

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

Interim Final

Date of Interim Audit Report: N/A

If no Interim Audit Report, select N/A

Date of Final Audit Report: October 8, 2021

Auditor Information

Name: Darla O'Connor Email: doconnor@strategicjusticesolutions.com

Company Name: Diversified Correctional Services

Mailing Address: 1825 Donald James Road City, State, Zip: Blackshear, GA 31516

Telephone: 225-302-0766 Date of Facility Visit: August 25-26, 2021

Agency Information

Name of Agency: Warren County Regional Jail

Governing Authority or Parent Agency (If Applicable):

Physical Address: 920 Kentucky Street City, State, Zip: Bowling Green, KY 42101

Mailing Address: 920 Kentucky Street City, State, Zip: Bowling Green, KY 42101

The Agency Is: Military Private for Profit Private not for Profit

Municipal County State Federal

Agency Website with PREA Information: warrencountyjail.com

Agency Chief Executive Officer

Name: Stephen Harmon

Email: Stephen.harmon@ky.gov Telephone: 270-843-4606

Agency-Wide PREA Coordinator

Name: Brian McPherson

Email: brian.mcpherson Telephone: 270-843-4606

PREA Coordinator Reports to:
Stephen Harmon

Number of Compliance Managers who report to the PREA Coordinator:
0

Facility Information

Name of Facility: Warren County Regional Jail

Physical Address: 920 Kentucky Street

City, State, Zip: Bowling Green, KY 42101

Mailing Address (if different from above):
Same as Above

City, State, Zip: Same as above

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Type:

Prison

Jail

Facility Website with PREA Information: warrencountyjail.com

Has the facility been accredited within the past 3 years? Yes No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

ACA

NCCHC

CALEA

Other (please name or describe: [Click or tap here to enter text.](#))

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
None Reported

Warden/Jail Administrator/Sheriff/Director

Name: Stephen Harmon

Email: Stephen.harmon@ky.gov

Telephone: 270-843-4606

Facility PREA Compliance Manager

Name: Brian McPherson

Email: brian.mcpherson@ky.gov

Telephone: 270-843-4606

Facility Health Service Administrator N/A

Name: Krystal Mutter

Email: krystal.souders@shpjails.com

Telephone: 270-454-0570

Facility Characteristics

Designated Facility Capacity:

562

Current Population of Facility:

676

Average daily population for the past 12 months:	672	
Has the facility been over capacity at any point in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males	
Age range of population:	18+	
Average length of stay or time under supervision:	24 days	
Facility security levels/inmate custody levels:	Low, Medium, Maximum	
Number of inmates admitted to facility during the past 12 months:	5,693	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>72 hours or more</i> :	1,457	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>30 days or more</i> :	1,029	
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	<input checked="" type="checkbox"/> N/A	
Does the audited facility hold inmates for one or more other agencies (e.g., a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input checked="" type="checkbox"/> Federal Bureau of Prisons <input checked="" type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g., police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	93	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	48	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	21	
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:	3	

Physical Plant

<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency), it should be included in the overall count of buildings.</p>	1
<p>Number of inmate housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	7
<p>Number of single cell housing units:</p>	14
<p>Number of multiple occupancy cell housing units:</p>	43
<p>Number of open bay/dorm housing units:</p>	15
<p>Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):</p>	14
<p>In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<p>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g., cameras, etc.)?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<h3>Medical and Mental Health Services and Forensic Medical Exams</h3>	
<p>Are medical services provided on-site?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Are mental health services provided on-site?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe:
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Investigations

Criminal Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	5
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When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
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Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input checked="" type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <input type="checkbox"/> N/A
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Administrative Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	5
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When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
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Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A
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Audit Findings

Audit Narrative (including Audit Methodology)

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

The Warren County Regional Jail (WCRJ) in Bowling Green, KY is located at 920 Kentucky Street, Bowling Green, KY, 42101. WCRJ is participating in the Prison Rape Elimination Act (PREA) audit conducted by a certified Department of Justice PREA auditor. The on-site portion of the audit was conducted at the address stated above during the period of August 25-27, 2021. The assigned PREA auditor, is an independent sub-contractor, working for the primary contract holder for Warren County Kentucky. Following coordination preparatory work and collaboration with the PREA Coordinator (PC), some pre-audit work was completed prior to traveling to the facility for the on-site review portion of the Prison Rape Elimination Act (PREA) audit.

On the first day of the audit the inmate count was 676 with a designated capacity of 562.

PRE-AUDIT PHASE

May 5, 2021, the auditor signed a contract to complete the Warren County Regional Jail PREA audit.

May 5, 2021, the auditor was introduced via email to the WCRJ PC.

May 7, 2021, the paper audit was initiated with the PREA Resource Center.

July 2, 2021, the PC was forwarded Pre-Audit notices to post throughout the facility, with posting instructions. He was also provided information regarding specialized staff interviews and a listing of what inmate PREA education documentation would need to be available for review during the audit. This same date the PC was sent a request for personnel information for WCRJ staff and new hires.

July 6, 2021, the PC was provided the mailing address to send the Pre-Audit Questionnaire (PAQ) and all supporting documentation.

July 13, 2021, pictures of posted PREA Audit Notices were received from the PC.

August 5, 2021, the PAQ, supporting documentation and photos of audit notices were received from the facility.

August 13, 2021, after review of the PAQ and supporting documentation a PAQ clarification log was submitted to the PC for completion. The completed PAQ clarification log was returned to the auditor the second day of the on-site audit.

August 23, 2021, had a pre-onsite telephone call with the PC and Jailer to clarify a few

logistics about the upcoming on-site audit.

Pre-Audit Section of the Compliance Tool: On August 5, 2021, the WCRJ-PC provided the completed pre-audit questionnaire, including supporting documentation, to the Auditor. Upon receipt, the Auditor completed the audit Section of the Auditor Compliance Tool (ACT) by transferring information from the pre-audit questionnaire and supporting documentation to the pre-audit section of the compliance tool.

The last PREA audit at WCRJ was August 2-3, 2016, with the final report dated August 11, 2016.

There were no barriers in touring the facility. The staff accompanying the Auditor on the tour were helpful and accommodating. WCRJ, chose to utilize the paper audit instrument, rather than the Online Audit System (OAS),

ON-SITE PHASE

August 25, 2021, the auditor arrived at WCRJ and participated in an entrance meeting. The following people attended the entrance meeting: Jailer and the PREA Coordinator.

During the meeting, the agenda was discussed, specifically the facility tour. Staff and inmate interviews, as well as document reviews were discussed. In addition, the audit process, timelines, and expectations were discussed, which included the implementation and utilization of the PREA Auditor Handbook and possible corrective action. The primary point of contact for the on-site audit was the PREA Coordinator.

Upon arrival at WCRJ the auditor received an alphabetized copy of the staff roster, including custody staff as well as those in management and specialized positions, designating the role and shift of each staff member. The auditor also received a copy of the current inmate roster, including identification numbers, housing assignments and which inmates were part of targeted populations as defined in the PREA Auditor Handbook.

The majority of WCRJ custody staff work (8) eight-hour shifts, (5) five days a week. Each staff roster was utilized to create a list of staff randomly selected for interviews. The only selection criteria used for staff were individuals working the days of the on-site audit and finally at least one individual from each shift was chosen. Otherwise, the staff selections were completely random with no pattern whatsoever. The interview list that was created did not specifically identify which staff were in which category for interviewing purposes, except specialized positions.

The Auditor had previously requested a listing of staff classified into the following categories:

- Complete alpha staff roster including position or rank
- Complete alpha roster of staff promoted over the past 12 months
- Complete alpha roster of new staff in past 12 months
- Complete list of investigative staff who conduct sexual abuse investigations, for internal and external investigations
- Complete list of contractors who have contact with inmates
- Complete list of volunteers who have contact with inmates

An inmate roster was given to the auditor, which showed the inmate's name and housing assignment. Beginning with a random selection, the auditor conducting interviews counted a set number of inmates before selecting another inmate. If the inmate selected was in a housing unit the facility could not be pulled for an interview (due to COVID-19 protocols) she went down the roster, inmate by inmate, until an inmate was found in a housing unit which could be pull for an interview.

The Auditor had previously requested a listing of inmates classified into the following categories:

- Disabled Inmates
- Limited English Proficient Inmates
- Inmates Identified as LGBTI
- Inmates in Segregated Housing or Isolation
- Inmates who Reported Sexual Abuse
- Inmates who reported Sexual Victimization during Risk Screening

Note: WCRJ reported it does not house youthful inmates. This was confirmed on the first day of the audit by a review of the WCRJ inmate roster, as well as a visual inspection of the housing units and facility, and no youthful inmates were present.

In addition to the inmate and staff lists the Auditor requested and subsequently received the following listed items:

- All grievances made in the 12-months preceding the audit which claim allegations of sexual abuse, sexual harassment, or retaliation.
- All incident reports from the 12-months preceding the audit which are related to allegations of sexual abuse, sexual harassment, or retaliation.
- All allegations of sexual abuse and sexual harassment reported for investigation in the 12-months preceding the audit, whether Substantiated, Unsubstantiated or Unfounded.
- All hotline calls made during the 12-months preceding the audit.

The PREA Coordinator (PC) provided the information requested, and a review of all information was conducted by the Auditor. During the past 12-months there were zero grievances for alleged sexual abuse and harassment.

Additional information received provided an overview of the Administrative and Criminal cases, including their status. During the past 12-months there were thirteen PREA allegation incident reports. All cases were administrative. All cases have been closed.

The Auditor reviewed documentation that indicated during the past 12-months there were thirteen PREA allegation incident reports. Seven cases were sexual abuse allegations and six were sexual harassment. One sexual abuse allegation involved a staff member. One sexual harassment allegation involved a staff member. Both allegations were deemed unfounded after thorough investigation and the cases have been closed. The remaining eleven allegations were inmate-on-inmate. After being thoroughly investigated, two were deemed unfounded; 3 unsubstantiated; with 6 being substantiated. All cases have been closed.

The documentation review included the original complaint, the referral for investigation, referrals for mental health and/or medical, and all subsequent available paperwork, including administrative remedy forms and responses where applicable. The allegations were investigated appropriately and timely and a finding was made as indicated previously. WCRJ verified all inmate notifications were completed as required and Sexual Abuse Incident Reviews were conducted on all cases, except those deemed to be unfounded.

An extensive amount of internet research was conducted regarding WCRJ with minimal results.

July 22, 2021, WBKO 13 reported, "14 Warren County Jail inmates test positive for COVID-19", reporting 14 additional inmates had tested positive for COVID-19 and the measures WCRJ was taking to protect staff and inmates.

There was no information discovered regarding sexual abuse or sexual harassment, or sexual violence. The agency website was reviewed for PREA information, which was found as required.

During the research to prepare for this audit, the Auditor learned Kentucky law requires any person in Kentucky to report knowledge or reasonable suspicion of abuse, neglect or exploitation of children, elders, adults with disabilities or any person in residential care or custody.

August 3, 2021, Just Detention International was emailed requesting information related to the sexual abuse or harassment reports from WCRJ. A response was received the same date from Just Detention International stating, "a review of our database indicates that we have not received any information regarding Warren County Regional Jail in the past 12 months.

On-site Review: Following the entrance meeting, the Auditor conducted a tour of the facility. The facility consists of separate housing units for male and female inmates, intake and processing, laundry, food service, visitation, classrooms, recreation, warehouse, administrative offices, medical, and dental. Program services for inmates include, but are not limited to, education, re-entry, and law library.

During the on-site tour, the Auditor toured portions of WCRJ that were not under COVID-19 quarantine protocol, due to active COVID-19 cases. The portion of the building that was on quarantine protocol was viewed through video surveillance in the control room. In addition to custody staff, the complex maintains an excellent camera monitoring system, which covers all vital areas and is monitored by a staffed camera control center 24/7/365.

During the tour of the facility, the Auditor interacted informally and conversationally with staff and inmates, noted the placement and coverage of surveillance cameras, inspected bathrooms, showers and toilets to identify potential cross-gender viewing concerns, checked for blind spots, observed staff-to-inmate ratios, etc. WCRJ has a robust camera and video surveillance system. The cameras are exceptional quality, and the placement of each camera is well thought out and expertly placed. There is no doubt the money spent on these will give back multi-fold in staff and inmate safety and accountability. The agency as well as the community should be proud of WCRJ's efforts and pro-active stance to

keep everyone safe.

During the on-site tour, inmate telephones were tested. Each telephone tested was in working order and could call out to the PREA hotline as well as the National Sexual Abuse Hotline. Both provided sufficient time to leave a detailed message to follow-up and never required personal identifying information.

During the on-site tour inmates were observed working in food service preparing lunch. Inmates were also observed cleaning the facility. Cleaning times have been added to the daily routine due to COVID-19.

Additionally, WCRJ has a language line for interpreter services, which is used when a bilingual staff member is not available. The staff was familiar with the language line but preferred to find a staff member to interpret.

In all inmate areas, the Auditor assessed the level of staff supervision, by asking questions about who was assigned to a specific post or staff position, reviewing staffing rosters, and asking informal questions to determine whether inmates were in positions of supervision over other inmates. When opposite-gender staff were observed entering a housing unit, a staff member made an announcement.

During the on-site audit, the Auditor was able to discuss the intake process with staff. The staff were able to guide the Auditor through the screening process, by explaining the forms each inmate is required to complete during the initial screening and ongoing classification processes. The staff discussed each of the assessment utilized as we proceeded through the processes.

Throughout the on-site review, the Auditor discussed what was being observed and reviewed, there were no discrepancies identified. When the Auditor would seek clarification, appropriate responses were always provided, or staff demonstrated proper procedures on hand.

PREA Management Interviews: During the audit period, the Auditor conducted interviews with the following members specialized staff members:

- Facility Head or designee - Jailer
- PREA Coordinator (PC)

Because of logistics, the Auditor was unable to conduct in-person interviews with the following member of the specialized staff:

- SAFE/SANE Nursing Staff

These interviews were conducted telephonically or through written statements. Each of their remarks are documented and presented in this report. Each of these individuals were interviewed using the applicable interview protocols.

All in-person interviews occurred in a private space. The auditor conducted the following number of staff interviews:

Category of Staff	Numbers of Interviews Conducted
Random Staff (Total)	15
Specialized Staff (Total)	16
Total Interviewed	31
Breakdown of Specialized Staff Interviews	
• Facility Head	1
• PREA Coordinator	1
• Intermediate or Higher-Level Staff	1
• Non-Medical-Staff-Cross-Gender Strip/VisualBody Cavity Searches	1
• Intake Staff	1
• Classification Staff	1
• Medical Staff	1
• SAFE/SANE Nursing Staff	1
• Investigative Staff – Facility Level	2
• Staff who perform screening for risk of victimization and abusiveness	1
• Incident Review Team Member	1
• HR Staff	1
• Monitor(s) of Retaliation	1
• First Responder (Custody/Non-Custody)	1
• Staff Who Supervise Inmates in Segregation	1
• Contractor with Inmate Contact	2

Note: in some instances, a single person was responsible for covering two (2) separate protocols, i.e. First responder/Intermediate or higher staff, Intake staff/Monitor for retaliation, Intake staff/Screening for risk of victimization and abusiveness, etc. Nine staff were interviewed, using sixteen protocols.

Specialized Staff Interviews: Using the list of specialized staff received from the PC, the Auditor was able to obtain interview responses from specialized staff. All questions were based on the line of questioning on the interview protocols.

During interviews with specialized staff, the Auditor learned PREA investigations can be initiated in several ways: the computer can be used to report PREA incidents electronically; “confidential” letters can be mailed out of the facility, through PREA hotline calls, third party reporting, or through notifying a staff member. Depending on whether the PREA complaint is administrative or criminal, determines who will investigate. In the event the complaint is categorized as inmate-on-inmate sexual harassment, it is assigned to the facility PC for follow-up. If during the investigation it is determined, a criminal act has occurred, the administrative investigation stops, and the complaint is immediately turned over to the Kentucky State Police.

Random Staff Interviews: There are 93 total staff positions currently at WCRJ. Thirty-four staff members were interviewed. Fifteen were random staff selected from all three shifts, and

nine were specialized staff. The random staff were selected by choosing staff members from each department or housing unit who were present the days of the audit.

The PC was given a list of interviewees and he would arrange for them to come to the private area provided for conducting interviews. The interviewer would introduce herself, communicate the introductory statement and proceed to ask the questions from the interview protocol. The Auditor would provide clarification as needed, to guarantee the questions were understood, ensuring clear responses to enable accurate determinations of compliance with applicable standards.

Work shifts for custody staff are:

- 1st shift: 0800 – 1600 hours
- 2nd shift: 1600 – 0000 hours
- 3rd shift: 0000 – 0600 hours

Non-custody staff work similar variations of the three shifts. Administrative staff work 8:00am to 5:00pm, Monday through Friday.

