 14 further states staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Termination is mandated for any staff who have engaged in sexual abuse. A review of documentation indicated there were two staff terminated for violating the sexual abuse and sexual harassment policies. It should be noted that at the issuance of the interim report the criminal investigations associated with these terminations had not yet been provided.

115.76 (b): The PREA Policy, page 14 states Page 14 further states staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Termination is mandated for any staff who have engaged in sexual abuse. The PAQ did not contain numbers for this provision, however further communication with the PC indicated there were two staff members who violated the sexual abuse or sexual harassment policies in the previous twelve months and two staff members were terminated (or resigned prior to termination) for violating the agency's sexual abuse or sexual harassment policies. A review of documentation indicated there were two staff terminated for violating the sexual abuse and sexual harassment policies.

115.76 (c): The PAQ indicated that the disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. The PAQ did not contain numbers for this provision, but further communication indicated there were zero staff members that was disciplined short of termination for violating the sexual abuse or sexual harassment policies. The PREA Policy, page 14 states disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. A review of documentation noted there were zero staff disciplined short of termination.

115.76 (d): The PAQ indicated that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are not reported to law enforcement agencies (unless the activity was clearly not criminal) and to any relevant licensing bodies. PREA Policy, page 4 states all prohibited sexual behavior between Detention Center employees, contract workers, volunteers, or agents and incarcerated individuals is inconsistent with the professional, ethical principles, and policies of the Detention Center. All allegations of prohibited sexual behavior will be investigated. If applicable, criminal charges will be filed and / or a professional standard investigation will be conducted which may result in corrective and/ or disciplinary action, including termination. Failure of employees, contract workers, and volunteers to report incidents of prohibited sexual behavior may result in corrective and/ or disciplinary action. Page 15 further states all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. The PAQ did not contain numbers for this provision, however further communication with the PC indicated one staff was reported to law enforcement. Further information indicated it was not due to the sexual abuse but rather a contraband violation. A review of

	<p>documentation indicated there were zero staff reported to law enforcement for violating the sexual abuse or sexual harassment policies.</p> <p>Based on a review of the PAQ, the PREA Policy, and termination documentation, reports, this standard appears to be compliant.</p>
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115.77	Corrective action for contractors and volunteers
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	Auditor Overall Determination: Meets Standard
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	Auditor Discussion
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Documents:

1. Pre-Audit Questionnaire
2. PREA Policy
3. Investigative Reports

Interviews:

1. Interview with the Deputy Chief

Findings (By Provision):

115.77 (a): The PAQ indicated that agency policy does not require that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies. The PAQ stated that any contractor or volunteer who engages in sexual abuse be prohibited from contact with incarcerated individuals. PREA Policy, page 4 states all prohibited sexual behavior between Detention Center employees, contract workers, volunteers, or agents and incarcerated individuals is inconsistent with the professional, ethical principles, and policies of the Detention Center. All allegations of prohibited sexual behavior will be investigated. If applicable, criminal charges will be filed and / or a professional standard investigation will be conducted which may result in corrective and/ or disciplinary action, including termination. Failure of employees, contract workers, and volunteers to report incidents of prohibited sexual behavior may result in corrective and/ or disciplinary action. The PREA Policy, page 15 states any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with incarcerated individuals and shall be reported to law enforcement agencies,

unless the activity was clearly not criminal, ant to relevant licensing bodies. The PAQ indicated that there have not been contractors or volunteers who violated the sexual abuse or sexual harassment policies within the previous twelve months and as such none were reported to law enforcement or relevant licensing bodies. A review of investigative reports confirmed there were zero contractors or volunteers who violated the agency's sexual abuse or sexual harassment policies.

115.77 (b): The PAQ indicated that the facility takes appropriate remedial measures and considers whether to prohibit further contact with incarcerated individuals in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. The PREA Policy, page 15 states Henderson County Detention Center shall take appropriate remedial measures, and shall consider whether to prohibit further contact with incarcerated individuals, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. The interview with the Chief Deputy indicated that if a volunteer or contractor violated the sexual abuse and/or the sexual harassment policies they would be terminated and their security clearance would be pulled.

Based on a review of the PAQ, the PREA Policy, investigative reports and information from the interview with the Deputy Chief, this standard appears to be compliant.

115.78	Disciplinary sanctions for inmates
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	Auditor Overall Determination: Meets Standard
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	Auditor Discussion
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Documents:

1. Pre-Audit Questionnaire
2. PREA Policy
3. Rules, Policies, Procedures and Incarcerated individual Rights Pertaining to Confinement (Handbook)
4. Investigative Reports
5. Disciplinary Documents

Interviews:

1. Interview with the Deputy Chief

2. Interviews with Medical and Mental Health Staff

Findings (By Provision):

115.78 (a): The PAQ indicated that incarcerated individuals are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding and/or a criminal finding that an incarcerated individual engaged in incarcerated individual-on-incarcerated individual sexual abuse. PREA Policy, page 4 states all prohibited sexual behavior between Detention Center employees, contract workers, volunteers, or agents and incarcerated individuals is inconsistent with the professional, ethical principles, and policies of the Detention Center. All allegations of prohibited sexual behavior will be investigated. If applicable, criminal charges will be filed and / or a professional standard investigation will be conducted which may result in corrective and/ or disciplinary action, including termination. Failure of employees, contract workers, and volunteers to report incidents of prohibited sexual behavior may result in corrective and/ or disciplinary action. It further states incarcerated individuals shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the incarcerated individual engaged in incarcerated individual - on - incarcerated individual sexual abuse or following a criminal finding of guilt for incarcerated individual - on - incarcerated individual sexual abuse. The PAQ did not contain numbers for this provision, however further communication with the PC stated there were two administrative finding of incarcerated individual-on-incarcerated individual sexual abuse and zero criminal findings of incarcerated individual-on-incarcerated individual sexual abuse. A review of the Handbook notes that pages 2-9 outline rule violations. A review of investigative reports noted there were two substantiated incarcerated individual-on-incarcerated individual sexual abuse incidents. One of the two incarcerated individuals went through the formal disciplinary process and received discipline, including segregated housing time and loss of privileges. The second incarcerated individual perpetrator did not receive discipline due to the nature of the incident (attempted to get under the covers with another incarcerated individual and during this there was contact).