WCRJ generally offers the inmate population a variety of volunteer program services, ranging from Support Groups to community religious organizations, with a list of three volunteers. The schedule of volunteers varies upon whether their program is daily, weekly, semi-monthly, or monthly. Unfortunately, WCRJ has been forced to suspend all volunteer programming due to the COVID-19 pandemic protocols. Therefore, no volunteers were interviewed during the audit process.

The only contractors who have any contact with the inmate population are directly associated with the medical, dental, and educational services provided at the facility. These contract staff members are provided PREA training as it relates to their specific responsibilities and roles within the facility, in addition to the standard PREA training. The Auditor conducted two interviews with contractors.

The interviewer conducted the following number of inmate interviews:

Category of Inmates	Number of Interviews Conducted
Random Inmates (Total)	25
Targeted Inmates (Total)	5
Total Inmates Interviewed	30
Breakdown of Targeted Inmate Interviews	
• Inmates who reported sexual abuse	1
• Inmates who disclosed prior sexual victimization during risk screening	0
• Inmates who identify as Lesbian, Gay or Bisexual	1

• Inmates who identify as Transgender or Intersex	0
• Inmates in segregated housing for risk of sexual victimization	0
• Inmates with physical disability,	2
• Inmates with LEP	1
• Inmates with cognitive disability	0

Random Inmate Interviews: The institutional count the first day of the on-site audit was 676. The Auditor asked the facility to run a roster and highlight every 10th name. Interview participants were chosen from these highlighted names. If the inmate selected was in a housing unit the facility could not pull for an interview (due to COVID-19 protocols), she went down the roster, inmate by inmate, until an inmate was found in a housing unit, which could be pulled for an interview. Twenty-five formal random inmate interviews were conducted with inmates in varying custody levels.

At the beginning of each formal interview the Auditor made clear to the inmate why she was at the facility, what her role was in the PREA process and explained why interviews were needed. She discussed the inmate's participation as voluntary and while helpful, was not required or mandated in any way. The Auditor then asked the inmate if it was okay to proceed with the interview. The Auditor would then ask the random protocol questions. All random inmates willing participated in the interview process. All responses were recorded by hand.

During the on-site tour, the Auditor had conversational encounters with inmates regarding PREA, including education, reporting, communication, responses, etc. This information was used to supplement the overall audit information gathering process.

Targeted Inmate Interviews: The Auditor conducted five interviews of those inmates who had been identified for interviews based upon specific PREA standards. Out of the eight (8) categories, there were inmates who fell into four categories. There was one LEP inmate; two physically disabled inmates; one LGBT inmate and one inmate who reported abuse.

The Auditor selected inmates from the list received from the PC. The Auditor used the alphabetical housing unit rosters of inmates to randomly select inmates from various age groups, ethnicities, and races. Each inmate was escorted, by a staff member, to the area designated for interviews.

At the beginning of each interview, the Auditor made clear to the inmate why she was at the facility, what her role was in the PREA process and explained why interviews were needed. The interviewer also discussed the inmate's participation as voluntary and while helpful, was not required or mandated in any way. The Auditor then asked the inmate if it was okay to proceed with the interview. The Auditor would then ask the random protocol questions followed by the specific targeted protocol questions. All responses were recorded by hand.

Due to the COVID-19 pandemic, all inmates and auditor were wearing cloth or paper masks. Six feet of separation was given between the Auditor and the interviewee as a safety measure.

During the inmate interviews, no PREA issues were revealed, no other interview protocols were accessed. All inmates interviewed responded they were aware of the zero-tolerance policy, they

knew how to report an incident, and knew they could report anonymously.

The Auditor did not receive any correspondence because of the PREA audit announcement posting.

Document Reviews:

A thorough review of the Kentucky Corrections PREA Policies and Procedures, as well as the facility specific policies were included in all three (3) phases of the audit: Pre-Audit, On-Site, and Post- Audit.

Prior to conducting the on-site visit to the facility, the Auditor requested the facility identify a comprehensive list of inmates, staff, volunteers, and contractors along with relevant facility records to determine the universe of information from which the Auditor would sample during the on-site portion of the PREA audit. From these lists, the auditor selected representative samples (i.e., inmates and staff) for interviews and document reviews during the on-site portion of the audit. The list requested by the Auditor in the pre-onsite audit phase is listed below:

1. Alpha listing of all inmates
2. Roster of Inmates with disabilities (i.e., physical disabilities, hard of hearing, deaf, blind, & cognitive disabilities)
3. Roster of inmates who are Limited English Proficient (LEP)
4. Roster of inmates in segregated housing or isolation
5. Roster of inmates who are or perceived to be Lesbian, Gay or Bisexual
6. Roster of inmates who are or perceived to be Intersex or Transgender
7. Roster of inmates who reported prior sexual victimization during risk screening
8. Roster of inmates who reported sexual abuse that occurred in WCRJ or a different facility
9. Complete alpha staff roster including position or rank
10. Complete alpha roster of staff promoted over the past 12 months
11. Complete alpha roster of new staff in past 12 months
12. Complete list of investigative staff who conduct sexual abuse investigations, for internal and external investigations
13. Complete list of contractors who have contact with inmates
14. Complete list of volunteers who have contact with inmates
15. Copies of all files of Sexual Abuse and Sexual Harassment Investigations conducted in the past 12 months
16. Copies of all grievances submitted over the past 12 months which claim allegations sexual abuse, sexual harassment, or retaliation, including:
 - Total number of allegations
 - Number determined to be Substantiated, unsubstantiated or unfounded
 - Number of cases in progress
 - Number of criminal cases investigated
 - Number of administrative cases investigated
 - Number of criminal cases referred to prosecution; number indicted; number convicted; number acquitted
17. List of all hotline calls made in the 12 months preceding the audit
18. List of all 3rd party reports of inmate sexual abuse, sexual harassment, or

retaliation

19. Copies of all incident review team cases conducted over the past 12 months
20. List of SAFE/SANE individuals to include name of facility, address, telephone number and email address
21. List of community-based advocacy organization(s) utilized by the facility

Upon arrival at the facility, the Auditor was provided the requested list of documents, files, and records. From this information, the Auditor selected and reviewed a variety of files, records and documents summarized in the following table and discussed in detail below:

Name of Record	Total Number of Records	Number Sampled and Reviewed
Personnel Records	93	13
Training Records	93	93
Inmate Records	676	43
Grievances	0	0
Incident Reports	13	13
Investigation Records (SA and SH)	13	13

Personnel and Training Files:

There were thirteen record reviews conducted, including staff hired or promoted within the last 12-months. All the files contained the required documentation, i.e., initial criminal background check, administrative adjudication, initial PREA education with acknowledgment form signed, PREA annual training and five-year criminal background check, when applicable. All staff working at the facility in 2017 had a criminal background check when the new Jailer took office.

Inmate Records:

There were forty-three inmate records, chosen randomly from the master roster, with varying arrival dates. All forty-three records had a signed acknowledgment sheet, had received an orientation booklet, PREA brochure and viewed the PREA video. All forty-three inmates had received PREA information during intake and had their PREA screening within 72-hours of admission. All forty-three inmates had received the 30-day PREA comprehensive education.

Of the reviewed records, eleven of the inmates had not been in house for thirty days. The remaining thirty-two had been reassessed within the 30 days as required. However, the documentation of that reassessment was not clear, concise, and thorough. The PC has been encouraged to create a form for documentation that ensures each requirement of the standard is fully met. The PC provided a form, and it is sufficient to adequately document reassessments when they occur.

Grievances:

On the PAQ, WCRJ indicated they had zero grievances for alleged sexual abuse and harassment in the past 12-months. Therefore, there was no documentation to review.

Incident Reports:

The Auditor reviewed documentation that indicated there were thirteen sexual abuse and sexual harassment allegations received during the previous 12-months. The documentation included the report and the investigation. Seven were sexual abuse allegations, six were sexual harassment. Eleven were inmate-on-inmate and two were staff-on-inmate. After investigation six allegations were substantiated, three were unsubstantiated, and four were unfounded. Ninety-day retaliation monitoring was implemented in all cases. All inmates were notified of the investigation determination. A sexual abuse incident review was conducted on all closed cases. In the past 12-months there were zero (0) SAFE/SANE examinations.

The documentation review included the original complaint, the referral for investigation, referrals for mental health and/or medical, and all subsequent available paperwork, including administrative remedy forms and responses where applicable.

These reports were reviewed using the PREA audit investigative records review tool to record the following information relative to each investigative report:

- Case# / ID
- Date of Allegation
- Date of Investigation
- Staff-or-Inmate-on-Inmate
- Sexual Abuse or Sexual Harassment
- Final Disposition
- Is Disposition Justified?
- Investigating Officers
- Notice Given to Inmate

The documentation confirmed the referral for investigation, referrals for mental health or medical, and all subsequent available paperwork. The allegations were investigated appropriately and timely and a finding was made as indicated previously. The inmate was given notice of the findings. Sexual Abuse Incident Reviews were completed on all closed cases.

Investigation Files:

Information received regarding the allegations of sexual abuse and sexual harassment indicate there were thirteen sexual abuse and sexual harassment allegations received during the previous 12-months. The documentation included the report and the investigation. Seven were sexual abuse allegations, six were sexual harassment. Eleven were inmate-on-inmate and two were staff-on-inmate. After investigation six allegations were substantiated, three were unsubstantiated, and four were unfounded. Ninety-day retaliation monitoring was implemented in all cases. All inmates were notified of the investigation determination. A sexual abuse incident review was conducted on all closed cases. In the past 12-months there were zero SAFE/SANE examinations.

Additional information received provided an overview of the Administrative and Criminal cases, including status. During the past 12-months there have been a total of thirteen cases; all were administrative and have been closed. The facility reports there are zero pending cases.

The Auditor scheduled the exit briefing with the Jailer and his executive staff, which was conducted the final day of the audit, August 26, 2021. During this exit briefing the executive staff members were provided with an overview of what had been observed and information about the interim or final report which is due no later than October 9, 2021.

POST-AUDIT PHASE

Following the on-site portion of the audit, all items were reviewed (facility tour notes, interview notes, support documents, etc.) and utilized in the compilation of the completed report.

Per PREA procedure, effective August 20, 2016, which is the first day of the first year of the second 3-year audit cycle, it is expected if an Auditor determines a facility does not meet one or more of the standards, this report will be considered an “interim report,” triggering a 180-day corrective action point, and the Auditor will include in the report recommendation(s) for any required corrective action and shall jointly develop with the agency a corrective action plan to achieve compliance. The Auditor is required to “take necessary and appropriate steps to verify implementation of the corrective action such as reviewing updated policies and procedures or re-inspecting portions of the facility.” At the completion of the corrective action period, the Auditor has 30-days to issue a “final report” with final determinations. Section §115.404 (d) stated that “after the 180-day corrective action period ends, the Auditor shall issue a final determination as to whether the facility has achieved compliance with those standards requiring corrective action.” The final report is a public document that the agency is required to post on its website or otherwise make publicly available, should include a summary of actions taken during the corrective action period to achieve compliance.

Audit Section of the Compliance Tool: The Auditor reviewed on-site documentation, notes, staff and inmate interview notes, and site notes and began the process of completing the audit section of the compliance tool. The Auditor used the audit section of the compliance tool as a guide to determine which questions in which interview guide(s), which on-site documentation and notes from the on-site audit should be reviewed to determine compliance for each standard. After checking the appropriate “yes” or “no” boxes on the compliance tool for each provision of each standard, the Auditor completed the “overall determination” section at the end of the standard indication whether the facility’s policies, procedures, and practices, exceeds, meets, or does not meet each specific standard.

Facility Characteristics

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

Warren County Regional Jail (WCRJ) is located at 920 Kentucky Street, Bowling Green, KY 42101. It is approximately 50 miles outside of Nashville, TN. WCRJ houses Low, Medium, and Maximum-security levels.

The main jail was completed in April of 1987. When it was opened 78 inmates were moved from the old jail located at 429 East 10th St., Bowling Green, KY. In 1998 the 144-bed Class D building which houses work release inmates and inmates who are on the Class D program was activated. In 2000 the 160-bed addition which houses female and Federal inmates was opened. In 2003 the old juvenile section of the facility was transformed into a female Class D program. There has been a change in the Kentucky Jail Standards which has allowed additional beds in selected cells which brings the total bed capacity to 562.

The number of inmates on each unit is dependent on the inmate's classification level. Each housing unit can have up to 18 inmates. Single occupancy cells are available for the protection of inmates requiring protective custody or suicide watch. Showers are in the housing units and provide a shower curtain to allow for privacy. Each shower is a single shower stall for privacy. If a transgender or intersex inmate wants to shower, single stall showers are available for their use. Toilets allow for privacy.

If an inmate has a drug or alcohol involvement, they are placed in a detox cell for a minimum of five hours or a maximum of 8 hours. These are two big observation cells and six small observation cells in the detox area. These cells are also used for medical and disciplinary observation.

WCRJ does not house youthful offenders.

WCRJ offers all inmates access to sick call, routine medical and dental call, emergency medical treatment, and medications. Emergency care is available 24 hours a day. The facility provides space for programming, food service, recreation, as well as administrative and support services. Crisis counseling is available on an as-needed basis.

WCRJ has an excellent Inmate Re-Entry Program. A variety of programs are used to assist inmates in the reentry process. These include pre-release programs, drug rehabilitation, vocational training, mentoring, and work programs.

WCRJ offers a Moral Reconciliation Therapy (MRT) Class, which began in November 2017. In this class inmates develop decision making skills and learn how to correct thinking errors. Since its inception 133 inmates have graduated from this program.

WCRJ offers a National Career Readiness Certificate (NCRC), which began in September 2019. NCRC is a program that helps inmates learn essential skills they need to re-enter the workplace after release. They had a total of 23 inmates graduate from this program in 2020.

WCRJ offers a Parenting Class, which began in October 2018. The objective of this class is to help inmates establish better parenting skills, better family values, and disciplinary routines for entering back into the active parent role upon release. Since its inception 50 inmates have graduated from this program.

WCRJ offers a MRT Anger Management Class that began July 2018. This class helps inmates to understand triggers and teaches them how to appropriately regulate their anger and frustrations in a healthy, more acceptable way. Since its inception 140 inmates have graduated from this class.

WCRJ offers a P.O.R.T.A.L. New Directions Program that began September 2017. P.O.R.T.A.L. stands for Parolee Orientation Re-Entry Assimilation Lesson. This class provides Offenders with

everyday life-based skills. In this class Offenders go over things like budgeting their money, general hygiene and good health, employment, and anything else an Offender might need to be successful when they re-enter society. Since its inception 243 inmates have graduated from this class.

WCRJ offers a MRT Relapse Prevention Class, which was established in 2019. The relapse prevention program, *Staying Quit*, targets individuals who are active in substance abuse programs of any type in any setting. Relapse prevention is the primary goal of treatment but focusing on relapse prevention issues should take place sometime after the client is engaged in treatment and is not actively using substances. Since its inception, 34 inmates have graduated from this class.

WCRJ offers a soft skills bootcamp, which began in September 2019. This helps inmates learn work ready skills such as: communication, problem solving, customer service, teamwork, and conflict resolution. Since its inception 173 inmates have graduated from this class.

WCRJ offers a variety of services through the leisure and law library. Fiction and nonfiction books, magazines, and newspapers are available for inmate use. The law library offers legal material as mandated by law.

Additional areas on the grounds include a kitchen, inmate dining room, administrative offices, staff officer stations, laundry, library, classrooms, computer areas, medical, intake processing area, visiting area, and storage closets.

In addition to custody staff, the facility maintains a camera monitoring system which covers all vital areas of the facility and is monitored by a staffed camera monitoring station that operates 24/7/365. The facility has a total of 220 cameras throughout. The camera coverage is exceptional and significantly increases the safety, security, and accountability of the jail. The camera locations are such that the facility is widely covered, yet inmates have a level of privacy during searches, stages of undress, toilet, and shower use. All areas of the facility were clean and well maintained.

WCRJ has Federal Transport Officers, who are trained in Federal Inmate transport procedures through the U.S. Marshals Service. Their duty is the safe transportation of high-risk Federal inmates to and from their court destinations throughout the States of Kentucky and Tennessee. The U.S. Marshal Service requires that two Deputies transport federal inmates. The Deputies will go on Federal time during any transports and the jail is reimbursed for that time.

WCRJ has a specially trained group of Deputy Jailers, who make up S.E.R.T. Members can apply when there is an opening posted. The application process consists of physical fitness exams, orientation, exposure to OC pepper spray and officer survival drill, and an oral board examination. The final selections are made by the Jailer. Deputies must attend mandatory training at least monthly. S.E.R.T. members are prepared to handle situations that regular line staff cannot. This includes but is not limited to controlling unruly inmates, cell extractions, riots, hostage situations, escapes, and specialized non-lethal, less than lethal, and lethal force options utilizing the use of force continuum. It is the goal of S.E.R.T. to use the minimum amount of force necessary to achieve the desired objective.