115.78 (b): The PREA Policy, page 5 states sanctions shall be commensurate with the nature and circumstances of the abuse committed, the incarcerated individual's disciplinary history, and the sanctions imposed for comparable offenses by other incarcerated individuals with similar histories. The Chief Deputy advised that if an incarcerated individual perpetrator is found to have violated the sexual abuse or sexual harassment policies he/she would be taken to isolation and they would be charged with discipline. She stated they would have a hearing and sanction could include isolation time, loss of tv, loss of phone, loss of visitation, loss of commissary, etc. The Chief Deputy confirmed that sanctions are consistent in the disciplinary process and that sanctions would be commensurate with the nature and circumstances of the abuse committed, the incarcerated individual's disciplinary

history, and the sanctions imposed for comparable offenses by other incarcerated individuals with similar histories.

115.78 (c): The PREA Policy, page 5 states the disciplinary process shall consider whether an incarcerated individual's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. The interview with the Chief Deputy confirmed that the disciplinary process considers whether the incarcerated individual's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

115.78 (d): The PAQ indicated the facility does not offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. The PREA Policy, page 5 states if the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending incarcerated individual to participate in such interventions as a condition of access to programming or other benefits. Interviews with medical and mental health staff indicated they offer regular mental health services to perpetrating incarcerated individuals, however they do not have sex offender treatment at the facility. Staff advised they do not require incarcerated individuals to participate in services in order to gain access to any other programs or benefits.

115.78 (e): The PAQ indicated that the agency does not disciplines incarcerated individuals for sexual conduct with staff only upon finding that the staff member did not consent to such contact. The PREA Policy, page 5 states the detention center may discipline an incarcerated individual for sexual contact with staff only upon a finding that the staff member did not consent to such contact. A review of documentation indicated there were two substantiated staff-on-incarcerated individual sexual abuse allegations (neither were provided prior to the issuance of the interim report). Neither of the victims received any discipline related to the sexual abuse incidents.

115.78 (f): The PAQ indicated that the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. The PREA Policy, page 5 states for the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonably belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

115.78 (g): The PAQ indicated that the agency prohibits all sexual activity between incarcerated individuals. It further indicated the agency does not deem such activity to constitute sexual abuse only if it determines that the activity is coerced. The PREA Policy, page 5 states the detention center prohibits all sexual activity between incarcerated individuals and will proceed with disciplinary action against an incarcerated individual for violating this policy. The detention will not deem such activity as sexual abuse unless it is determined the activity was not consensual.

Based on a review of the PAQ, the PREA Policy, Handbook, Investigative Reports, Disciplinary Documents and information from interviews with the Deputy Chief and medical and mental health care staff, this standard appears to be compliant.

115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Policy 3. Intake Screening 4. Medical/Mental Health Documents <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Staff Responsible for Risk Screening 2. Interviews with Medical and Mental Health Staff 3. Interviews with Incarcerated Individuals who Disclosed Sexual Victimization During the Risk Screening <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations of Risk Screening Area

2. Observation of Medical and Classification Files

Findings (By Provision):

115.81 (a): This provision does not apply as the facility is a jail.

115.81 (b): This provision does not apply as the facility is a jail.

115.81 (c): The PAQ indicated that all incarcerated individuals at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.41 are not offered a follow-up meeting with a medical or mental health practitioner and the follow-up meeting was offered within fourteen days. The PAQ further indicated that medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services. The PREA Policy, page 6 states if the screening process indicates that an incarcerated individual has experienced prior sexual victimization or has previously perpetuated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the VICTIM incarcerated individual is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. Further it states any incarcerated individual who at the time displays predatory behavior or the potential for victimization is referred to mental health for evaluation. Once an incarcerated individual is identified as a High Risk Predator or as a victim/potential victim at any time during his/her incarceration, the incarcerated individual is evaluated for appropriate housing and programs. The interview with the staff responsible for the risk screening indicated she was unaware of this process. She stated the questions go to the PC and medical and she was not sure what they did with the information. Interviews with three incarcerated individuals who disclosed sexual victimization during the risk screening indicated none were offered a follow-up with medical or mental health care staff. It should be noted that one of the incarcerated individuals who disclosed prior victimization was counted toward the random interview criteria and not the targeted. A review of documentation noted that the facility was not providing mental health follow-up services for those who disclosed prior sexual victimization during the risk screening.

115.81 (d): The PAQ indicated that information related to sexual victimization or abusiveness that occurred in an institutional setting is not strictly limited to medical and mental health practitioners. However it stated that the information is only shared with staff to assist with security and management decisions. The PREA Policy, page 6 states the Detention Center exercises appropriate controls on the dissemination within the facility of incarcerated individual responses to the questions listed in A, B,

and E, above in order to ensure that sensitive information is not exploited to the incarcerated individual's detriment by staff or other incarcerated individuals. Page 7 further states any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or Local law. Medical and Mental Health practitioners shall obtain informed consent from incarcerated individuals before reporting information about prior sexual victimization that did not occur in an institutional setting. Medical and mental health records are electronic and are stored in an electronic system that only medical and mental health care staff have access. The staff noted that the facility is the records custodian and that if they requested records they could be provided. Risk screening information is both paper and electronic. Paper files are maintained by the PC as well as in the incarcerated individuals main file. The PC maintains her records in her locked office. The auditor observed that main files are stored in a rear office area of booking, which is staffed 24 hours a day, seven days a week. The electronic records are stored in the facility Jail Tracker system. The auditor confirmed that all staff have access to Jail Tracker and can view the risk screening information. Investigative files are paper and are maintained by investigative staff, to include the PC. All staff maintain files in their locked office.