The main control room is the nerve center of the facility. From this control room the Deputies can monitor inside and outside the jail by camera and intercom speakers. The main control room is the most secure area in the jail. The door remains locked unless a Deputy must enter or exit. All entry into or out of the jail or opening of any cell door is controlled by the main control Deputy. There are 220 surveillance cameras strategically placed throughout the jail. All doorways and stairwells in the jail have video surveillance. All surveillance footage is maintained for a minimum of 30-days. The surveillance footage can be accessed via a computer by the Jailer, PC, Main control center and select other staff such as the Chief Deputy.

The facility grounds are well maintained. The Auditor observed the area at both day and night. At night, with the lights on, it is amply lit for the safety of staff and inmates.

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

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

Standards Exceeded

Number of Standards Exceeded: 2
List of Standards Exceeded: 115.18; 115.65

Standards Met

Number of Standards Met: 43

Standards Not Met

Number of Standards Not Met: 0
List of Standards Not Met: N/A

PREVENTION PLANNING

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

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

115.11 (a)

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

115.11 (b)

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

115.11 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

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

Documentation Reviewed:

- Warren County Regional Jail (WCRJ) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020
- Warren County Regional Jail (WCRJ) PREA Policy, V-II 3000, revised August 2007.
- WCRJ Intake PREA Information
- WCRJ Intake Acknowledgment form
- WCRJ Organizational Chart

Interviews with the following:

- PREA Coordinator (PC)

Provision (a)

The Pre-Audit Questionnaire (PAQ) indicates WCRJ has zero tolerance as it relates to all forms of sexual abuse or sexual harassment in the institution, as well as any contracts over which it has control. The PAQ states the policy outlines how the facility will implement prevention, detection and response to sexual abuse and sexual harassment. It further asserts the policy includes clear definitions of prohibited behaviors and approved sanctions for participation in those behaviors.

The Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, p. 4, II, B, specifically asserts the zero-tolerance policy.

Warren County Regional Jail (WCRJ) PREA Policy, V-II 3000, revised August 2007, clearly indicates WCRJ has a zero-tolerance policy for Sexual abuse or sexual harassment.

The WCRJ Intake PREA Information, given to an inmate during intake, reflects the zero-tolerance policy for sexual abuse and harassment in WCRJ.

Provision (b)

Warren County Regional Jail has one staff member dedicated to PREA. The PREA Coordinator (PC) is classified at the Executive level as confirmed through a review of the agency organization chart. The PC reports to the Jailer. Through the interview process, the PC indicated he has sufficient time to manage his PREA related responsibilities. The PC also serves as the PREA Compliance Manager (PCM). In this report he will be referred to as the PREA Coordinator (PC).

Provision (c)

As stated in Provision (b) WCRJ has one staff member dedicated to PREA. The PC fulfills the role of the PREA Compliance Manager (PCM) as well. He is the Chief Deputy and reports directly to the Jailer, which was confirmed by a review of the institutional organizational chart. Through the interview process, it was confirmed the PC has the responsibility to ensure the jail's compliance with the PREA standards and has the authority to address all PREA issues.

During the interview process, the WCRJ PC indicated he has sufficient time to complete his responsibilities. It is evident he is knowledgeable of the expectations and responsibilities of the position and is competent to fulfill them.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined that the WCRJ meets the standard, which addresses zero-tolerance of sexual abuse and sexual harassment. No recommendations or corrective action is required.

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

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

115.12 (a)

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

115.12 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Warren County Regional Jail (WCRJ) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- The 2014 Intergovernmental Agreement between WCRJ and the Federal Bureau of Prisons (FBOP)

Interviews with the following:

- Facility Head – Jailer
- PREA Coordinator (PC)

Provision (a)

WCRJ Pre-Audit Questionnaire (PAQ) revealed they require all entities who contract with them for the confinement of inmates to adopt and adhere to PREA standards. All agency contracts for confinement of inmates contain PREA specific language, expectations, and requirements, has zero tolerance as it relates to all forms of sexual abuse or sexual harassment in the institution, as well as any contracts over which it has control. The PAQ states the policy outlines how the facility will implement prevention, detection and response to sexual abuse and sexual harassment. It further asserts the policy includes clear definitions of prohibited behaviors and approved sanctions for participation in those behaviors.

During the interview process the Jailer, as well as the PC, confirmed that all contracts for confinement, which involved WCRJ, would have the necessary PREA language included.

Provision (b)

The 2014 Intergovernmental Agreement between WCRJ and the Federal Bureau of Prisons (FBOP), has the specific PREA language required by the standard. This agreement is in force through 2022.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined that the WCRJ meets the standard, which addresses contracting with other entities for the confinement of inmates. No recommendations or corrective action is required.

Standard 115.13: Supervision and monitoring

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

115.13 (a)

- Does the 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? Yes No
- 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 No
- In calculating adequate staffing levels and determining the need for video monitoring, does the

staffing plan take into consideration: Any other relevant factors? Yes No

115.13 (b)

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

115.13 (c)

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

115.13 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Warren County Regional Jail (WCRJ) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020
- WCRJ *PREA Policy*, V-II 3000, revised August 2007.
- WCRJ *Staff Policy*, III-100, undated
- WCRJ *Shift Logs*
- WCRJ *Staffing Plan*

Interviews with the following:

- Facility Head – Jailer
- PREA Coordinator (PC)
- Intermediate-or-Higher Level Staff

Provision (a)

WCRJ policy dictates the Jailer will assist in the development and will make his/her best effort to comply with the staffing plan. The plan will provide for adequate levels of staffing and, where applicable, video monitoring to protect inmates against sexual abuse. This section also requires that the PC meet with the Jailer at least annually to discuss the need for any adjustments that need to be made to the staffing plan, video monitoring systems or other monitoring techniques.

The WCRJ Staffing Plan indicates it is the policy of the facility to ensure that all relieved posts are staffed at the times specified.

On the PAQ, WCRJ indicated they have a staffing plan, and it addresses each of the thirteen items listed in Provision (a).

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, p. 15, M, specifies in calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration:

- Generally accepted detention and correctional practices
- Consideration of any judicial findings of inadequacy
- Any findings of inadequacy from any Federal investigative agency
- Any findings of inadequacy from internal or external oversight bodies
- All components of the facility's physical plant, including potential blind spots
- The composition of the inmate population
- The number and placement of supervisory staff
- Institutional programming and options for supervision of inmates
- Any applicable state or local laws, regulations, or standards; and
- The prevalence of substantiated or unsubstantiated incidents of sexual abuse and sexual harassment.

- Any other relevant factors.

Interviews with the PC and other executive staff indicated random reviews of the staffing levels, how they affect the inmate programming, various classification counts, as well as any changes or modification to the video monitoring system are consistently conducted. Reviews of other concerns, such as the physical plant configuration, internal or external oversight bodies, inmate population configuration, and placement of supervisory staff, line-staff needs and any prevalence of substantiated or unsubstantiated incidents of sexual abuse are also consistently conducted.

Provision (b)

WCRJ has established a minimum staffing requirement. In the event a mandatory post is vacant, the post is filled with overtime staff or staff redirected from non-mandatory posts. On the Pre-Audit Questionnaire (PAQ), WCRJ reported there had been no deviations from the staffing plan in the past 12-months. During the interview process, the Jailer and the PC confirmed they had not had any deviations from the staffing plan in the past 12-months.

WCRJ is understaffed. There is also a current difficulty with staffing amid COVID-19 protocols. When staff are exposed and must be quarantined and cannot work, it is a challenge. However, so far, they have successfully managed to cover every mandatory shift as required, through creativity and teamwork. Staff morale is above average and no one who is assigned to a 24/7 post is allowed to leave the post until relieved by another staff member. In reviewing documentation, the Auditor did not find an occurrence of staffing plan deviation in the past 12-months.

Provision (c)

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, p. 15, M, 4, states whenever necessary, but no less frequently than once each year, each facility, in consultation with the PC, shall assess, determine and document whether adjustments are needed to the staffing plan. This assessment is an extensive review of all areas of the facility to ensure adequate staffing levels exist where inmates may be present. The Auditor reviewed different shift rosters and was able to verify that an assigned staff member covered each mandatory post.

WCRJ has a comprehensive camera system, with a fully staffed monitoring control room. The camera system has been well thought out, and strategically designed to optimize oversight of all aspects of the facility. Specially trained staff, who are assigned specifically to the monitoring control room, monitor camera and video surveillance.

Provision (d)

Policy mandates that intermediate level or higher-level supervisors conduct and document unannounced rounds on all shifts. These rounds are completed by the Shift Captain on each shift and documented on the shift log. The Auditor reviewed the Shift Logs for 2020 and confirmed these unannounced rounds are being completed as required by this standard. In

talking with the PC, he stated, while not documented, he as well as other supervisors, tour the units and areas regularly throughout the three (3) shifts, talk to staff at all levels as well as inmates. During the days, the Auditor was on-site; numerous supervisors were observed walking and working in various capacities throughout the facility. When interviewing inmates, it was confirmed the Captain, PC, and other supervisory staff routinely walk around and through the institution and are visible and available to all inmates.

There was one interviews with intermediate or higher-level staff. This interview affirmed that staff are making unannounced rounds to all areas of the facility, with no warning to staff. During random informal interviews and discussions with staff, it was confirmed the shift Captain and PC, conduct unannounced tours of the facility and that warning staff is expressly prohibited.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined that the WCRJ meets the standard regarding Supervision and Monitoring, ensuring that the safety of staff and inmates is a priority. No recommendations or corrective action is required.

Standard 115.14: Youthful inmates

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

115.14 (a)

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

115.14 (b)

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

115.14 (c)

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

- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Warren County Regional Jail (WCRJ) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020
- Jailer Memorandum regarding youthful offenders
- WCRJ Policy, V-200, *Housing Assignments*, undated.

Observations during on-site review

Interviews with the following:

- Facility Head – Jailer
- PREA Coordinator (PC)

Provision (a)

On the PAQ, WCRJ reported they do not house youthful inmates. In interviews with the Jailer and the PC, it was confirmed WCRJ does not house youthful inmates.

The Jailer Memorandum regarding youthful offenders' documents WCRJ does not house youthful offenders.

During the on-site tour, the Auditor did not observe any youthful inmates.

WCRJ PREA Policy, V-200, *Housing Assignments*, undated, specifies the guidelines of how youthful inmates would be managed if they were in the facility.

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, P. 6, E, 2, states if a youthful offender is committed to an adult institution operated by the Department of Corrections the requirements of PREA 115.14 and CPP 18.3 shall be followed.

Provision (b)

N/A

Provision (c)

N/A

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the WCRJ meets the standard regarding youthful inmates. No recommendations or corrective action is required.

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

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

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.) Yes No NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities to comply with this provision? (N/A if the facility does not have female inmates.) Yes No NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No

- Does the facility document all cross-gender pat-down searches of female inmates? (N/A if the facility does not have female inmates.) Yes No NA

115.15 (d)

- 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 No
- 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 No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? Yes No

115.15 (e)

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

115.15 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Warren County Regional Jail (WCRJ) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- WCRJ Policy, IV-600, *Search*, revised 6/06.
- WCRJ *Limits to Cross Gender Viewing and Searches Policy*, undated

Observations made during on-site Interviews with the following:

- Random Staff
- Random Inmates

Provision (a)

WCRJ Policy, IV-600, *Search*, revised 6/06, p.1, 1, c expressed that all strip searches will be conducted by a staff member of the same sex as the inmate.

WCRJ Policy, IV-600, *Search*, revised 6/06, p. 2, states that under no circumstance is a Deputy Jailer to permitted to conduct or witness a strip search of an opposite sex inmate.

All random staff interviewed recalled having the training specific to this and reported that cross-gender strip searches or cross-gender body cavity searches do not occur at this facility.

Provision (b)

All inmates interviewed confirmed they had never been part of a cross-gender search.

During the interviews with random staff, the interviewer asked under what circumstance would cross-gender searches occur. All staff questioned indicated that there were sufficient male and female staff members available to conduct any searches that needed to occur, and that the necessary staff would be diverted to address the issue if needed.

Provision (c)

On the PAQ, WCRJ reported there had not been any cross-gender searches of any kind, i.e., strip, visual or pat conducted in the past 12 months.

WCRJ *Limits to Cross Gender Viewing and Searches Policy*, undated, indicates all cross-gender strip searches as well as all cross-gender body cavity searches must be documented. The reviewed policy is consistent with the PREA standard.

During the interviews with random staff, the interviewer asked under what circumstance would cross-gender searches occur. All staff questioned indicated that there were sufficient male and

female male staff members available to conduct any searches that needed to occur, and that the necessary staff would be diverted to address the issue if needed.

Provision (d)

On the PAQ, WCRJ indicated they allowed inmates to shower, perform bodily functions and change clothes without staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when viewing is incidental to routine cell checks. Further, the PAQ indicated opposite gender staff are required to announce their presence when entering an inmate-housing unit.

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, P. 6, E, 1, states offenders shall be permitted to shower, perform bodily functions and change clothing without staff of the opposite gender viewing their breasts, buttocks, or genitalia except in exigent circumstances or when such viewing is incidental due to routine cell checks.

There were zero transgender inmates assigned to WCRJ at the time of the audit; therefore, no inmate was available to be interviewed regarding transgender showering practices.

When staff were specifically asked would transgender or intersex inmates be able to shower privately, the answer was affirmative. When asked how this would be arranged, staff reported all showers throughout the complex are individual shower stalls and provide privacy to each inmate.

Each staff member further stated the transgender or intersex inmate would have the opportunity for input into the decision-making process of alternative shower times and the inmate's input would carry great weight in the decision-making process.

During the facility tour, when opposite-gender staff were observed entering a housing unit, a staff member made an announcement. The Auditor was also announced by WCRJ staff when entering male inmate housing and restroom areas as she was of opposite gender.

In response to the question of whether opposite gender announcements are made on housing, twenty inmates reported announcements were regularly made and ten reported announcements were not regularly made. All inmates affirmed opposite gender staff announce their presence before entering the bathroom.

All showers throughout the facility are single stall showers. All showers have doors or curtains that protect against opposite gender viewing.

Provision (e)

WCRJ *Limits to Cross Gender Viewing and Searches Policy*, undated, 3, indicates no staff member shall search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. The reviewed policy is consistent with PREA standards.

All inmates interviewed confirmed they had never been part of a cross-gender search.

Each staff member interviewed specifically stated that no searches would ever be permitted for the sole purpose of identifying an inmate's genital status. There were zero transgender assigned to WCRJ at the time of the audit; therefore, no inmate was available to interview regarding this provision.

Provision (f)

Each WCRJ staff member is required to complete a minimum of 24-hours of training annually, of which PREA is a part. The Auditor reviewed copies of the 2020 PREA training sessions for WCRJ staff. All staff had completed the required 24 hours during 2020.

When female staff were asked how they would proceed if a male staff member were not available, each indicated there was never an instance when a male staff is not on duty and would be directed to the area to conduct the search to ensure cross-gender searches are not performed. All staff interviewed recalled receiving training on opposite gender searches; however, each of them articulated that in all instances female staff do not conduct cross-gender searches and will always defer to a male staff member to complete the search. During the facility tour, opposite gender staff were observed entering the housing units and announcements of their presence were made. WCRJ staff when entering the inmate housing and restroom areas announced the opposite gender Auditor.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the WCRJ meets the standard regarding the limits to cross-gender viewing and searches.

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

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

115.16 (a)

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

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

115.16 (b)

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

115.16 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Warren County Regional Jail (WCRJ) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020
- WCRJ *PREA Policy*, V-II 3000, revised August 2007.
- Language Services Associates (LSA) agreement with Warren County Regional Jail

Observations of PREA poster locations during on-site tour of facility

Interviews with the following:

- Facility Head - Jailer
- Random Staff
- Inmates with disabilities or LEP

Provision (a)

On the PAQ, WCRJ reported they have established procedures to provide disabled inmates and limited English proficient inmates with equal opportunity to participate in and benefit from all aspects of the agency's effort to prevent, detect and respond to sexual abuse and sexual harassment.

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020. P. 6, D, 3, states each facility will provide offender education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, and for offenders who have limited reading skills. Use of offender interpreters for assistance in offender education on aspects of the department's

efforts to prevent detect and respond to sexual abuse and sexual harassment shall be prohibited except in circumstances where extended delays in obtaining an effective interpreter could compromise the offender's safety.

The Auditor was provided written documents, training materials, as well as PREA brochures, which are provided in both English and Spanish to the inmate population. During the tour, the Auditor also observed the PREA posters were prominently displayed in each housing unit, work area, hallways, as well as numerous other areas throughout the facility in both English and Spanish.

During the interview with the Jailer, he shared that WCRJ has established procedures to provide inmates with disabilities or inmates who are Limited English Proficient (LEP), the opportunity to participate in PREA reporting process through several avenues such as, Language Services Associates, staff interpreters, written correspondence, etc.