15.81 (e): The PAQ was blank but further communication with the PC indicated that medical and mental health practitioners obtain informed consent from incarcerated individuals before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the incarcerated individual is under the age of eighteen. Interviews with medical and mental health staff indicated that they obtain informed consent prior to reporting any sexual abuse that did not occur in an institutional setting. Both staff stated the facility does not house anyone under eighteen.

Based on a review of the PAQ, the PREA Policy, Intake Screening, Medical and Mental Health Documents, information from interviews with staff who perform the risk screening, medical and mental health care staff and incarcerated individuals who disclosed victimization during the risk screening indicate that this standard requires corrective action. The PAQ indicated that all incarcerated individuals at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.41 are not offered a follow-up meeting with a medical or mental health practitioner and the follow-up meeting was offered within fourteen days. The interview with the staff responsible for the risk screening indicated she was unaware of this process. She stated the questions go to the PC and medical and she was not sure what they did with the information. Interviews with three incarcerated individuals who disclosed sexual victimization during the risk screening indicated none were offered a follow-up with medical or mental health care staff. A review of

documentation noted that the facility was not providing mental health follow-up services for those who disclosed prior sexual victimization during the risk screening. The electronic records are stored in the facility Jail Tracker system. The auditor confirmed that all staff have access to Jail Tracker and can view the risk screening information.

Corrective Action

The facility will need to develop a process to ensure that those who disclose prior sexual victimization during the risk screening are offered a follow-up with mental health within fourteen days. A process memo will need to be provided outlining how this will be completed. Training with appropriate staff will need to be conducted and a copy of the training will need to be provided. The facility will need to provide a list of incarcerated individuals that arrived during the corrective action period and examples of those that disclose prior sexual victimization, to include their risk screening documentation, and their mental health follow-up documentation. Further, the facility will need to restrict access to information in Jail Tracker to those with a need to know. Confirmation of the restriction will need to be provided.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Monthly Tracking Table
2. Risk Screening Restriction

The facility provided a monthly tracking table that tracks individuals who have a yes response to specific risk screening questions, including prior sexual victimization.

The facility provided documentation confirming that risk assessment access/viewing was restricted to the "PREA Group", which includes eight staff.

	No additional corrective action was taken during the 180 day corrective action period. As such this standard is still not met.
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115.82	Access to emergency medical and mental health services
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Auditor Overall Determination: Does Not Meet Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. PREA Policy
3. Medical and Mental Health Documents

Interviews:

1. Interviews with Medical and Mental Health Staff
2. Interviews with First Responders
3. Interviews with Incarcerated Individuals who Reported Sexual Abuse

Site Review Observations:

1. Observations of Medical and Mental Health Areas

Findings (By Provision):

115.82 (a): The PAQ indicated that incarcerated individual victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services and that the nature of scope of services are determined by medical and mental health practitioners according to their professional judgment. The PAQ was blank. PREA Policy, page 1 states the program will provide treatment for the victim and the Perpetrator and includes ongoing support for the victim. Page 11 states incarcerated individual victims of sexual abuse shall receive timely unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. Pages 11-2 further state incarcerated individual victims of sexual abuse while incarcerated shall promptly be offered

information about and access to care and treatment. Acute trauma care will be provided to victims of prohibited sexual behavior, including but not limited to, treatment of injuries, HIV/AIDS, prophylactic measures, emergency contraception and testing for sexually transmitted infections prophylactic measures, emergency contraception and testing for sexually transmitted infections prophylaxis, in accordance with professionally accepted standards and care, where medically appropriate. Treatment services shall be provided to the victim without financial cost regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Medical Services will consider any treatment of the sexual assault victim as a medical emergency. The incarcerated individual will be provided outside medical treatment pursuant to medical protocols, when necessary, and transported to a medical facility which, when appropriate based on the injuries and nature of the incident, will provide sexual assault medical examination services administered by a certified Sexual Assault Nurse Examiner (SANE). During the tour, the auditor observed the health services area was one exam room. The room included a door with a security window. Interviews with medical and mental health care staff confirmed that incarcerated individuals receive timely and unimpeded access to emergency medical treatment and crisis intervention service. The staff stated they provide services as soon as they are made aware of the incident. Both staff confirmed that services would be based on their professional judgment. Interviews with incarcerated individuals who reported sexual abuse indicated one of the three was offered/provided medical and/or mental health services. It should be noted two of the three incarcerated individuals interviewed reported sexual harassment, rather than sexual abuse. The auditor requested documentation for victims of sexual abuse, however at the issuance of the interim report the auditor had not received the information.

115.82 (b): The PREA Policy, page 11 states the supervisor, through his or her chain of command, ensures the alleged victim and alleged suspect are physically separated through the placement of one or both incarcerated individuals in segregation. Instruct the suspect and the victim not to shower, wash, brush his/her teeth, or change clothing. Once separated, designated staff will conduct preliminary interviews with incarcerated individuals regarding incarcerated individual to incarcerated individual alleged sexual assaults. The alleged victim is immediately taken to medical services for initial evaluation and any immediate first aid treatment. If requested by the victim and with the investigators consent, the mental health / victim support person may sit in during the investigation interviews. Any notes taken by the victim support person will be limited to the notation of emotional status of the incarcerated individual. Page 1 states the program will provide treatment for the victim and the Perpetrator and includes ongoing support for the victim. Page 11 states incarcerated individual victims of sexual abuse shall receive timely unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. Pages 11-2 further states Incarcerated individual victims of sexual abuse while incarcerated shall promptly be offered information about and

access to care and treatment. The security staff first responder stated that he would separate the individuals, secure the crime scene, not allow the individuals to take action to destroy evidence and transport the victim to the hospital. The non-security first responder advised she would immediately provide the information to security. The auditor requested documentation for victims of sexual abuse, however at the issuance of the interim report the auditor had not received the information.

115.82 (c): The PAQ indicated that incarcerated individual victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. The PREA Policy, Pages 11-2 state incarcerated individual victims of sexual abuse while incarcerated shall promptly be offered information about and access to care and treatment. Acute trauma care will be provided to victims of prohibited sexual behavior, including but not limited to, treatment of injuries, HIV/AIDS, prophylactic measures, emergency contraception and testing for sexually transmitted infections prophylactic measures, emergency contraception and testing for sexually transmitted infections prophylaxis, in accordance with professionally accepted standards and care, where medically appropriate. Treatment services shall be provided to the victim without financial cost regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Interviews with medical and mental health care staff confirmed that incarcerated individuals receive timely information and access to emergency contraception and sexually transmitted infection prophylaxis. Interviews with incarcerated individuals who reported sexual abuse indicated that one involved penetration or touching. The incarcerated individual advised he was not provided information and access to sexually transmitted infection prophylaxis. It should be noted that the incarcerated individual advised he was initially offered medical and mental health services but declined the services. The auditor requested documentation for victims of sexual abuse, however at the issuance of the interim report the auditor had not received the information.

115.82 (d): The PAQ indicated that treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The PREA Policy, pages 11-2 state treatment services shall be provided to the victim without financial cost regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Based on a review of the PAQ, the PREA Policy, and information from interviews with medical and mental health care staff, first responders and incarcerated individuals who reported sexual abuse, this standard appears to require corrective action. Interviews with incarcerated individuals who reported sexual abuse indicated one of

	<p>the three was offered/provided medical and/or mental health services. It should be noted two of the three incarcerated individuals interviewed reported sexual harassment, rather than sexual abuse. The auditor requested documentation for victims of sexual abuse, however at the issuance of the interim report the auditor had not received the information.</p> <p>Corrective Action</p> <p>The facility will need to provide the originally requested documentation. If not available, the facility will need to ensure victims of sexual abuse are afforded information and access to medical and mental health services as outlined under this standard. A list of sexual abuse allegations during the corrective action period and associated medical and mental health documentation will need to be provided.</p> <p>Verification of Corrective Action Since the Interim Audit Report</p> <p>The agency did not take any corrective action during the 180 day corrective action period. As such, this standard is not met.</p>
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115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	<p>Auditor Overall Determination: Does Not Meet Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Policy 3. Medical and Mental Health Documents <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interviews with Medical and Mental Health Staff 2. Interviews with Incarcerated Individuals who Reported Sexual Abuse

Site Review Observations:

1. Observations of Medical Treatment Areas

Findings (By Provision):

115.83 (a): The PAQ indicated the facility offers medical and mental health evaluation and, as appropriate, treatment to all incarcerated individuals who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. PREA Policy, page 1 states the program will provide treatment for the victim and the Perpetrator and includes ongoing support for the victim. Page 12 further states the Detention Center shall offer medical and mental health evaluation and, as appropriate, treatment to all incarcerated individuals who have been victimized by sexual abuse. During the tour, the auditor observed the health services area was one exam room. The room included a door with a security window. The auditor requested documentation for victims of sexual abuse, however at the issuance of the interim report the auditor had not received the information.

115.83 (b): PREA Policy, page 1 states the program will provide treatment for the victim and the Perpetrator and includes ongoing support for the victim. Page 12 states medical staff will ensure that incarcerated individuals will be referred to mental health and /or medical for crisis intervention, treatment/counseling, and long term follow up care. The evaluation and treatment of such victims shall include, as appropriate, follow up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. Interviews with medical and mental health care staff confirmed that they provide on-going treatment, follow-up services and community referrals to incarcerated individual victims of sexual abuse. Interviews with incarcerated individuals who reported sexual abuse indicated one was provided follow-up services with medical and/or mental health. The auditor requested documentation for victims of sexual abuse, however at the issuance of the interim report the auditor had not received the information.

115.83 (c): The PREA Policy, page 12 states the facility shall provide such victims with medical and mental health services consistent with the community level of care. The facility provides access to medical and mental health staff on-site and also transports incarcerated individuals to the local hospital for treatment that is not available at the facility. All medical and mental health care staff are required to have the appropriate licensure and credentials. Interviews with medical and mental health care staff confirmed that the services they provide are consistent with the community level of

care.

115.83 (d): The PAQ indicated that female victims of sexual abusive vaginal penetration while incarcerated are offered pregnancy tests. The PREA Policy, Pages 11-2 state incarcerated individual victims of sexual abuse while incarcerated shall promptly be offered information about and access to care and treatment. Acute trauma care will be provided to victims of prohibited sexual behavior, including but not limited to, treatment of injuries, HIV/AIDS, prophylactic measures, emergency contraception and testing for sexually transmitted infections prophylactic measures, emergency contraception and testing for sexually transmitted infections prophylaxis, in accordance with professionally accepted standards and care, where medically appropriate. Incarcerated individual victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. If pregnancy results, such victims shall promptly receive comprehensive information about and access to all lawful pregnancy-related medical services. Interviews with incarcerated individuals who reported sexual abuse indicated none required pregnancy testing. The auditor requested documentation for victims of sexual abuse, however at the issuance of the interim report the auditor had not received the information.

115.83 (e): The PAQ indicated if pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services. The PREA Policy, Pages 11-2 state incarcerated individual victims of sexual abuse while incarcerated shall promptly be offered information about and access to care and treatment. Acute trauma care will be provided to victims of prohibited sexual behavior, including but not limited to, treatment of injuries, HIV/AIDS, prophylactic measures, emergency contraception and testing for sexually transmitted infections prophylactic measures, emergency contraception and testing for sexually transmitted infections prophylaxis, in accordance with professionally accepted standards and care, where medically appropriate. Incarcerated individual victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. If pregnancy results, such victims shall promptly receive comprehensive information about and access to all lawful pregnancy-related medical services. Interviews with medical and mental health care staff confirmed that they provide victims of sexual abuse with pregnancy testing and information and access to all lawful pregnancy related information. The staff advised the information is provided as soon as pregnancy is determined.