WCRJ utilizes the Language Services Associates (LSA). LSA is an on-demand, over-the-phone language interpretation service. Anytime a translation service is needed, and the LSA is not available, the staff can use Google Translate. Google translate can be accessed via a computer with an attached microphone to address any translation needs for the inmates of the facility. Now, Google Translate supports 103 different languages, and is available 24 hours a day, 7 days a week. The Auditor reviewed the agreement between LAS and WCRJ.

The auditor interviewed three inmates with disabilities. Two were physically disabled and one was LEP. The LEP inmate were given PREA information and facility rules in Spanish. No inmate reported feeling vulnerable due to their disability. All three inmates were asked does the facility provide information about sexual abuse and sexual harassment that you can understand, and they answered affirmatively. When each of the three inmates were asked, do you understand your rights related to sexual abuse and how to report sexual abuse or harassment, they all responded in the affirmative.

Provision (b)

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020. P. 6, D, denotes numerous items relative to ensuring each inmate is given information in verbal and written form, and that all information regarding FBOP's PREA policy is understood by the inmate. Additionally, it dictates inmate PREA education information will include Prevention of sexual abuse and harassment, self- protection, methods of reporting, and treatment and counseling availability.

Provision (c)

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020. P. 6, D, 3, addresses the prohibition of using other inmates for translation services.

WCRJ requires that only professional interpreters or translation services, including sign language, are available to assist inmates in understanding PREA policy, how to report allegations, and/or participate in investigations of sexual misconduct. The policy states inmates

are not authorized to use interpretation/translation services from other inmates, family members or friends for these purposes. The limited exception is when a delay in obtaining an effective interpreter could compromise the inmate's safety.

Of random staff interviewed, all recalled the process of how to utilize LSA for interpretation services. Most indicated that in the event translation is required, they would try to find another staff member to provide translation and then use the LSA.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the WCRJ meets the standard regarding inmates with disabilities and inmates who are limited English proficient. No recommendations or corrective action is required.

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

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

115.17 (b)

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

115.17 (c)

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Warren County Regional Jail (WCRJ) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020
- Kentucky Corrections Policy and Procedure 3.6, *Background Investigations of Employees and Applicants for Promotion and Employment of Ex-Offenders*, dated September 22, 2016
- WCRJ *PREA Policy*, V-II 3000, revised August 2007.
- WCRJ, *Policy and Procedure for Hiring and Promotion*, PREA standard 115.17
- Employee records

Interviews with the following:

- Human Resource (HR) Staff
- Head of Facility – Jailer
- Random Inmates

Provision (a)

On the PAQ, WCRJ reported to have 93 total staff with 48 new hires in the past twelve months. Further, they reported 21 contractors who have contact with inmates and three volunteers.

The WCRJ, *Policy and Procedure for Hiring and Promotion*, PREA standard 115.17, states

WCRJ performs a criminal background check on all employees prior to being hired. Any misconduct in a prior job listed by the applicant is discussed with the Jailer during the initial interview. The PREA Coordinator or PREA investigator will perform the criminal background check on every employee, contractor and volunteer, every five years thereafter. Any misconduct of any staff member could result in the oversight of a promotion, advancement or termination in this facility depending on the severity.

The Auditor reviewed thirteen records of staff, some of whom had been hired or promoted within the past 12-months. Each of the records reviewed contained all items required by the standard, which included documentation and criminal background check information.

Provision (b)

Kentucky Corrections Policy and Procedure 3.6, *Background Investigations of Employees and Applicants for Promotion and Employment of Ex-Offenders*, dated September 22, 2016, p. 2, F, states in compliance with 28 CFR §115.17 an applicant shall not be considered for employment, promotion or enlisted for services if the applicant:

1. 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).
2. 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
3. Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph 2 of this section

During the interview process, the Human Resource (HR) staff indicated that the potential hire is required to fill out the personnel documents, which require the disclosure of the standard required items. The HR staff stated WCRJ takes a very active stance with the requirements of the PREA standards and have developed a very comprehensive system of tracking to ensure that all the required criminal background checks are completed for pre-hires, promotions, and five-year reviews. The Auditor conducted a review of the requested personnel files and verified that all the files reviewed contained the items required by the standard.

Provision (c)

Kentucky Corrections Policy and Procedure 3.6, *Background Investigations of Employees and Applicants for Promotion and Employment of Ex-Offenders*, dated September 22, 2016, p. 1, II, A, 1 and 2, specifies 1. Designated staff of the Office of Adult Institutions and the Office of Community Services and Facilities shall conduct a background investigation on prospective employees. The background investigation shall be conducted prior to any new employee's starting date. 2. During the initial job interview, a prospective employee shall be informed of the background investigation procedure. The prospective employee shall be advised that an authorization form shall be signed to initiate the background investigation and that this may include being fingerprinted for submission to the Kentucky State Police and the Federal Bureau of Investigation. The fingerprinting may occur during the interview process. The background investigation may include, but not be limited to driver history records, criminal background checks, credit history checks, and local records checks.

During the interview process the HR staff stated WCRJ requires background checks on all new hires, promotions, and existing staff every five (5) years. The Jailer echoed this information and stated that when he became the Jailer in 2017, he completed criminal background checks on all current staff, whether their five-year period was up or not.

In the preceding 12 months there were forty-eight persons hired who may have contact with inmates who had a criminal background check completed. WCRJ provided documentation for review indicating these forty-eight had criminal background checks and initial PREA training as part of the hiring process.

Provision (d)

Kentucky Corrections Policy and Procedure 3.6, *Background Investigations of Employees and Applicants for Promotion and Employment of Ex-Offenders*, dated September 22, 2016, p. 1, II, A, 2 says in part, during the initial job interview, a prospective employee shall be informed of the background investigation procedure. The prospective employee shall be advised that an authorization form shall be signed to initiate the background investigation and that this may include being fingerprinted for submission to the Kentucky State Police and the Federal Bureau of Investigation.

On the PAQ, WCRJ reported there are twenty-one contractors who might have contact with inmates. Additionally, in the PAQ, WCRJ reported criminal background record checks were conducted and current on all twenty-one staff covered by contracts. WCRJ provided documentation for review indicating these twenty-one criminal background checks are current for this reporting cycle.

Provision (e)

Kentucky Corrections Policy and Procedure 3.6, *Background Investigations of Employees and Applicants for Promotion and Employment of Ex-Offenders*, dated September 22, 2016, p. 2, A, 3, states all current employees and contractors who may have contact with inmates shall have a background investigation conducted at least every five years.

During the interview process, the HR staff WCRJ tracks the completion of all criminal backgroundchecks and tracks the due dates of the five (5) year criminal background checks to ensure they remain current. At the time of the on-site audit all criminal background checks were current.

Provision (f)

During the interview with HR staff, it was indicated all applicants and employees who may have contact with inmates are directly asked about previous misconduct described in paragraph (a) of this section in written applications and self-evaluations or interviews for hiring or promotions.

During the interview with HR staff, it was indicated that a condition of staff employment is that any arrest activity must be reported through the respective employees reporting structure. Additionally, any information on substantiated allegations of sexual abuse or sexualharassment involving a former employee must be provided upon request.

Provision (g)

During the interview process, HR staff confirmed it is the policy of WCRJ that material omissions regarding such misconduct (as stated in this provision) shall be ground for termination and that staff have a continuing duty to disclose such conduct.

Provision (h)

During the interview process, HR staff confirmed that unless prohibited by law, all information would be provided on substantiated allegations of sexual abuse or sexual harassment involving a former employee would be shared upon request from an institutional employer for whom such employee has applied for work.

Conclusion:

The Auditor would recommend a separate form be created that addresses documentation of staff, contractors, and volunteers' responses to the questions in provision (a) of this standard.

The questions are:

1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution.
2. 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
3. Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a) (2) of this section.

Pursuant to provision (f) of this standard, these questions should be asked and answered of applicants during interviews, prior to employment or promotion of staff members, prior to placement of contractors and volunteers. Likewise, they should be asked and answered during evaluations.

WCRJ created the *Employment / Promotion Certification* form to document these mandatory questions are asked and answered at the appropriate times. WCRJ has agreed to begin using the *Employment / Promotion Certification* form immediately.

The new *Employment / Promotion Certification* form combined with the review and analysis of all the available evidence, the Auditor has determined the WCRJ meets the standard regarding hiring and promotion decisions. No further recommendations or corrective action is required.

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition,

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

115.18 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Warren County Regional Jail (WCRJ) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020
- WCRJ Policy, *Upgrade to Facilities and Technologies*, undated

Observations during on-site review

Interviews with the following:

- Facility Head - Jailer
- PREA Coordinator (PC)

Provision (a)

On the PAQ, WCRJ reported they have not acquired any new facilities or made substantial

expansions or modifications of the existing facility. Per the PAQ, WCRJ has installed or updated the video monitoring system, electronic surveillance system or other technology since the last PREA audit.

WCRJ Policy, *Upgrade to Facilities and Technologies*, undated, states the Warren County Regional Jail is always trying to make the best upgrades for the safety and security of the jail and its inmates. When upgrading any system in this facility, the Jailer will meet with Chief Deputies, PREA Coordinator, or other upper management to review the needs of the facility to determine where the upgrades are needed. If any new video monitoring is needed to be installed at this facility, it will be done accordingly. If new video monitoring is installed and privacy blocks are needed, then privacy blocks are installed. All areas of the facility are reviewed to determine if there are any blind spots that may need to be addressed to ensure proper video is installed for the staff's ability to ensure the safety and security of all staff and inmates incarcerated at this facility.

The Auditor conducted a tour of WCRJ. Since the last audit, there has not been any substantial expansions to the facility. The camera system is exceptional. The coverage is brilliant and expansive. The coverage is impressively thorough, even inside cells, yet provides privacy using privacy blocks, for inmates to use the restroom without being observed by staff.

The Jailer reported any construction, renovation or modification would be done with full consideration of all PREA standards. He further reported there are meetings that would be held regarding any building or construction considerations and that safety and cameras, or other technologies would be discussed and considered at such meetings. During these meetings WCRJ executive staff would meet with all key supervisors and managers to discuss any pertinent issues, such as Data/Reporting issues, Grievances, Disciplinary Reviews, Video Summary Reviews, Use of Force Incidents, Incidents of Sexual Abuse, as well as the analysis of key data such as overtime, leave time, morale, etc.

Provision (b)

WCRJ camera coverage is monitored in a central control room. This central control room is staffed twenty-four hours a day, seven days a week. The control room has the capability of selecting any area and reviewing footage as needed.

The Jailer expressed that WCRJ is committed to the camera monitoring program and indicated that having the cameras in place has created a sense of comfort for everyone, staff, and inmates, knowing that should an incident occur, an independent observation can be reviewed using the stored video.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the WCRJ exceeds the standard regarding upgrades to facility and technology. No recommendations or corrective action is required.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
 Yes No NA

115.21 (b)

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

115.21 (c)

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

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based

organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA

- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.21 (e)

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

115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating 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 No NA

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Warren County Regional Jail (WCRJ) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020

Interviews with the following:

- Random Staff
- SAFE/SANE Staff
- PREA Coordinator (PC)

Provision (a)

On the PAQ, WCRJ reported the facility is responsible for conducting administrative and criminal investigations. The Kentucky State Police also conduct criminal investigations, including inmate-on-inmate sexual abuse and staff sexual misconduct. The PC provide investigative assistance for those inmate-on-inmate sexual harassment administrative cases.

During the interview process, the PC indicated when the facility investigates allegation of sexual abuse, a uniform evidence protocol is followed, that maximizes the potential for obtaining usable physical evidence for administrative proceeding and criminal prosecutions. He further stated it is the policy of WCRJ to conduct all investigations in a fair and impartial manner, maintain confidentiality in all investigations, and protect the constitutional rights of all individuals subjected to investigation.

The auditor interviewed random staff about the rules of evidence, and their understanding of the process should an inmate report alleged sexual abuse. All staff interviewed were able to articulate the basic preservation of evidence component of both victim and abuser. They were also able to explain their responsibilities up to the point when they transfer responsibility to either investigative or medical staff.

Provision (b)

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, p. 6, E, 2, states if a youthful offender is committed to an adult institution operated by the Department of Corrections the requirements of PREA 115.14 and CPP 18.3 shall be followed.

WCRJ does not house youthful inmates.

Provision (c)

On the PAQ, WCRJ reported all treatment services are provided to the victim without financial cost.

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, p. 11, E, 5, states current and previous victims of sexual abuse

shall receive any medical and mental health services related to the sexual abuse at no cost to the offender.

During the interview with the PC, he reported in the past twelve (12) months there were zero inmates transported for SAFE/SANE services.

The Auditor conducted a telephone interview with the SAFE/SANE personnel at Bowling Green Medical Center, 250 Park Street, Bowling Green, KY 42101. The Sexual Assault Nurse Examiner (SANE) provides timely, non-judgmental, compassionate care to sexual assault victims. This includes a forensic exam, prophylaxis for pregnancy and sexually transmitted diseases, photographic documentation, referrals for appropriate medical and psychological follow-up, as well as support and participation in legal proceedings. An advocate from Hope Harbor is provided for medical accompaniment for all SANE examinations.

SANE personnel confirmed the forensic exams are free to the inmate. She indicated that she conducts the forensic exams when the inmates are presented at the hospital.

Provision (d)

As stated in Provision (c), a victim advocate is provided during the forensic medical examination.

During the interview with the PC, he indicated victim advocacy services are offered through contract and are built into the forensic exam process. During the examination, the inmate meets the victim advocate and arrangements are made to provide any necessary and/or requested counseling services. Follow-up counseling is coordinated through the advocate, in collaboration with mental health services.

At the time of the audit, the information received regarding the allegations of sexual abuse and sexual harassment indicated there were thirteen total sexual abuse and sexual harassment allegations received during the previous 12-months. The documentation included the report and the investigation. Seven cases were sexual abuse allegations and six were sexual harassment. One sexual abuse allegation involved a staff member. One sexual harassment allegation involved a staff member. Both allegations were deemed unfounded after thorough investigation and the cases have been closed. The remaining eleven allegations were inmate-on-inmate. After being thoroughly investigated, two were deemed unfounded; 3 unsubstantiated; with 6 being substantiated. All cases have been closed.

The documentation review included the original complaint, the referral for investigation, referrals for mental health and/or medical, and all subsequent available paperwork, including administrative remedy forms and responses where applicable. The allegations were investigated appropriately and timely and a finding was made as indicated previously. WCRJ verified all inmate notifications were completed as required and Sexual Abuse Incident Reviews were conducted on all cases, except those deemed to be unfounded. In the past 12-months there were zero SAFE/SANE examinations. All were handled administratively, and no criminal charges were filed.

Provision (e)

As stated in Provision (d) during the examination, the inmate meets the victim advocate. The

victim advocate provides emotional support, crisis intervention, information, and referrals as necessary and/or requested.

Provision (f)

As reported in Provision (a) the facility is responsible for conducting administrative and criminal investigations. The Kentucky State Police also conducts criminal investigations, including inmate-on-inmate sexual abuse and staff sexual misconduct.

Provision (g)

Auditor Is not required to audit this provision.

Provision (h)

As reported in Provision (d) victim advocacy services are offered through contract and are built into the forensic exam process.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined WCRJ meets the standard regarding evidence protocol and forensic medical examinations. No recommendations or corrective action is required.

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

115.22 (b)

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

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does 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 No NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Warren County Regional Jail (WCRJ) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020

Interviews with:

- Random Staff
- Investigative Staff

Provision (a)

The agency and facility can investigate criminal allegations or refer the criminal investigations to the Kentucky State Police. All investigators have been provided special training to investigate sexual abuse and sexual harassment allegations in confinement settings.

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, p. 11, 2, indicates all employees who conduct sexual abuse investigations shall receive specialized training in conducting such an investigation in a

confinement setting. The training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, p. 11, 5, states all employees receiving specialized training shall sign a document acknowledging that they understand the training they have received. All training documentation shall be maintained in accordance with the provisions of CPP 4.7.

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, p. 11, H, 1, states all allegations of sexual abuse and sexual harassment shall be promptly, thoroughly and objectively investigated, including third-party and anonymous reports.

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, p. 11, H, 2, states a PREA investigation shall be initiated within twenty-four (24) hours of the incident upon report to the facility or agency investigator or as soon as possible if referred for investigation to the Kentucky State Police (KSP).

The Auditor reviewed documentation that indicated there were thirteen sexual abuse and sexual harassment allegations received during the previous 12-months. The documentation included the report and the investigation. Seven cases were sexual abuse allegations and six were sexual harassment. One sexual abuse allegation involved a staff member. One sexual harassment allegation involved a staff member. Both allegations were deemed unfounded after thorough investigation and the cases have been closed. The remaining eleven allegations were inmate-on-inmate. After being thoroughly investigated, two were deemed unfounded; 3 unsubstantiated; with 6 being substantiated. All cases have been closed.