115.83 (f): The PAQ indicated that incarcerated individual victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. The PREA Policy, Pages 11-2 state incarcerated individual victims of sexual abuse while incarcerated shall promptly be offered information about and access to care and treatment. Acute trauma care will be provided to victims of prohibited sexual behavior, including but not limited to, treatment of injuries, HIV/

AIDS, prophylactic measures, emergency contraception and testing for sexually transmitted infections prophylactic measures, emergency contraception and testing for sexually transmitted infections prophylaxis, in accordance with professionally accepted standards and care, where medically appropriate. Incarcerated individual victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate. Interviews with incarcerated individuals who reported sexual abuse indicated one involved an allegation with penetration, however the incarcerated individual was not offered STI testing. The auditor requested documentation for victims of sexual abuse, however at the issuance of the interim report the auditor had not received the information.

115.83 (g): The PAQ indicated that treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The PREA Policy, Pages 11-2 state treatment services shall be provided to the victim without financial cost regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Interviews with incarcerated individuals who reported sexual abuse indicated none were not required to pay for their medical and mental health services.

115.83 (h): The PAQ indicated that this provision does not apply as the facility is a jail.

Based on a review of the PAQ, the PREA Policy, observations made during the tour and information from interviews with medical and mental health care staff and incarcerated individuals who reported sexual abuse, this standard appears to require corrective action. The auditor requested documentation for victims of sexual abuse, however at the issuance of the interim report the auditor had not received the information.

Corrective Action

The facility will need to provide the originally requested documentation. If not available, the facility will need to ensure victims of sexual abuse are afforded information and access to medical and mental health services as outlined under this standard. A list of sexual abuse allegations during the corrective action period and associated medical and mental health documentation will need to be provided.

	<p>Verification of Corrective Action Since the Interim Audit Report</p> <p>The agency did not take any corrective action during the 180 day corrective action period. As such, this standard is not met.</p>
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115.86	Sexual abuse incident reviews
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	Auditor Overall Determination: Does Not Meet Standard
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	Auditor Discussion
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Documents:

1. Pre-Audit Questionnaire
2. PREA Policy
3. Investigative Reports

Interviews:

1. Interview with the Deputy Chief
2. Interview with the PREA Compliance Manager
3. Interview with Incident Review Team

Findings (By Provision):

115.86 (a): The PAQ indicated that the facility does not conduct a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. The PREA Policy, page 17 states sexual Abuse incident reviews will be conducted at the conclusion of every abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. Such review shall ordinarily occur within 30 days of the conclusion of the investigation. The PAQ did not contain numbers for this provision. A review of documentation noted that the facility has not completed sexual abuse incident reviews at the conclusion of sexual abuse investigations.

115.86 (b): The PAQ indicated that the facility does not ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. The PAQ did not contain numbers for this provision. The PREA Policy, page 17 states sexual Abuse incident reviews will be conducted at the conclusion of every abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. Such review shall ordinarily occur within 30 days of the conclusion of the investigation. A review of documentation noted that the facility has not completed sexual abuse incident reviews at the conclusion of sexual abuse investigations.

115.86 (c): The PAQ indicated that the sexual abuse incident review team does not include upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. The PREA Policy, page 17 states the review team shall include upper -level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. The interview with the Chief Deputy confirmed that the facility has a sexual abuse incident review team. She advised they do not formally come together, but they do talk about the incident and what happened. A review of documentation noted that the facility has not completed sexual abuse incident reviews at the conclusion of sexual abuse investigations.

115.86 (d): The PAQ indicated that the facility does not prepare a report of its findings from sexual abuse incident reviews including, but not necessarily limited to, determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section and any recommendations for improvement, and submits such report to the facility head and PREA Compliance Manager. The PREA Policy, page 17 states the review team shall: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; Consider whether the incident or allegation was motivated by race, ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation, or was motivated or otherwise caused by other group dynamics at the facility; Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; Assess the adequacy of staffing levels in that area during different shifts; Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff and Prepare a report of its findings, including, but not necessary limited to determinations made pursuant to the review items listed above and any recommendations for improvement. This report shall be submitted to the Jailer and PREA Coordinator. The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so. The Chief Deputy stated that information from the sexual abuse incident reviews is utilized several ways, including mental health consideration, history and where to house individuals. She confirmed upon prompting that the elements under this provision are considered. The PC stated they are not currently

conducting sexual abuse incident reviews but they will be starting the process moving forward. She stated once she submits any reports she will follow-up with any recommendation to ensure they are implemented. A review of documentation noted that the facility has not completed sexual abuse incident reviews at the conclusion of sexual abuse investigations.

115.86 (e): The PAQ indicated that the facility does not implement the recommendations for improvement or documents its reasons for not doing so. The PREA Policy, page 17 states the review team shall: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; Consider whether the incident or allegation was motivated by race, ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation, or was motivated or otherwise caused by other group dynamics at the facility; Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; Assess the adequacy of staffing levels in that area during different shifts; Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff and Prepare a report of its findings, including, but not necessary limited to determinations made pursuant to the review items listed above and any recommendations for improvement. This report shall be submitted to the Jailer and PREA Coordinator. The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so. A review of documentation noted that the facility has not completed sexual abuse incident reviews at the conclusion of sexual abuse investigations.

Based on a review of the PAQ, the PREA Policy, Investigative Report, and information from interviews with the Deputy Chief, the PC and a member of the sexual abuse incident review team, this standard appears to require corrective action. The PAQ indicated that the facility does not conduct a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. The PC stated they are not currently conducting sexual abuse incident reviews but they will be starting the process moving forward. She stated once she submits any reports she will follow-up with any recommendation to ensure they are implemented. A review of documentation noted that the facility has not completed sexual abuse incident reviews at the conclusion of sexual abuse investigations.

Corrective Action

The facility will need to conduct training with the members of the sexual abuse incident review team related to the requirements under this standard, to include how

to complete the form that will be utilized. Confirmation of the training will need to be provided. The facility will need to provide a list of sexual abuse allegations reported during the corrective action period, associated investigative reports and sexual abuse incident reviews.

Verification of Corrective Action Since the Interim Audit Report

The agency did not take any corrective action during the 180 day corrective action period. As such, this standard is not met.

115.87 Data collection

Auditor Overall Determination: Does Not Meet Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. PREA Policy

Findings (By Provision):

115.87 (a): The PAQ indicated that the agency does not collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The PREA Policy, page 16 states the PREA Coordinator shall be given copies of all investigative notes, evidence, data, photos and interview notes once the investigation is completed. Data Collection and Tracking; the PREA Coordinator will be given all Incident reports involving prohibited sexual behavior, no later than the next business day following the report of an incident or notification. Page 18 further states Henderson County Detention Center shall collect accurate, uniform data for every allegation of sexual abuse at all facilities under its control using a standardized instrument and set of definitions. The agency was not collecting data for every allegation of sexual abuse and sexual harassment and did not have a standard instrument of data collection.

115.87 (b): The PAQ indicated that the agency does not aggregate the incident-based sexual abuse data at least annually. The PREA Policy, page 18 states Henderson

County shall aggregate the incident-based sexual abuse data at least annually. The agency was not collecting data for every allegation of sexual abuse and sexual harassment and had not aggregated data annually.

115.87 (c): The PAQ indicated that the standardized instrument does not include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. The PREA Policy, page 18 states the incident-based data collected shall include, at a minimum, the data necessary to answer all questions from most recent version of the Survey of Sexual Violence conducted by the Department of Justice. The agency was not collecting data for every allegation of sexual abuse and sexual harassment and did not have a standard instrument of data collection.

115.87 (d): The PAQ indicated that the agency does not maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The PREA Policy, page 16 states the PREA Coordinator shall be given copies of all investigative notes, evidence, data, photos and interview notes once the investigation is completed. Data Collection and Tracking; the PREA Coordinator will be given all Incident reports involving prohibited sexual behavior, no later than the next business day following the report of an incident or notification. Page 18 further states the agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The agency was not collecting data for every allegation of sexual abuse and sexual harassment and did not have a standard instrument of data collection.

115.87 (e): The PAQ indicated that this provision does not apply. The PREA Policy, page 18 states the agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for confinement of its incarcerated individuals.

115.87 (f): The PAQ indicated that the agency does not provide the Department of Justice (DOJ) with data from the previous calendar year upon request. The PREA Policy, page 18 states upon request, the agency shall provide all such data from previous calendar year to the Department of Justice no later than June 30. The DOJ has requested this information, however the agency has not submitted.

Based on a review of the PAQ, and the PREA Policy, this standard appears to require

corrective action. The PAQ indicated that the agency does not collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The agency was not collecting data for every allegation of sexual abuse and sexual harassment and did not have a standard instrument of data collection. The PAQ indicated that the agency does not provide the Department of Justice (DOJ) with data from the previous calendar year upon request.

Corrective Action

The agency will need to establish a data collection instrument to collect sexual abuse and sexual harassment data. A copy of the instrument will need to be provided. The facility will need to collect and aggregate data from 2024 as well as all data from January 2025 to current. The facility will need to provide the auditor with the aggregated data from 2024 and 2025. The agency will need to complete the most recent Survey of Sexual Victimization and provide the auditor a copy of their submission.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Fiscal Year 2024-2025 Sexual Abuse and Sexual Harassment Data

The facility displayed their sexual abuse and sexual harassment data from fiscal year 2024-2025 to the agency website. The data was broken down by number of sexual abuse and sexual harassment. The data was also broken down by investigative outcome (unfounded, unsubstantiated or substantiated).

No additional corrective action was taken during the 180 day corrective action period. As such this standard is still not met.

115.88 Data review for corrective action

Auditor Overall Determination: Does Not Meet Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. PREA Policy

Interviews:

1. Interview with the Agency Head
2. Interview with the PREA Coordinator

Findings (By Provision):

115.88 (a): The PAQ indicated that the agency does not review data collected and aggregated pursuant to §115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including: identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. The PREA Policy, page 17 states an annual report will be posted on the facilities website showing the most recent years aggregated sexual abuse data. Page 18 further states the agency shall review data collected and aggregated pursuant to §115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas; Taking corrective action on an ongoing basis; and Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse. The agency's report shall be approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means. The agency may redact specific material from reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted. The interview with the Agency Head indicated that data is collected that they have a meeting related to safety and such and they are adding PREA to that meeting. He noted that any information that is discussed during the meeting is sent to the training coordinator who will use it to develop any necessary changes and training. The PC advised that

the agency has not reviewed data and has not completed an annual report. A review of documentation noted that the facility has not completed an annual report since 2021.

115.88 (b): The PAQ indicated that the annual report does not include a comparison of the current year's data and corrective actions with those from prior years and that the annual report provides an assessment of the agency's progress in addressing sexual abuse. The PREA Policy, page 18 states further states the agency shall review data collected and aggregated pursuant to §115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas; Taking corrective action on an ongoing basis; and Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse. The agency's report shall be approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means. The agency may redact specific material from reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted. A review of documentation noted that the facility has not completed an annual report since 2021.

115.88 (c): The PAQ indicated that the agency does not make its annual report readily available to the public at least annually through its website and that the annual reports are approved by the Agency Head. The PREA Policy, page 18 states further states the agency shall review data collected and aggregated pursuant to §115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas; Taking corrective action on an ongoing basis; and Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse. The agency's report shall be approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means. The agency may redact specific material from reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted. The interview with the Agency Head indicated he will approve the report for 2024 when they finish it and it will be posted to the website. A review of the website noted that facility had an annual report from 2021.