The documentation review included the original complaint, the referral for investigation, referrals for mental health and/or medical, and all subsequent available paperwork, including administrative remedy forms and responses where applicable. The allegations were investigated appropriately and timely and a finding was made as indicated previously. Retaliation monitoring was implemented as required by standard. WCRJ verified all inmate notifications were completed as required and Sexual Abuse Incident Reviews were conducted on all cases, except those deemed to be unfounded. In the past 12-months there were zero SAFE/SANE examinations. All were handled administratively, and no criminal charges were filed.

All staff interviewed knew their responsibility to report any suspicion, or knowledge of an allegation of sexual abuse and sexual harassment. Each reported they were required to make such a report immediately after becoming aware of it.

Provision (b)

The policies regarding the WCRJ's obligation to thoroughly investigate all matters relative to Sexual Abuse and Sexual Harassment are provided in Provision (a).

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, pp. 12-13, H, 12, states following an investigation where the

alleged victim has reported the case of sexual abuse, the alleged victim shall be informed within thirty (30) days of the conclusion of the investigation. It shall be documented when the:

- Allegation has been determined to be substantiated, unsubstantiated or unfounded.
- Alleged perpetrator is no longer posted within the offender's unit.
- Alleged perpetrator is no longer employed.
- Alleged perpetrator has been indicted or convicted on a charge related to sexual abuse.

WCRJ ensures all allegations are either followed up through the administrative or criminal investigation process. The policy and processes are published on the agency website, as were verified by the Auditor.

During the interviews, staff indicated all allegations are investigated. Administrative allegations are investigated by facility investigators. The ones which are criminal in nature are investigated by facility investigators and/or the Kentucky State Police, then referred for prosecution if appropriate.

Provision (c)

As stated in Provision (a) the agency and facility conduct all administrative investigations and some criminal investigations. Other criminal investigations are referred to the Kentucky State Police.

Provision (d)

Auditor is not required to audit this provision.

Provision (e)

Auditor is not required to audit this provision.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined that the WCRJ meets the standard, which addresses policies to ensure referral of allegations for investigations. No recommendations or corrective action is required.

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No

- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? Yes No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.31 (b)

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

115.31 (c)

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

115.31 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Warren County Regional Jail (WCRJ) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020
- WCRJ Policy III-200, *Training*, Revised April 2016
- WCRJ Policy, *Employee Training*

Observations during on-site review

Interviews with the following:

- Rando
m Staff

Provision (a)

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, p. 4, II, C, states training shall be tailored to be gender specific to the facility of each staff member. As required by 28 C.F.R. § 115.31, all employees shall receive training annually in the following:

- a. The Department's zero-tolerance policy for sexual abuse and sexual harassment.
- b. Their responsibilities of sexual abuse and sexual harassment prevention,

- detection, reporting, and response policies and procedures.
- c. Offenders' right to be free from sexual abuse and sexual harassment.
 - d. The right of offenders and employees to be free from retaliation for reporting sexual abuse and sexual harassment.
 - e. The dynamics of sexual abuse and sexual harassment in confinement.
 - f. The common reactions of sexual abuse and sexual harassment victims.
 - g. How to detect and respond to signs of threatened and actual sexual abuse.
 - h. How to avoid inappropriate relationships with offenders.
 - i. How to communicate effectively and professionally with an offender, including lesbian, gay, bisexual, transgender, intersex or gender nonconforming offenders.
 - j. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

WCRJ Policy III-200, *Training*, Revised April 2016, p. 1, 4, states the staff of WCRJ shall receive a minimum of 24-hours annual in-service training delivered by the Corrections Cabinet or staff certified by the Corrections Cabinet. A portion of this training is dedicated to PREA annually.

Policy indicates the PREA Coordinator will organize PREA training for new and current employees. Training will occur through the Corrections Cabinet or staff certified by the Corrections Cabinet. All non-specialized staff shall receive training to include, but not limited to, the prevention, detection, response, and reporting of allegations of inmate sexual abuse, sexual harassment, and custodial sexual misconduct. Such training shall encompass all required areas employees need-to-know to ensure compliance with PREA standard requirements. Employee instruction shall be accomplished during initial training, annual in-service training, specialized training, and additional training as needed.

WCRJ's curriculum and training materials were reviewed by the Auditor. The core training materials contain all ten (10) of the elements required for this provision. Each of the elements is covered in detail in the training and have incorporated numbered training elements to facilitate retention of the required elements. The level or complexity of the training depends on the employee's classification with some specialized training curriculum depending on the employee's job responsibilities.

The Auditor reviewed a total of 93 staff training documentations, conducted on seasoned staff, as well as staff hired or promoted within the past 12 months. Each staff member had an electronic record of training within the last 12-months, which confirmed each of the employees at WCRJ had acknowledged receiving the PREA training.

Each of the random staff interviewed recalled attending the initial PREA training when they were hired or when PREA went into effect. All staff interviewed confirmed they receive annual PREA training, as well as additional in-service training.

Provision (b)

The policy regarding the WCRJ's responsibility to provide training and education regarding Sexual Abuse and Sexual Harassment are provided in Provision (a).

The training provided by the WCRJ, addresses both male and female issues. The Auditor

reviewed the training materials utilized for the staff at WCRJ. The training materials are consistent with this PREA standard. If an employee is reassigned from facility that houses a different population composition, that employee is retrained or provided refresher training for the population make-up of the new facility prior to being placed in contact with the inmate population.

As stated in Provision (a), the Auditor reviewed the electronic records for the training that occurred at WCRJ, verifying attendance of WCRJ staff.

Provision (c)

Of the 93 staff presently assigned to WCRJ, the Auditor reviewed documentation that reflected all 93 or 100% of the staff have received the PREA training in the past twelve months. WCRJ also provides additional PREA training annually, as well as shift trainings, staff meetings and posters.

Provision (d)

WCRJ Policy, *Employee Training*, indicates it is the policy of the Warren County Regional Jail that all deputies receive the Policy and Procedure Manual along with a PREA (Prison Rape Elimination Act) policy manual regarding PREA during orientation. All deputies are required to have 16 hours of training each year of employment in which a class concerning PREA (Prison Rape Elimination Act) is taught.

PREA training requirements mandate attendance at all PREA required training to be documented through employee signature (physical or electronic), acknowledging the training they have received. In some instances. The WCRJ staff training was verified through electronic signature. All WCRJ staff had electronic signatures confirming they had received training in the past 12 months.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined that the WCRJ meets the standard which addresses policies regarding employee training. No recommendations or corrective action is required.

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed

how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? Yes No

115.32 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Warren County Regional Jail (WCRJ) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020
- WCRJ Brochure, *Prison Rape Elimination Act, Policy & Procedure for Contractors, Community Inmate Supervisors and Volunteers*
- WCRJ, *Volunteer and Contractor Training, PREA Standard 115.32*
- Training Curriculum for Volunteers and Contractors

Interviews with the following:

- Contractors who have contact with inmates

Provision (a)

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, p. 5, 2, a-c, states as required by 28 C.F.R. § 115.32, all Volunteers and Contractors who have contact with offenders shall be trained annually on the following:

- a. The Department's policy of zero-tolerance regarding sexual abuse and sexual

- harassment and how to report such incidents.
- b. Their responsibilities under the department's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.
- c. Training shall be based on the level and amount of contact the Volunteer or Contractor has with offenders.

WCRJ's curriculum and training materials were reviewed by the Auditor. The core training materials contain all ten (10) of the elements required for this provision. Each of the elements is covered in detail in the training and have incorporated numbered training elements to facilitate retention of the required elements. The level or complexity of the training will depend on the responsibilities and role of the contractor or volunteer.

The Auditor reviewed documentation indicating that twenty-one contractors and three volunteers or 100%, have received PREA training in the past twelve (12) months.

The Auditor also reviewed the WCRJ Brochure, *Prison Rape Elimination Act, Policy & Procedure for Contractors, Community Inmate Supervisors and Volunteers*. This brochure explained the definitions of sexual abuse, sexual harassment and sexual misconduct among other things. It also explains the investigation process, the protection against retaliation and the zero-tolerance policy.

The Auditor conducted two interviews with contract staff. The contractors recalled having PREA training and recalled the level of training was specific to specific roles or responsibilities in the facility. Regarding knowledge of PREA, it was easily verbalized what PREA was and more importantly, what their role or responsibility was in the event they are confronted with a situation of sexual abuse or sexual harassment. Volunteer programs have been suspended due to COVID-19 protocols. Therefore, no volunteers were interviewed.

Provision (b)

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, p. 5, 2, a, states all Volunteers and Contractors who have contact with offenders shall be trained annually on the following:

- a. The Department's policy of zero-tolerance regarding sexual abuse and sexual harassment and how to report such incidents.

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, p. 5, 5, indicates any contractor or volunteer shall sign a document acknowledging that they understand the training they have received. All training documentation shall be maintained in accordance with the provisions of CPP 4.7.

During the interview process two contractors demonstrated to the Auditor a comprehensive and complete understanding of the agency's zero-tolerance policy and how to address any instance when an inmate reports a PREA specific issue.

Provision (c)

As indicated in Provision (b) copies of the acknowledgment page from the PREA training is retained in each volunteer and contractor's file.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined that the WCRJ meets the standard which addresses policies regarding volunteer and contractor training. No recommendations or corrective action is required.

Standard 115.33: Inmate education

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

115.33 (a)

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

115.33 (b)

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

115.33 (c)

- Have all inmates received the comprehensive education referenced in 115.33(b)? Yes No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? Yes No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? Yes No

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

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Warren County Regional Jail (WCRJ) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020
- WCRJ, *Inmate Education, PREA Standard 115.33*
- WCRJ PREA Policy, V-II 3000, revised August 2007.
- WCRJ *Inmate PREA Intake Material*
- WCRJ, *PREA Regulation*
- Language Services Associates Agreement with WCRJ

- Time Warner Cable Agreement with WCRJ for channel insertion to play PREA information
- PREA Posters
- Miscellaneous Training Materials

Observations during on-site review

Interviews with the following:

- PREA Coordinator
- Intake Staff
- Random Inmates

Provision (a)

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, p. 5, D, 1, during orientation at the Assessment and Classification Center and at each institution, an offender shall receive oral and written information about the department's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.

The WCRJ *PREA Regulation* and WCRJ Inmate PREA Intake Material, as well as the PREA Posters were observed during the on-site tour of the facility by the Auditor. The Auditor reviewed written materials in both English and Spanish.

Through the interview process, it was confirmed by intake staff that inmates are provided PREA information upon arrival. The inmate signs the acknowledgment form which is retained in the inmate file.

The inmates have telephones available to them. Using any of these telephones, an inmate can call a PREA hotline to report an incident of sexual abuse or sexual harassment. The call is free of charge and confidential. This was confirmed by the Auditor on the on-site tour.

The inmates have computers available to them. Using any of these computers, an inmate can file an electronic report of incident of sexual abuse or sexual harassment. Usage of the computers is free of charge and confidential. This was confirmed by the Auditor on the on-site tour.

All inmates interviewed reported receiving PREA materials, information about the facility's zero-tolerance policy and ways to report. Likewise, they reported being re-assessed and receiving PREA comprehensive education within 30-days of their arrival.

A review of forty-three inmate records was conducted and the signed PREA acknowledgment was in every file.

Provision (b)

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, p. 6, 2 states within thirty (30) days of intake at the Assessment

and Classification Center and at each institution, comprehensive education shall be provided to offenders either in person or through video regarding their rights to be free from sexual abuse and sexual harassment, free from retaliation for reporting such incidents, how to prevent sexual abuse and self-protection measures, treatment and counseling availability and policies and procedures for responding to such incidents.

Per the PAQ, WCRJ reported during the past twelve (12) months there were 1,457 inmates whose length of stay at the facility was more than thirty (30) days. The PAQ also reflected all these inmates were provided the PREA information which included their right to be free from sexual abuse, as well as the policies and procedures for reporting. WCRJ reported 100% of the inmates admitted to their facility in the past twelve (12) months received the mandated information.

During the interview process, the intake staff indicated inmates receive their PREA information and training immediately upon arrival, prior to their housing assignment. They reported the inmates are not allowed to leave the intake area until they have completed their PREA orientation.

During interviews with inmates, each were asked to briefly outline what they learned during PREA training. After probing, most responded with answers similar in nature and were generally: zero-tolerance for sexual abuse or harassment, how to report, to dial the PREA Hotline or use the computer to make a report and call the number on the posters around the facility.

Provision (c)

As indicated in Provision (b) 100% of inmates who entered the facility during the past 12-month period received the required PREA training. At the time of PREA implementation, all inmates incarcerated at PAQ were required to attend PREA training. Inmates arriving after implementation received their training at intake. This training, at intake, is facilitated through staff going over material and answering any questions the inmate may have. Upon arrival, the inmate is also provided an WCRJ Rules and Procedures and goes through the A&O process. At the end of the A&O process is a question-and-answer period to reinforce retention of the information presented. The information was documented with verification of the training retained in the inmate record, which was reviewed by the Auditor.

As indicated in Provision (b) the intake staff provide the PREA information immediately upon arrival into the facility. During the interview process, the intake staff revealed that upon arrival at the facility inmates are given orientation materials, including PREA related materials, before being assigned to a housing unit. This is a requirement for all inmates, whether they are a new intake or a transfer from another facility.

Provision (d)

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, p. 6, 3, indicates each facility shall provide offender education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired or otherwise disabled, and for offenders who have limited reading skills. Use of offender interpreters for assistance in offender education on aspects of the department's

efforts to prevent, detect and respond to sexual abuse and sexual harassment shall be prohibited except in circumstances where extended delays in obtaining an effective interpreter could compromise the offender's safety.

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, p. 6, 5, each facility shall ensure that key information is continuously and readily available or visible to offenders, such as posters and inmate handbook materials that explain the zero-tolerance policy and different ways to report.

The various training elements provided to the inmate population range from PREA documents in both English and Spanish, PREA posters in both English and Spanish, to staff members who are fluent in Spanish. The facility also uses the LanguageLine Solutions for when an interpreter is not available.

Language Services Associates (LSA) is an on-demand, over-the-phone language interpretation service. Anytime a translation service is needed, and the Language Services Associates is not available, the staff can use Google Translate. Google translate can be accessed via a computer with an attached microphone to address any translation needs for the inmates of the facility. At the present time, Google Translate supports 103 different languages, and is available 24 hours a day, 7 days a week.

During the interview with the PC, he was asked the process if an inmate had a disability not covered under the training elements established by the facility. He indicated he would work with the Local Disability Assistance Office to ensure each inmate is able to understand and retain the PREA materials to a comfort level of comprehension.

Provision (e)

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, p. 6, 4, indicates each facility shall maintain documentation of participation in offender education.

As stated in provision (a), a review of forty-three inmate records was conducted and the signed acknowledgment was present.

Provision (f)

As stated in Provision (d), each facility shall ensure that key information is continuously and readily available or visible to offenders, such as posters and inmate handbook materials that explain the zero-tolerance policy and different ways to report.

WCRJ has a variety of PREA posters, in both English and Spanish. During the on-site, the Auditor observed these posters in every area throughout the facility. Using varying formats, the inmate population receives important information in user friendly, comprehensible ways.

In interviews with inmates, many reported the PC, and mental health staff check with them formally and informally about PREA issues and practices, as well as feeling safe on the compound.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the WCRJ meets the standards for inmate education. No recommendations or correction action is required.

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators 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 No NA

115.34 (b)

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

115.34 (c)

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

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Warren County Regional Jail (WCRJ) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020
- WCRJ Policy, *Specialized Training: Investigations, PREA Standard 115.34*
- Proof of completed 16-hours of Specialized Investigation Training for investigative staff
- Certificates of Successful completion of Investigating Sexual Abuse in Correctional Settings

Interviews with the following:

- Investigative Staff

Provision (a)

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, p. 5, 3, states all employees who conduct sexual abuse investigations shall receive specialized training in conducting such an investigation in a confinement setting. The training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, p. 5, 5, states staff members completing the training shall sign a document acknowledging that they understand the training they have received. All training documentation shall be maintained in accordance with the provisions of CPP 4.7.

WCRJ Policy, *Specialized Training: Investigations, PREA Standard 115.34*, states:

- a. In addition to the general training provided to all employees pursuant to § 115.31, the

agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.

- b. Specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.
- c. The agency shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.
- d. Any State entity or Department of Justice component that investigates sexual abuse in confinement settings shall provide such training to its agents and investigators who conduct such investigations

indicates it is the policy of the Warren County Regional Jail that all PREA investigations be conducted by someone that has had extensive training necessary in PREA. This is to be done by the PREA Compliance Manager, PREA Coordinator, or the PREA Investigator. These individuals have gone through the extensive training to conduct investigations into PREA Incidents. These individuals are the only people that can conduct investigations; however, any deputy that suspects a PREA Incident will have to isolate the victim from the rest of the cell and pull everyone else out of the cell and put into another cell. Make sure close the area off so it doesn't get contaminated.

Through a review of training records and an interview with the WCRJ investigator, the Auditor was able to confirm that specialized training requirements have been met.

Provision (c)

As outlined previously in Provision (a) & (b) Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, p. 5, address this provision.

WCRJ has five investigators who conduct investigations in the facility. The Auditor reviewed records confirming the investigative staff completed 16 hours of specialty training in PREA investigations, including certificates of completion.

Provision (d)

The Auditor is not required to audit this provision.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined that the WCRJ meets the standard which addresses policies regarding specialized training: investigations. No recommendations or corrective action is required.

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (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.) Yes No NA
- 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.) Yes No NA
- 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.) Yes No NA
- 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.) Yes No NA

115.35 (b)

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

115.35 (c)

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

115.35 (d)

- 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.) Yes No NA
- 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.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Warren County Regional Jail (WCRJ) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020
- WCRJ, *PREA Standards for Prison and Jails, PREA Standard 115.35, Medical and Mental Health Care*
- WCRJ, Policy VIII-100, *Health Care*

Observations during on-site review

Interviews with the following:

- Medical and Mental Health Staff

Provision (a)

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, p. 5, 4, dictates that all medical and mental health employees, shall receive additional training to include, but is not limited to:

- a. How to detect and assess signs of sexual abuse and harassment.
- b. How to preserve physical evidence of sexual abuse.
- c. How to respond effectively and professionally to victims of sexual abuse and harassment.
- d. How and to whom to report allegations or suspicions of sexual abuse and harassment

WCRJ, *PREA Standards for Prison and Jails, PREA Standard 115.35, Medical and Mental Health Care* indicates it is the policy of the Warren County Regional Jail that we maintain a nurse on call at this facility 24 hours a-day, 7 days a week. The WCRJ also has a psychiatric nurse who comes in part-time and PR\$N. Barry Dority ARNP is the medical provider and comes in once a week to provide medical care for higher level of care.

Through staff interviews and review of training documents by the Auditor, each of the assigned staff members have attended the required training and meet all training requirements.

Provision (b)

N/A - All medical staff at WCRJ are prohibited by procedure from performing forensic examination on sexual abuse victims.

Provision (c)

As indicated in Provision (a), through staff interview and a review of the training documents by the Auditor, each of the assigned staff members have attended the required training and meet all training requirements. All training documentation is retained, as required.

Provision (d)

The Auditor reviewed electronic attendance documentation and training materials that reflect the general PREA training that is mandated for WCRJ employees, contractors and volunteers outlined in policy and PREA standards. The attendance documentation confirm, in addition to specialized training, the contracted and direct hire medical staff received the general PREA training mandated for all WCRJ employees.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined that the WCRJ meets the standard, which addresses policies regarding specialized training: medical and mental health care. No recommendations or corrective action is required.

<h2 style="text-align: center;">SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS</h2>

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? Yes No

115.41 (e)

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

115.41 (f)

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

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a referral? Yes No
- Does the facility reassess an inmate's risk level when warranted due to a request? Yes No
- Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse? Yes 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? Yes No

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Warren County Regional Jail (WCRJ) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020
- WCRJ, PREA Standard 115.41, *Screening and Risk of Victimization and Abusiveness*
- WCRJ, *Inmate Intake Questionnaire*
- WCRJ, *Points Based Classification Detail*
- WCRJ Policy V-100, *Classification System*
- WCRJ Policy V-200, *Housing Assignments*
- WCRJ, *Inmate Booking Screening Questions, Medical/Mental Health*
- WCRJ, *Medical/Mental Health Questionnaire*

Interview with the following:

- Mental Health Staff
- Staff Responsible for Risk Screening
- PREA Coordinator (PC)

Provision (a)

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, p. 7, F, 1, indicates an offender shall be assessed during intake screening within seventy-two (72) hours of arrival at the Assessment and Classification Center and upon each transfer to another facility. Each objective risk screening shall include a review of any history of sexual abuse-victimization or sexually predatory behavior. The assessment report shall be completed in the Kentucky Offender Management System (KOMS). Housing concerns shall be documented in the comments section on the assessment in KOMS.

Of the thirty inmates interviewed relative to this provision; all recalled being asked questions relative to their concern about sexual abuse and if they felt like they were going to harm themselves. This was confirmed by a review of inmate records.

During the on-site audit, the Auditor discussed processes with classification staff. The staff was able to explain to the Auditor through the intake screening process. The classification staff member explained each document and assessment utilized. The classification staff also modeled each of the questions, providing the Auditor with a clear and thorough understanding of the overall intake and classification process.

Provision (b)

As stated in (a), according to the listed policies all inmates must be screened within 72 hours of arrival.

The Auditor reviewed the PAQ which indicated in the past 12 months, 100% or 1,457 inmates were screened for the risk of sexual victimization or sexual abusiveness within 72 hours of their entry into the facility.

The Auditor reviewed forty-three inmate records to ensure they were screened upon arrival. All forty-three records had verification that the initial screening had occurred within 72-hours of arrival at WCRJ.

Of the thirty inmates interviewed all recalled being asked questions specific to previous Sexual Abuse & Harassment within three days of their arrival at the facility. A review of inmate records confirmed this recollection.

As stated in (a), the Auditor was able to specifically question classification staff about the required questions. The classification staff replied that all the PREA related questions are asked during initial intake and ongoing classification screenings.

Provision (c)

The Auditor reviewed copies of intake forms, screening assessments and classification instruments used by WCRJ. Each was thorough and covered all questions required by this standard. Each provides the intake and classification staff with an independently developed, validated and objective instrument for adequate screening and classification.

Staff members who conduct intake screening and classification decisions use the following forms:

- WCRJ, *Inmate Intake Questionnaire*
- WCRJ, *Points Based Classification Detail*
- WCRJ Policy V-100, *Classification System*
- WCRJ, *Inmate Booking Screening Questions, Medical/Mental Health*
- WCRJ, *Medical/Mental Health Questionnaire*

Inmates who surpass the threshold on the screening form are referred to mental health staff for an additional assessment regarding their level of risk, environmental considerations, and treatment needs. The inmate is reassessed within thirty days, of the initial 72-hour assessment.

The Auditor was able to verify compliance with this provision through the review of forty-three inmate records, reflecting copies of the required assessments. A review of the intake and classification forms indicates they are weighted and scored based upon responses to specific

questions required in the Standard and Provision.

As stated in (a), the Auditor was able to interview classification staff who were able to explain to the Auditor the intake screening and classification process.

Provision (d)

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, p. 7, F, 2, a-i, states the intake screening shall consider, at a minimum, the following criteria to assess an inmate for risk of sexual victimization:

- a. Whether the inmate has a mental, physical, or developmental disability
- b. The age of the inmate
- c. The physical build of the inmate
- d. Whether the inmate was previously incarcerated
- e. Whether the inmate's criminal history is exclusively nonviolent
- f. Whether the inmate has prior convictions for sex offenses against an adult or child
- g. Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender non-conforming.
- h. Whether the inmate has previously experienced sexual victimization
- i. The inmate's own perception of vulnerability.

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, p. 7, F, 3, indicates the intake screening shall consider, at a minimum, the following criteria to assess an offender for risk of being sexually abusive:

- a. Prior acts of sexual abuse,
- b. Prior convictions for violent offenses, and
- c. History of prior institutional violence or sexual abuse, as known to the Department of Corrections.

As stated in (a), the Auditor was able to speak with classification staff who were able to explain the intake screening and classification process.

Provision (e)

The Auditor reviewed the screening instrument and compared the questions with the requirements for Provision (e). All items required for Provision (e) have been included in the screening instrument, which addresses Possible Sexual Predatory Risk Factors.

As stated in (a), the Auditor was able to discuss the screening process, and interview classification staff who were able to explain to the Auditor what occurs during the intake screening and classification process.

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, p. 8, F, 6, indicates when an assessment indicates an offender has experienced victimization or previously been a perpetrator, staff shall ensure the offender has been offered a follow-up for counseling and monitoring with the appropriate medical or mental health professional within fourteen (14) days of the assessment.

Provision (f)

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, p. 8, F, 5, states within 30 days of arrival to each facility, the offender's risk level shall be reassessed based upon any additional information received since the intake screening. A reassessment shall also occur when any new information is learned that bears on an offender's propensity for sexual victimization or abusiveness, such as an incident or new disclosure of sexual abuse. Reassessments shall include consultation with the inmate.

The Auditor reviewed the PAQ which indicated that within the past 12 months, 100% or 1,029 inmates have been assessed for the risk of victimization or risk of abusiveness of other inmates within 30-days of their entry into the facility.

Of the thirty inmates interviewed, all indicated they recalled being asked questions relative to this standard. Most indicated they recalled being interviewed within a couple weeks of arrival. A review of the records revealed all thirty inmates had been reassessed within thirty days.

Out of the forty-three records which were reviewed by the auditor, forty had been reassessed within thirty days. The remaining three screenings were late due to COVID-19 protocol and restrictions. These finished screening documents were completed by different staff, with each instrument being finalized consistent with the standard.

Provision (g)

As stated in (a) the Auditor was able to speak with classification staff who were able to explain to the Auditor the intake screening and classification process. Classification staff indicated they monitor the inmate population, and reassess when warranted due to a referral, request, incident of sexual abuse or receipt of additional information that may have bearing on the inmate's risk of victimization or abusiveness.

Provision (h)

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, p. 8, F, 9, indicated inmates are not to be disciplined for refusing to respond or electing not to disclose complete information regarding this provision. These policies specifically state if an inmate refuses to respond or elects not to disclose information that applies only to questions about disabilities; Gay, Lesbian, Bisexual, Transgender, Intersex (LGBTI) status; gender nonconformance; previous sexual victimization; and the inmate's self-perception of vulnerability, he/she may not be disciplined.

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, p. 8, F, 10, states placement decisions regarding lesbian, gay, bisexual, transgender and intersex (LGBTI) offenders shall be individualized.

Staff indicated they do not discipline any inmate for their refusal to answer these questions during an assessment, rather each of them indicated they would explain the reason behind the question and attempt to solicit a response. However, no disciplinary action would be taken if the inmate chose not to respond.

Provision (i)

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, p. 8, F, 7 indicates the dissemination of information related to and resulting from the assessment shall be controlled and limited to staff necessary to inform treatment plans and make security and management decisions regarding housing, beds, work, education and program assignments.

The Auditor interviewed the PC regarding who can specifically access the screening information collected during intake and screenings, and was informed that Medical Staff, Mental Health Staff, Classification Staff and the PC have access.

Conclusion:

At the time of the audit, the initial 72-hour screening of inmates was in place and effective. However, the form being used to document the screening was incomplete and did not meet the standard. WCRJ created the *PREA Sexual Victim Sexual Aggressor Classification* form to document the 72-hour assessment. WCRJ has agreed to begin using the *PREA Sexual Victim Sexual Aggressor Classification* form immediately.

The new *PREA Sexual Victim Sexual Aggressor Classification* form combined with the review and analysis of all the available evidence, the Auditor has determined the WCRJ meets the standard regarding agency protection against retaliation. No further recommendations or corrective action is required.

Standard 115.42: Use of screening information

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

115.42 (a)

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

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

115.42 (b)

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

115.42 (c)

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

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely based on such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay,

bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely based on such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)

Yes No NA

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely based on such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)

Yes No NA

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Warren County Regional Jail (WCRJ) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020
- WCRJ, PREA Standard 115.41, *Screening and Risk of Victimization and Abusiveness*
- WCRJ, *Inmate Intake Questionnaire*
- WCRJ, *Points Based Classification Detail*
- Inmate Records

Interview with the following:

- PREA Coordinator (PC)
- Staff Responsible for Risk Screening
- Random Inmates

Provision (a):

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, p. 8, F, 4, indicates the information gleaned from the intake screening shall be used to make housing, bed, program and work assignment decisions with the goal of keeping separate those offenders who are prone to sexual victimization from those who are prone to sexual aggression.

The PC indicated the assessment completed by staff is factored into the placement and programming of each inmate. He further stated the inmate's risk levels, housing and program assignments are guided with the use of the assessments ensuring that every inmate, especially those at high risk of being sexually victimized, are separated from those at high risk of being sexually abusive.

Following a review of forty-three inmate records, the Auditor was able to verify that the information from these assessments was being utilized in the various classification decisions made by staff.

Provision (b)

As stated in Provision (a), information obtained during the screening process and PREA Mental Health Assessment is used to make individualize and safety-based determinations and assist in the initial classification and institutional assignment of the inmate, as well as determine work, education, and program assignments.

During interviews with staff who are responsible for risk screening, the Auditor was informed each inmate is individually evaluated. Staff not only use the assessment procedures which are in place, additional consideration is given to the discussions with each individual inmate when making classification and housing decisions.

Provision (c)

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, p. 8, F, 10, requires that placement decisions regarding lesbian, gay, bisexual, transgender and intersex (LGBTI) offenders are individualized.

During interviews with intake staff that are responsible for risk screening, they indicated the transgender or intersex inmates view of their own safety is taken into serious consideration when determining housing placements and programming assignments. In addition, the staff who are responsible for risk screening indicated because of the assessments that are utilized, each inmate is evaluated individually.

During the interview process the Auditor learned the gender identification of each inmate is initially determined by their sex assignment at birth; however, from that point forward every inmate is individually assessed and classified to ensure the safety of the inmate, as well as the safety of the inmate population.

There were zero transgender inmates assigned to WCRJ at the time of the audit; therefore, none could be interviewed regarding this provision.

Provision (d)

During interviews with the PC and intake staff responsible for screening, all confirmed the Transgender or Intersex inmate's views of their own safety is given great weight when making decisions regarding housing placement or programming assignments. They further confirmed regular classification reassessments are conducted a minimum of every six (6) months, or if the inmate is involved in an incident of a sexual nature.

There were zero transgender inmates assigned to WCRJ at the time of the audit; therefore, none could be interviewed regarding this provision.

Provision (e)

During interviews with the PC and staff responsible for screening, it was reported all specified the transgender or intersex inmate's views of their own safety is given great weight when making decisions regarding housing placement or programming assignments. These inmates are interviewed further to determine enemies and potential or perceived threats. Housing placement and programming assignments are based on this information.

There were zero transgender inmates assigned to WCRJ at the time of the audit; therefore, none could be interviewed regarding this provision.

Provision (f)

According to the PC and the staff responsible for risk screening, each indicated the transgender or intersex inmate's views of their own safety is given serious consideration when providing showering options. Each shower in the facility is a single stall shower; therefore, all showers are private. In addition, they clarified, if transgender or intersex inmates requested to be able to shower at a different time than the other inmates, those request would be considered.

As previously identified, each of the housing units have bathrooms with shower stalls that are not easily seen by staff. The random staff who were interviewed also indicated that if a transgender or intersex inmate asked to shower separately, they would arrange a separate shower time from the other inmates. It was indicated that the alternate shower time would probably be thirty minutes before or after other inmates are allowed to shower.

There were zero transgender inmates assigned to WCRJ at the time of the audit; therefore, none could be interviewed regarding this provision.

Provision (g)

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, P. 8, F, 10, specifies placement decisions regarding lesbian, gay, bisexual, transgender and intersex (LGBTI) offenders shall be individualized.

The interview with the PC indicated that WCRJ is not under a consent decree, legal settlement, or legal judgment requiring the establishment of a dedicated facility, unit, or wing for lesbian, gay, bisexual, transgender, or intersex (LGBTI) inmates. He further indicated that all LGBTI inmates are housed within the general population unless specific issues are present and only then the appropriate staff will meet with the inmate and address the concerns.

There were zero transgender inmates assigned to WCRJ at the time of the audit; therefore, none could be interviewed regarding this provision.

Conclusions:

At the time of the audit, the 30-day reassessments of inmates was in place and effective. However, the form being used to document the screening was incomplete and did not meet the standard. WCRJ created the *PREA Sexual Victim/Sexual Aggressor 30-day Reassessment* form to document the 30-day re-assessment. WCRJ has agreed to begin using the *PREA Sexual Victim/Sexual Aggressor 30-day Reassessment* form immediately.

The new *PREA Sexual Victim/Sexual Aggressor 30-day Reassessment* form combined with the review and analysis of all the available evidence, the Auditor has determined the WCRJ meets the standard regarding agency protection against retaliation. No recommendations or corrective action is required.

Standard 115.43: Protective Custody

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

115.43 (a)

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

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? Yes No
- If the facility restricts 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.) Yes No NA

- If the facility restricts any 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.) Yes No NA
- If the facility restricts any 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.) Yes No NA

115.43 (c)

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

115.43 (d)

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

115.43 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Warren County Regional Jail (WCRJ) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020
- WCRJ, PREA Standard 115.43 Policy, *Protective Custody*
- WCRJ, Policy V-100, *Classification System*
- WCRJ, Policy V-200, *Housing Assignments*
- WCRJ, Policy V-300, *Administrative Segregation*
- WCRJ, *Protective Custody Request Form*

Interview with the following:

- PREA Coordinator (PC)

Provision (a):

WCRJ, PREA Standard 115.43 Policy, *Protective Custody*, states it is the policy of the WCRJ that every offender is offered Protective Custody for any reason, including sexual advances. WCRJ has protective custody cells that range from; 4 sexual offense cells, 1 violent felony nonsexual, and 1 nonviolent, nonsexual cell. There are 15 single person cells for inmates that cannot adapt to general protective custody cells. All cells have the same privileges as the inmates in general population cells including showers, recreation, library, visitation, church, along with other programs offered at WCRJ.