115.88 (d): The PAQ indicated that when the agency redacts material from an annual

report for publication, the redactions are not limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility and that the agency indicates the nature of material redacted. The PREA Policy, page 18 states further states the agency shall review data collected and aggregated pursuant to §115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas; Taking corrective action on an ongoing basis; and Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse. The agency's report shall be approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means. The agency may redact specific material from reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted. The interview with the PC indicated they have not completed an annual report but when they do it will not contain any personally identifiable information and as such they will not be required to redact anything. A review of documentation noted that the facility has not completed an annual report since 2021.

Based on a review of the PAQ, the PREA Policy, the agency website and information obtained from interviews with the Agency Head, and PC, this standard appears to require corrective action. The PAQ indicated that the agency does not review data collected and aggregated pursuant to §115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including: identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. The interview with the Agency Head indicated that data is collected that they have a meeting related to safety and such and they are adding PREA to that meeting. He noted that any information that is discussed during the meeting is sent to the training coordinator who will use it to develop any necessary changes and training. The PC advised that the agency has not reviewed data and has not completed an annual report. A review of documentation noted that the facility has not completed an annual report since 2021. The interview with the Agency Head indicated he will approve the report for 2024 when they finish it and it will be posted to the website. A review of the website noted that facility had an annual report from 2021.

Corrective Action

The agency will need to review the data collected from 2024 and complete an annual report that includes any identified problem areas and any corrective action that was

taken. The report should also include a comparison of the current years data with the prior years' data. The report will need to be approved by the Agency Head and posted to the agency website. The facility will need to provide a copy of the annual report and confirmation that it was posted to the website.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Fiscal Year 2024-2025 Sexual Abuse and Sexual Harassment Data

The facility displayed their sexual abuse and sexual harassment data from fiscal year 2024-2025 to the agency website. The data was broken down by number of sexual abuse and sexual harassment. The data was also broken down by investigative outcome (unfounded, unsubstantiated or substantiated).

No additional corrective action was taken during the 180 day corrective action period. As such this standard is still not met.

115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion
	Documents: <ol style="list-style-type: none">1. Pre-Audit Questionnaire2. PREA Policy Interviews: <ol style="list-style-type: none">1. Interview with the PREA Coordinator

Findings (By Provision):

115.89 (a): The PAQ indicated that the agency does not ensure that incident-based and aggregate data are securely retained. The PREA Policy, page 18 states the agency shall ensure that the data collected pursuant to §115.87 are securely retained. The interview with the PREA Coordinator indicated they have not been maintaining sexual abuse data but when they start they will ensure it is securely retained.

115.89 (b): The PAQ indicated that agency policy does not require that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public at least annually through its website. The PREA Policy, page 18 the agency shall make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means. A review of the website noted that data was available from 2020-2021.

115.89 (c): The PAQ indicated that before making aggregated sexual abuse data publicly available, the agency does not remove all personal identifiers. The PREA Policy, page 16 states the Detention Center will keep on file for 10 years all information related to sexual assault/abuse, sexual harassment investigations, notes, findings and all related data. Page 18 further states before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers. A review of the website noted that data was available from 2020-2021. No personal identifiers were observed and it did not appear that any information was redacted.

115.89 (d): The PREA Policy, page 18 states the agency shall maintain sexual abuse data collected pursuant to §115.87 for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise. A review of the website noted that data was available from 2020-2021. No other data was collected or retained.

Based on a review of the PAQ, the PREA Policy, the agency website and information obtained from the interview with the PREA Coordinator, this standard appears to require corrective action. The interview with the PREA Coordinator indicated they have not been maintaining sexual abuse data but when they start they will ensure it is securely retained. A review of the website noted that data was available from

2020-2021.

Corrective Action

The facility will need to ensure that they collect sexual abuse and sexual harassment data annually and that the data is posted to the website. Data will need to be securely retained for up to ten years from the initial collection. The facility will need to provide aggregate data from 2024 and publish the aggregated data to the agency website. An assurance memorandum from the Agency Head will need to be provided related to the process moving forward of annual collection, secure retention, publication and ten year retention.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Fiscal Year 2024-2025 Sexual Abuse and Sexual Harassment Data

The facility displayed their sexual abuse and sexual harassment data from fiscal year 2024-2025 to the agency website. The data was broken down by number of sexual abuse and sexual harassment. The data was also broken down by investigative outcome (unfounded, unsubstantiated or substantiated).

No additional corrective action was taken during the 180 day corrective action period. As such this standard is still not met.

115.401	Frequency and scope of audits
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion

Findings (By Provision):

115.401 (a): The facility is a stand-alone jail. The agency does not have any other confinement facilities to be audit. The facility is being audited during the third year of the current three year audit cycle.

115.401 (b): The facility is a stand-alone jail. The agency does not have any other confinement facilities to be audit. The facility is being audited during the third year of the current three year audit cycle.

115.401 (h) - (m): The auditor had access to all areas of the facility; was permitted to review any relevant policies, procedure or documents and was permitted to conduct private interviews.

115.401 (n): The facility provided and assurance memorandum indicating that the facility posted the audit announcement around the facility at least six weeks prior to the on-site portion of the audit. During the tour the auditor observed the audit announcement posted on white letter size paper in English and Spanish. The audit announcements were in the hallways of the facility and in a few common areas. Additionally, confirmation was provided illustrating that the audit announcement was sent out on the tablet system and was available to view. The audit announcement advised the incarcerated individuals that correspondence with the auditor would remain confidential unless the incarcerated individual reported information such as sexual abuse, harm to self or harm to others. The incarcerated individuals were able to send correspondence via privileged mail.