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, p. 10-11, G, 9, specifies Victims of sexual abuse or those at high risk for abuse shall not be placed in involuntary protective custody or segregation unless all available alternatives have been assessed and documented and are not available. The facility may only hold the offender for twenty-four (24) hours in involuntary segregation while completing the assessment, and if the placement has to continue, must document why there are no other available alternatives and provide access to programs, education, work and other privileges to the extent possible.

According to the PAQ, during the past twelve (12) months there have been two inmates placed into involuntary administrative or punitive segregation in accordance with this standard. Documentation revealed they each remained in involuntary segregation less than 48 hours.

Provision (b)

WCRJ, Policy V-300, *Administrative Segregation*, p. 1 states administrative segregation shall be used to separate those inmates who need to be isolated from the general facility population. Inmates placed in administrative segregations shall receive all privileges granted to inmates in the general; populations (with the exception that certain materials or activities which may constitute a threat to the inmate's own safety, or the safety of the other inmates may be withheld).

The PAQ reflects during the past twelve (12) months there have been two inmates placed into involuntary administrative or punitive segregation in accordance with this standard. However, neither inmate was still assigned to WCRJ at the time of the audit. Consequently, no inmates could be interviewed relative to this provision.

Provision (c)

WCRJ, Policy V-300, *Administrative Segregation*, p. 1 states inmates can be assigned 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 PAQ reflects during the past twelve (12) months there have been two inmates placed into protective custody in accordance with this standard. Both inmates were in protective custody less than 48 hours. There were no inmates in protective custody specific to a period longer than 30-days while awaiting alternative placement. This was confirmed during the interview with the PC.

Provision (d)

WCRJ, Policy V-300, *Administrative Segregation*, p. 1, 2, indicates the decision to place an inmate in administrative segregation shall be made by the Jailer or the Chief Deputy on the following:

- a. A written request by the inmate
- b. Observations or reports from officer of persistently disruptive or potentially disruptive behavior or abnormal behavior which requires removal of the inmate from the general inmate population.
- c. A report from the facility population
- d. Apparent need for protection
- e. Recommendation of Judges, District Attorney or arresting agency

This was confirmed during the interview with the PC.

Provision (e)

WCRJ, Policy V-300, *Administrative Segregation*, p. 1, 6, states when an inmate is assigned to segregation, his/her status shall be reviewed at least every seven days for the first month and at least every three days thereafter to determine if return to normal detention is possible. The Jailer shall consider the following factors in the review:

- a. Whether or not the condition or circumstance which led to segregation still exists.
- b. The officer's observations of the inmate's behavior, attitude, and physical condition during segregation.
- c. Any change in the risk presented to the inmate by placement in the general population, and
- d. The presence or absence of continued risk to the general population if the inmate is removed from segregation

The PAQ reflects during the past twelve (12) months there have been two inmates placed into involuntary administrative or punitive segregation in accordance with this standard. However,

neither inmate was still assigned to WCRJ at the time of the audit. Consequently, no inmates could be interviewed relative to this provision.

Conclusions:

Based upon the review and analysis of all available evidence, the Auditor has determined the WCRJ meets the standard relative to protective custody. No recommendation or corrective action is required.

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

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

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the inmate to remain anonymous upon request? Yes No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes) Yes No NA

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Warren County Regional Jail (WCRJ) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020
- Language Services Associates (LSA) agreement with Warren County Regional Jail
- WCRJ, PREA Standard 115.51 Policy, *Inmate Reporting*
- WCRJ, Policy VI-100, *Surveillance*
- WCRJ, Policy VI-200, *Counts*
- WCRJ, Policy VII-3000, *Prison Rape Elimination Act*, revised 08/07
- WCRJ, *Inmate Booking Screening Questions, Medical/Mental Health*
- WCRJ, *Inmate Request Form*
- Memorandum of Understanding between Hope Harbor, Inc and WCRJ
- Rape Crisis, *Survivor Handbook*
- WCRJ, *Inmate Grievance Form*
- WCRJ, *Inmate Medical Request Form*
- WCRJ, *Protective Custody Request Form*
- WCRJ, *Request to Return to Population*
- Email between Kentucky State Police (KSP) and WCRJ
- WCRJ, *PREA Regulation*, English and Spanish
- PREA Posters in English and Spanish

Observations during on-site review

Interview with the following:

- PREA Coordinator (PC)
- Random Staff
- Inmates

Provision (a):

WCRJ, PREA Standard 115.51 Policy, *Inmate Reporting*, states inmates experiencing incidents of sexual abuse or sexual harassment are provided multiple means of making a report. WCRJ has multiple ways that inmates can report any incidents involving sexual abuse, sexual harassment, and/or assault. Inmates can write requests, write it on paper and put it in the door, ask to go to medical, or ask for an officer to come and talk to him or her. The inmate will be taken to a secure area and spoken to by the officer. The officer will then notify a supervisor of the situation. The inmate will then be separated from the cell in a secure place in the jail. Any inmate that asked to be brought out of the cell shall be brought out with no questions asked and then spoken to in private. Everything shall be documented by all deputies in contact with the inmate. Inmates can call the Rape Crisis Center at (270) 782-5014, 24 hours a day. You can also call WCRJ at (270) 843-5606 and select option 3.

Of the fifteen random staff interviewed, all indicated they would accept a report or allegation from the inmate and provide it to their supervisor for further direction. They each also reported inmates can report several different ways which includes telling a staff member, calling the PREA hotline posted throughout the facility, or telling a family member. Staff interviewed stated inmates can privately report sexual abuse or sexual harassment as well; through the hotline number or notifying the PC.

Of the thirty inmates interviewed, all reported that they were aware of multiple ways to report incidents of sexual abuse or sexual harassment. These included using the hotline number, contacting the PC, and have a family member contact the institution. Most stated they were comfortable notifying a staff member.

During the on-site portion of the audit, the Auditor observed numerous different PREA posters in both English and Spanish throughout the facility. These posters were observed in every area of the facility. The Auditor checked inmate telephones, and all were in working order. Likewise, all the inmate computers throughout the facility were in working order and readily available to each inmate in their respective housing units.

Provision (b)

The Memorandum of Understanding (MOU) between Hope Harbor, Inc and WCRJ, identifies the public or private entity or office that is not part of the agency that is able to receive and immediately forward inmate reports of sexual abuse or sexual harassment to facility officials,

allowing the inmate to remain anonymous upon request.

The PC was interviewed regarding the WCRJ's process for providing one way for the inmate population to report abuse or harassment to a public or private entity. He indicated the inmates can use the PREA hotline and leave an anonymous message. He further stated that these messages are provided directly to the facility for appropriate follow-up and resolution.

Of the thirty inmates interviewed regarding this provision, all were familiar with the telephone number posted throughout the facility that inmates could call for free.

During the on-site tour, each phone that was tested was in working order and could call out to the local PREA Hotline as well as the National Sexual Abuse Hotline. Both provided sufficient time to leave a detailed message to follow-up and never required personal identifying information. Additionally, WCRJ uses Language Services Associates (LSA) for interpreter services, which is used when a staff member is not available who is bilingual.

Provision (c)

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, p. 8, G, 1, states an offender may report a sexual offense to any staff member and may also report using any of the listed multiple internal and external reporting methods, whether verbally, in writing, anonymously or a via a third party. If at any time it is learned that an offender is subject to a substantial risk of imminent sexual abuse, immediate action shall be taken to protect the offender.

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, p. 9, G, 3, indicates staff members shall immediately report all knowledge, suspicions or information of an incident of a sexual offense within a Kentucky or other correctional facility. They shall also report any retaliation against someone who has reported such an incident and any knowledge of staff who neglect to report the above incidents or who, through neglect of duty or violation of responsibilities, may have contributed to an incident occurring. Staff can privately report offender sexual abuse and sexual harassment directly to the Jailer or Deputy Jailer of the facility, or by contacting the PREA hotline at the number posted in staff break areas.

Of the thirty inmates interviewed regarding this provision, 100% indicated they were aware they can make reports of sexual abuse or sexual harassment in person and in writing.

Provision (d)

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, p. 9, G, 3, says in part, Staff can privately report offender sexual abuse and sexual harassment directly to the Jailer or Deputy Jailer of the facility, or by contacting the PREA hotline at the number posted in staff break areas.

Through interviews with fifteen random staff, several methods for staff to privately report sexual abuse of inmates were identified. All staff indicated they may choose to make a private report to their supervisor, the PC, or the Jailer.

Conclusions:

Based upon the review and analysis of all available evidence, the Auditor has determined WCRJ meets the standard relative to inmate reporting. No recommendation or corrective action is required.

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

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

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (c)

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

115.52 (d)

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

- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (e)

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

115.52 (f)

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

115.52 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Warren County Regional Jail (WCRJ) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020
- WCRJ, Policy VII-3000, *Prison Rape Elimination Act*, Revised 8/07
- WCRJ, Policy XII-600, *Grievance*, Revised 6/06

Observations during on-site review

Provision (a):

In the PAQ the facility reported the agency has an administrative procedure for dealing with inmate grievances regarding sexual abuse and sexual harassment. The PAQ also reflects, WCRJ had zero grievances for sexual abuse or sexual harassment in the past twelve (12) months.

WCRJ, Policy XII-600, *Grievance*, Revised 6/06, p. 1, Policy, states any inmate shall be allowed to file a grievance at such time as the inmate believes he or she has been subjected to abuse, harassment, abridgment of civil rights, or denied privileges specified in the posted rules. (Grievances must be restricted to incidents which occur while the prisoner is in custody of the facility.) No prisoner shall fear against reprisal for initiating grievance procedure in an attempt to resolve legitimate complaints.

Provision (b)

WCRJ, Policy XII-600, *Grievance*, Revised 6/06, p. 1, 1, states a: A grievance shall be made in the form of a written statement by the inmate promptly following the incident, sealed in an unstamped envelope and addressed to the Jailer or Chief Deputies. Such statements shall be transmitted promptly and without interference to the Jailer or Chief Deputies by a Detention Officer or staff member to whom the grievance is given. The grievance must be signed by the inmate.

WCRJ, Policy XII-600, *Grievance*, Revised 6/06, p. 1, 4, says in part any officer or staff member who subjects an inmate to harassment, curtailment of privileges or any type of punishment because of grievance, or attempts to prevent or interfere with the reporting of a grievance, shall be subject to disciplinary action.

Provision (c)

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, p. 9, G, 2, states offenders who report sexual abuse via the offender grievance system shall have their report immediately forwarded to the Jailer it shall be assigned to a designated trained investigator for a full investigation.

Provision (d)

WCRJ, Policy XII-600, *Grievance*, Revised 6/06, p. 1, 5, says any inmate who submits a grievance to the Jailer will receive a response in ten (10) days following the investigation of the grievance, to including findings and actions taken by the Jailer.

As there were zero grievances filed in the past year, there were none to review during the on-site review of documentation.

Provision (e)

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, p. 8, G, 1, an offender may report a sexual offense to any staff member and may also report using any of the listed multiple internal and external reporting methods, whether verbally, in writing, anonymously or a via a third party. If at any time it is learned that an offender is subject to a substantial risk of imminent sexual abuse, immediate action shall be taken to protect the offender.

Provision (f)

As stated in provision (e), Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, p. 8, G, 1, says in part if at any time it is learned that an offender is subject to a substantial risk of imminent sexual abuse, immediate action shall be taken to protect the offender.

Provision (g)

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, p. 15, L, 3, states an offender may be disciplined for reporting a false allegation of sexual abuse or sexual harassment only where the facility can demonstrate the false allegation was knowingly made in bad faith. A report made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute a false report or lying even if an investigation does not establish evidence sufficient to substantiate the allegation.

Conclusions:

Based upon the review and analysis of all the available evidence, the Auditor has determined the WCRJ meets the standard regarding exhaustion of administrative remedies. No recommendations or corrective action is required.

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) Yes No NA
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? Yes No

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Warren County Regional Jail (WCRJ) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020
- Memorandum of Understanding between Hope Harbor, Inc. and WCRJ
- PREA Posters Observations during on-site review

Interviews with the following:

- Inmate who reported sexual abuse
- Random Inmates

Provision (a)

On the PAQ the facility reported it provides inmates with access to outside victimadvocates for emotional support services related to sexual abuse by:

- Giving inmates mailing addresses and telephone numbers (including toll-free numbers) for local, state, or national victim advocate or rape crisis organizations
- Giving inmates mailing addresses and telephone numbers (including toll free numbers) for immigrant service agencies for persons detained solely for civil immigration purposes
- Enable reasonable communication between inmates and these organizations in as confidential a manner as possible.

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, p. 14, k, 4, indicates emotional support services shall be provided as well as appropriate measures taken to protect any individual who expresses a fear of retaliation.

The Memorandum of Understanding (MOU) between Hope Harbor, Inc. and WCRJ, documents the emotional support services are provided by Hope Harbor, Inc. 913 Broadway Avenue, Bowling Green, KY 42101.

Through the interview process, the Auditor learned a victim advocate is made available to be present with the victim before, during and following a forensic examination. Additionally, the advocate conducts follow-up contacts with the victim to ensure aftercare is arranged and firmly in place.

During the tour of the facility, the Auditor observed posters throughout the facility. The posters regularly stated, "You have a right to be free from sexual assault" or "zero- tolerance for sexual abuse or assault". The posters had a victim support telephone number to call. An inmate can also go to any inmate computer or telephone and confidentially report sexual abuse or assault. The Auditor utilized the telephone number provided and was able to confirm it was functioning for the identified services. Lastly, postings around the facility as well as the PREA materials provided, let inmates know they have the ability to notify the PC, or other staff member, of any incident of sexual abuse or harassment. PREA materials are always available on the computer kiosk on each housing unit.

Provision (b)

On the PAQ the facility reported it tells inmates the extent to which communications will be monitored and the limits of confidentiality due to mandatory reporting laws.

During the tour of the facility, the Auditor tested several pay phones to ensure they worked. Each time the telephones functioned appropriately. The phones are checked once on each shift by an intermediate or higher-level staff member to make sure they are in working order to reach the outside support agency without difficulty.

Provision (c)

On the PAQ the facility reported it does have an agreement with a community service provider. The Memorandum of Understanding (MOU) between Hope Harbor, Inc. and WCRJ, documents the emotional support services are provided by Hope Harbor, Inc. 913 Broadway Avenue, Bowling Green, KY 42101.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the WCRJ meets the standard regarding inmate access to outside confidential support services. No recommendations or corrective action is required.

Standard 115.54: Third-party reporting

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

115.54 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Warren County Regional Jail (WCRJ) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020
- WCRJ webpage link - <https://www.warrencountyjail.com/>

Provision (a)

On the PAQ, the facility reported there is access to third-party reporting through their agency website.

The WCRJ has provided access to a third-party reporting process through their agency website. On the agency website, the individual wishing to report a PREA related incident can access this through the following link: <https://www.warrencountyjail.com>

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the WCRJ meets the standard regarding third-party reporting. No recommendations or corrective action is required.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether it is part of the agency? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.61 (b)

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

115.61 (c)

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

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Warren County Regional Jail (WCRJ) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020

Interviews with the following:

- PREA Coordinator (PC)
- Facility Head - Jailer
- Random Staff

Provision (a)

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, 9, G, 4, specifies upon learning that an offender was sexually abused, the staff member shall immediately ensure the safety of the alleged victim while reporting the information to the shift supervisor. The shift supervisor shall activate the coordinated response plan and ensure the following steps have been taken:

- a. The separation of the alleged victim and perpetrator.
- b. The security and protection of any crime scene to keep potential evidence in place for examination and investigation.
- c. Notifications made to the Jailer, investigator, and other designated agency and facility leadership and all required incident reporting procedures.
- d. The only persons permitted to enter a secured crime scene shall be Kentucky State Police, the assigned investigator or medical staff as needed.
- e. A log shall be maintained of anyone entering the crime scene and at what time he

entered and exited. Anyone entering the crime scene shall be videotaped as additional documentation.

- f. The area shall remain secured as a crime scene until verification of a completed investigation and released by the investigating authority.

During interviews with twenty-eight staff, 100% were aware of this requirement and were able to explain how they would immediately report an allegation of sexual abuse in a manner compliant with policy. Moreover, each verbalized information received from a victim should remain confidential, with them only notifying staff that needed to know, i.e., their supervisor, medical staff, etc. All staff indicated PREA related allegations and reports go to the PC, who then notifies the investigative staff.