Corrective Action

The agency will need to ensure they complete their next DOJ PREA audit during the first year of the three year audit cycle. The facility will need to schedule their audit and provide confirmation.

Verification of Corrective Action Since the Interim Audit Report

No corrective action was taken during the 180 day corrective action period. As such this standard is still not met.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Findings (By Provision): 115.403 (f): The agency did not complete an audit during the previous three year audit cycle. The last audit was completed in 2020. The auditor confirmed the 2020 audit report is available on the agency website.

Appendix: Provision Findings		
115.11 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	no
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	no
115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	na
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	na
115.12 (a)	Contracting with other entities for the confinement of inmates	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	na
115.12 (b)	Contracting with other entities for the confinement of inmates	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	na

	that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	
115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

	consideration: Any applicable State or local laws, regulations, or standards?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.13 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
115.13 (c)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.13 (d)	Supervision and monitoring	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes

115.14 (a)	Youthful inmates	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (b)	Youthful inmates	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (c)	Youthful inmates	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.15 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	no
115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the	yes

	facility does not have female inmates.)	
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	no
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	yes
115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	no
115.15 (e)	Limits to cross-gender viewing and searches	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.15 (f)	Limits to cross-gender viewing and searches	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?	no

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

	formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	
115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	no
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	no
115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	no
115.17 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42	yes

	U.S.C. 1997)?	
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.17 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes
115.17 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes

115.17 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.18 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.18 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit,	yes

	whichever is later.)	
115.21 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	no

	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	na
	Has the agency documented its efforts to secure services from rape crisis centers?	no
115.21 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	no
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	no
115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.21 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	no
115.22 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	no
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	no
115.22 (b)	Policies to ensure referrals of allegations for investigations	

	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	no
115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	yes
115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	no
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	no
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	no
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	no
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	no
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	no
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	no
	Does the agency train all employees who may have contact with	no

	inmates on how to avoid inappropriate relationships with inmates?	
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	no
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	no
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	no
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	no
115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	no
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	no
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	no
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	no
115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how	no

	to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	no
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	no
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	no
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	no
	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes
115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	no
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	no

	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	no
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	no
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	no
115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	no
115.33 (f)	Inmate education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
115.34 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (b)	Specialized training: Investigations	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or	yes

	prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
115.34 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.35 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	no
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	no
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	no
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	no
115.35 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na

115.35 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	no
115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	no
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	no
115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes

	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?	yes
115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	Screening for risk of victimization and abusiveness	

	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	no
115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	no
	Does the facility reassess an inmate's risk level when warranted due to a request?	no
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	no
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	no
115.41 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.41 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates?	no
115.42 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	no
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	no
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of	no

	being sexually abusive, to inform: Work Assignments?	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	no
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	no
115.42 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	no
	This provision is no longer applicable to your compliance finding, please select N/A.	no
115.42 (d)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	no
115.42 (e)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	no
115.42 (f)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
115.42 (g)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
115.43 (a)	Protective Custody	

	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	no
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	no
115.43 (b) Protective Custody		
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	no
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	no
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	no
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	no
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	no
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	no
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	no
115.43 (c) Protective Custody		
	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	no

	Does such an assignment not ordinarily exceed a period of 30 days?	no
115.43 (d)	Protective Custody	
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	no
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	no
115.43 (e)	Protective Custody	
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	no
115.51 (a)	Inmate reporting	
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.51 (b)	Inmate reporting	
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials	na

	and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	no
115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency	yes

	is exempt from this standard.)	
115.52 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes
115.52 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes

	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.).	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	na
	Does the facility enable reasonable communication between	no

	inmates and these organizations and agencies, in as confidential a manner as possible?	
115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	no
115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	no
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	no
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
115.61 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a	yes

	sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	
115.61 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.61 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	no
115.61 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.62 (a)	Agency protection duties	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
115.63 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	

	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.64 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.65 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	no
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	Are both the agency and any other governmental entities	yes

	responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	
115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	no
115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	no
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	no
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	no
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report	no

	of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	no
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	no
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	no
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	no
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	no
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	no
115.67 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	no
115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	no
115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	no
	Does the agency conduct such investigations for all allegations	no

	including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	
115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	no
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	no
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	no
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	no
115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	no
115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes

115.71 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	no
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	no
115.71 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
115.71 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.72 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	no
115.73 (b)	Reporting to inmates	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in	no

	order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	
115.73 (c) Reporting to inmates		
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	no
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	no
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	no
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	no
115.73 (d) Reporting to inmates		
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	no
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	no

115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	no
115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.76 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.76 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	

	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
115.78 (a)	Disciplinary sanctions for inmates	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.78 (b)	Disciplinary sanctions for inmates	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
115.78 (c)	Disciplinary sanctions for inmates	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
115.78 (d)	Disciplinary sanctions for inmates	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
115.78 (e)	Disciplinary sanctions for inmates	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.78 (f)	Disciplinary sanctions for inmates	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does	yes

	the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	na
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	na
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	no
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	no
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	yes
115.82 (a)	Access to emergency medical and mental health services	

	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	no
115.82 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	no
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	no
115.82 (c)	Access to emergency medical and mental health services	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	no
115.82 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	no
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	no
115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	no
115.83 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	no

115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	no
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	no
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	no
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	no
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	na
115.86 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation	no

	has been determined to be unfounded?	
115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	no
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	no
115.86 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	no
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	no
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	no
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	no
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	no
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	no
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	no
115.87 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	no
115.87 (b)	Data collection	

	Does the agency aggregate the incident-based sexual abuse data at least annually?	no
115.87 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	no
115.87 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	no
115.87 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	na
115.87 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	no
115.88 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	no
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	no
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	no
115.88 (b)	Data review for corrective action	

	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	no
115.88 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	no
115.88 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	no
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	no
115.89 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	no
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	no
115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	no
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	no
115.401	Frequency and scope of audits	

(b)		
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	no
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse	na

	noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	
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