Provision (b)

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, p. 14, J, states all information in an intake screening, incident report or investigation of a sexual offense shall be kept confidential except to the extent necessary to report to an appropriate supervisor, adequately investigate, provide treatment, or make security or management decisions. An individual interviewed in the course of resolving the complaint shall be cautioned to treat the information as confidential. Breach of this confidentiality shall be grounds for disciplinary action. Due to the sensitive nature of a sexual offense incident as outlined in this policy, all investigative reports, incident reports, KOMS created incident reports (IRT), sexual abuse incident reviews, and investigative notes and documents on sexual offense incidents shall remain confidential and shall not be subject to open records.

During interviews with twenty-eight staff, 100% were aware of this requirement and were able to verbalize how they would immediately report an allegation of sexual abuse. Further, each articulated information received from a victim should remain confidential, with them only notifying staff that needed to know, i.e., their supervisor, medical staff, etc.

Provision (c)

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, p. 8, 8, declares medical and mental health professionals shall obtain informed consent from the offender prior to reporting information related to a prior sexual victimization that did not occur in a facility, unless the offender is under 18 years old.

During interviews with medical and mental health individuals, 100% were aware of this requirement and were able to verbalize how they would immediately report an allegation of sexual abuse. Further, each verbalized their understanding of the policy as well as their rights and responsibilities. They all articulated they were obligated to advise the victim (inmate) of the limitations of confidentiality, due to the mandatory reporting law, prior to the initiation of services.

Provision (d)

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, p. 8, 8, declares medical and mental health professionals shall obtain informed consent from the offender prior to reporting information related to a prior sexual

victimization that did not occur in a facility, unless the offender is under 18 years old.

Interviews with the Jailer and PC revealed they were aware of this requirement and would report any abuse allegations to the appropriate agency, as required by law, as well as the PC and facility and/or agency investigators.

Provision (e)

During the interview process, the PC confirmed allegations of sexual abuse and sexual harassment are reported to the shift supervisor then him.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the WCRJ meets the standard regarding staff and agency reporting duties. No recommendations or corrective action is required.

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Warren County Regional Jail (WCRJ) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and*

Intervention Programs, dated May 20, 2020

Interviews with the following:

- Facility Head – Jailer
- Random Staff

Provision (a)

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, G, 1 states an offender may report a sexual offense to any staff member and may also report using any of the listed multiple internal and external reporting methods, whether verbally, in writing, anonymously or a via a third party. If at any time it is learned that an offender is subject to a substantial risk of imminent sexual abuse, immediate action shall be taken to protect the offender.

The Jailer was interviewed and stated he would take immediate action to protect the victim (inmate). The victim might be moved to another area of the facility or to another facility all together, depending on what was needed to protect the victim. He stated the perpetrator, if known, would be placed in segregated housing.

During random staff interviews, all staff reported if they received an allegation from an inmate they would immediately separate the victim and the perpetrator, safeguard the victim, contact their supervisor, and preserve evidence.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the WCRJ meets the standard regarding agency protection duties. No recommendations or corrective action is required.

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Warren County Regional Jail (WCRJ) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020

Interviews with the following:

- Facility Head - Jailer
- PREA Coordinator (PC)

Provision (a)

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, p. 11, G, 12, states within seventy-two (72) hours of receiving an allegation that an offender was sexually abused while confined at another facility, the Jailer shall notify the head of the facility where the alleged incident occurred. The notification shall be documented. All allegations received from other facilities shall be investigated. The incident report and investigation shall be completed by the facility where the alleged incident occurred.

Provision (b)

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, p. 11, G, 12, states within seventy-two (72) hours of receiving an allegation that an offender was sexually abused while confined at another facility, the Jailer shall notify the head of the facility where the alleged incident occurred. The notification shall be

documented. All allegations received from other facilities shall be investigated. The incident report and investigation shall be completed by the facility where the alleged incident occurred.

Provision (c)

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, p. 11, G, 12, states within seventy-two (72) hours of receiving an allegation that an offender was sexually abused while confined at another facility, the Jailer shall notify the head of the facility where the alleged incident occurred. The notification shall be documented. All allegations received from other facilities shall be investigated. The incident report and investigation shall be completed by the facility where the alleged incident occurred.

Provision (d)

Provision (d) is outlined in Provisions (a), (b) and (c) above.

The Jailer and PC both indicated once an allegation of sexual abuse or sexual harassment is received from another agency, it is immediately assigned to an investigator to conduct the investigation.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the WCRJ meets the standard regarding reporting to other confinement agencies. No recommendations or corrective action is required.

Standard 115.64: Staff first responder duties

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

115.64 (a)

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

changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time that still allows for the collection of physical evidence? Yes No

115.64 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Warren County Regional Jail (WCRJ) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020

Interviews with the following:

- Facility Head - Jailer
- First Responders

Provision (a)

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, p. 9, G, 4, states Upon learning that an offender was sexually abused, the staff member shall immediately ensure the safety of the alleged victim while reporting the information to the shift supervisor. The shift supervisor shall activate the coordinated response plan and ensure the following steps have been taken:

- a. The separation of the alleged victim and perpetrator.
- b. The security and protection of any crime scene to keep potential evidence in place for

examination and investigation.

- c. Notifications made to the Jailer, investigator, and other designated agency and facility leadership and all required incident reporting procedures.
- d. The only persons permitted to enter a secured crime scene shall be Kentucky State Police, the assigned investigator or medical staff as needed.
- e. A log shall be maintained of anyone entering the crime scene and at what time he entered and exited. Anyone entering the crime scene shall be videotaped as additional documentation.
- f. The area shall remain secured as a crime scene until verification of a completed investigation and released by the investigating authority.

On the PAQ, WCRJ indicated they had zero grievances for alleged sexual abuse and harassment in the past 12-months.

The Jailer indicated First Responder staff have been trained in the PREA process, and frequent training is conducted to ensure competency and compliance.

During staff interviews, all staff, were able to articulate to the Auditor how to respond to a PREA incident. All staff, volunteers and contractors were aware of the mandate to separate the perpetrator from the victim, preserve physical evidence, as well as the area the incident occurred, seek medical aid, as needed, and report the incident.

During interviews with First Responders, all stated they were trained in the PREA process through annual in-service training, on-the-job training, and staff meetings. Each verbalized the PC frequently reminds them of PREA policies and speaks with them regarding the importance of PREA and safety from sexual abuse or harassment.

Non-custody staff who were interviewed, all stated they would notify custody staff, separate the victim and the perpetrator, direct the victim and the perpetrator not to do anything to destroy evidence and keep the scene secure until custody staff arrived. They all verbalized the importance of, as well as their understanding of the need for confidentiality in all cases.

Provision (b)

The Auditor's review of the PREA training curriculum that all staff, volunteers, and contractors received, identifies whoever received the information first, as a First Responder, including staff, volunteers, and contractors. As a First Responder these individuals are trained to take steps to isolate and contain the situation, secure the scene, separate the alleged victim from the alleged perpetrator, remove all uninvolved parties, relay any observations to shift supervisors or the PC.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the WCRJ meets the standard regarding staff first responder duties. No recommendations or corrective action is required.

Standard 115.65: Coordinated response

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

115.65 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Warren County Regional Jail (WCRJ) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020
- WCRJ, Standard 115.65, *Coordinated Response*

Interviews with the following:

- Facility Head – Jailer

Provision (a)

WCRJ, Standard 115.65, *Coordinated Response*, p. 1 states it is the policy of the Warren County Regional Jail that any PREA investigation done by the PREA investigator or designee be completed and signed. investigator or designee by completed and signed. It will then be discussed by the WCRJ PREA committee to deem what is best housing assignment for the victim and for the safety and security of the jail.

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention*

Programs, dated May 20, 2020, p. 9, the shift supervisor shall activate the coordinated response plan and ensure the following steps have been taken:

- a. The separation of the alleged victim and perpetrator.
- b. The security and protection of any crime scene to keep potential evidence in place for examination and investigation.
- c. Notifications made to the jailer, investigator, and other designated agency and facility leadership and all required incident reporting procedures.
- d. The only persons permitted to enter a secured crime scene shall be Kentucky State Police, the assigned investigator or medical staff as needed.
- e. A log shall be maintained of anyone entering the crime scene and at what time he entered and exited. Anyone entering the crime scene shall be videotaped as additional documentation.
- f. The area shall remain secured as a crime scene until verification of a completed investigation and released by the investigating authority.

WCRJ coordinates actions taken in response to an incident of sexual abuse among first responders, medical and mental health professions, investigators, and Executive Staff. Following the initial response continued coordination between departments is achieved through PREA after action meetings.

The Jailer confirmed that the coordinated response has been identified in the policies listed above. He indicated each item breaks down what the various responsibilities are for the respective staff members and positions.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the WCRJ exceeds the standard regarding coordinated response. The coordinated response at WCRJ is well thought out and expertly implemented. No recommendations or corrective action is required.

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

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

115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual

abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Warren County Regional Jail (WCRJ) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020

Interviews with the following:

- Facility Head - Jailer

Provision (a)

According to the PAQ, WCRJ reports it is responsible for collective bargaining and has entered into or renewed a collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit whichever is later. Conversations with the Jailer confirmed this information.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the WCRJ meets the standard regarding preservation of ability to protect inmates from contact with abusers. No recommendations or corrective action is required.

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

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

115.67 (b)

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

115.67 (c)

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

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Warren County Regional Jail (WCRJ) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020

- WCRJ, Policy VII-3000, *Prison Rape Elimination Act (PREA)*, revised 8/07

Interviews with the following:

- Facility Head – Jailer
- PREA Coordinator (PC)

Provision (a)

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, p. 14, K, states retaliation by or against any party, staff or offender, involved in a complaint or report of sexual abuse or sexual harassment shall be strictly prohibited. Retaliation in and of itself, shall be grounds for disciplinary action and will be investigated.

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, p. 14, K, 1 indicates the PREA Coordinator is responsible for monitoring retaliation.

WCRJ, Policy VII-3000, *Prison Rape Elimination Act (PREA)*, revised 8/07, indicates retaliation by or against any part involved in a complaint shall be strictly prohibited. Retaliation, in, and of itself, shall be grounds for disciplinary action.

According to the PAQ, the PC at WCRJ has been identified as the individual who is primarily responsible for monitoring possible retaliation.

Provision (b)

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, p. 14, K, 3, indicates the facility is responsible for employing multiple protective 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.

In the interview with the Jailer, the Auditor was informed there are multiple measures used to protect inmates and staff from retaliation. These measures include considering and monitoring if the inmate is being given changes in housing assignments, work assignments or an increase in disciplinary reports. The monitoring of staff includes watching for negative performance reviews or work reassignments.

Provision (c)

According to the PAQ, WCRJ generally monitors for retaliation for a period of 90-days, unless further monitoring is needed. The PAQ also indicated, WCRJ did not have any instances of retaliation in the past twelve (12) months.

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention*

Programs, dated May 20, 2020, p. 14, K, 2, states monitoring shall occur for at least ninety (90) days following an allegation of sexual abuse or sexual harassment. Monitoring shall occur beyond ninety (90) days if the initial monitoring indicates a continuing need. Monitoring shall cease if the investigation determines that the allegation is unfounded.

In the interview with the Jailer, the Auditor was informed that retaliation is absolutely not tolerated at WCRJ. The Jailer emphasizes to staff and inmates that they are free to speak about PREA issues without fear of retaliation. He stressed that if retaliation does occur, there would be prompt action taken against those responsible for the retaliation. They would be investigated and disciplined.

Provision (d)

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, p. 14, K, 3, dictates in cases when monitoring offenders, periodic status checks shall be conducted by the PREA Coordinator as needed, but at least once every thirty (30) days. Status checks shall be conducted more often if concerns are expressed by the offender.

Provision (e)

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, p. 14, K, 4, indicates emotional support services shall be provided as well as appropriate measures taken to protect any individual who expresses a fear of retaliation.

Provision (f)

Auditor is not required to audit this provision.

Conclusion:

At the time of the audit, retaliation monitoring was being conducted as required by standard. However, the documentation format of the retaliation monitoring form was not clear and inclusive of everything needed. WCRJ created a *Retaliation Monitoring Checklist* which adequately documents the retaliation monitoring of victim of sexual abuse or sexual harassment. WCRJ has agreed to begin using the *Retaliation Monitoring Checklist* immediately.

The new *Retaliation Monitoring Checklist* combined with the review and analysis of all the available evidence, the Auditor has determined the WCRJ meets the standard regarding agency protection against retaliation. No further recommendations or corrective action is required.

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Warren County Regional Jail (WCRJ) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020
- WCRJ, Policy V-300, *Administrative Segregation*
- WCRJ, Standard 115.68, *Post-Allegation Protective Custody*

Interviews with the following:

- Facility Head – Jailer
- PREA Coordinator (PC)

Provision (a)

The PAQ indicates WCRJ did use segregated housing twice in the past 12-months for PREA related allegations. Interviews with the Jailer and PC confirmed this information.

WCRJ, Standard 115.68, *Post-Allegation Protective Custody*, specifies it is the policy of the Warren County Regional Jail that any alleged allegations of a PREA Incident that the inmate has allegedly abuse, assaulted, or harassment be sequestered by himself and the accused by himself and away from other inmates. It is also policy that the entire cell be removed from the scene so that if any evidence, if any, is not destroyed or tampered with.

WCRJ, Policy V-300, *Administrative Segregation*, p.1, indicates administrative segregation shall be used to separate those inmates who need to be isolated from the general facility

population. Inmates placed in administrative segregation shall receive all privileges granted to inmates in the general population (with the exception that certain materials or activities which may constitute a threat to the inmate's own safety, or the safety of the other inmates may be withheld). Depending on the reason for separation, inmates in administrative segregation may require increased surveillance.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the WCRJ meets the standard regarding post allegation protective custody. No recommendations or corrective action is required.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

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

115.71 (b)

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

115.71 (c)

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

115.71 (d)

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

115.71 (e)

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

115.71 (f)

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

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Warren County Regional Jail (WCRJ) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020
- Investigative staff training records

Interviews with the following:

- Facility Head - Jailer
- PREA Coordinator (PC)
- Investigative Staff
- Inmate who reported sexual abuse

Provision (a)

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, p. 11, H, 1, states all allegations of sexual abuse and sexual harassment shall be promptly, thoroughly and objectively investigated, including third-party and anonymous reports.

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, p. 11, 2, indicates all employees who conduct sexual abuse investigations shall receive specialized training in conducting such an investigation in a confinement setting. The training shall include techniques for interviewing sexual abuse victims,

proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, p. 11, 5, states all employees receiving specialized training shall sign a document acknowledging that they understand the training they have received. All training documentation shall be maintained in accordance with the provisions of CPP 4.7.

At the time of the audit, WCRJ had five in-house investigators. The auditor reviewed documentation confirming the investigators completed the 16-hour, specialized investigative training. The investigative staff completes all administrative investigations. If the evidence suggests a crime has been committed, the investigative staff will notify the Jailer who contacts the Kentucky State Police (KSP). WCRJ investigative staff continues to work with KSP to ensure an open and fluid investigation. All substantiated criminal cases are referred to the District Attorney for consideration for prosecution.

During the interview with the investigative staff, he indicated investigations begin immediately following notification of the incident. He reported the same protocols are used regardless of how the incident is reported, whether it is in person, telephonically, third party, by mail or anonymously.

In the past 12-months there have been thirteen allegations of sexual abuse and sexual harassment. All cases were administrative. Seven were sexual abuse allegations, six were sexual harassment. Eleven were inmate-on-inmate and two were staff-on-inmate. After investigation six allegations were substantiated, three were unsubstantiated, and four were unfounded. Ninety-day retaliation monitoring was implemented in all cases. All inmates were notified of the investigation determination. A sexual abuse incident review was conducted on all closed cases, with the exception of the unfounded cases. In the past 12-months there were zero (0) SAFE/SANE examinations.

When reviewing the documentation of the cases, all included the original complaint, the referral for investigation, referrals for mental health, and all subsequent available paperwork. All cases were investigated thoroughly, timely and appropriately. The inmates were given proper notice of the findings for all closed cases.

All cases had appropriate documentation of the inmate rights, direct and circumstantial evidence, witness statements, proper time frames, effective communication, safety of the inmate, as well as other mandated guidelines. After reviewing it was determined all guidelines had been met.

Provision (b)

WCRJ investigators receive 16 additional hours of training including interviewing techniques for sexual abuse victims, conducting sexual abuse investigations in a confinement setting, investigation and evidence collection for inmate sexual offenses, sexual harassment, and custodial sexual misconduct. This training is documented and was verified by the Auditor through employee electronic signatures.

During the interview with investigative staff, it was confirmed he had attended these training sessions. The Auditor reviewed the investigators training records and verified his attendance and participation in all mandated training.

Provision (c)

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, p. 11, H, 3, states investigators shall:

- a. Gather and preserve all direct and circumstantial evidence, including any available physical and DNA evidence, and any available electronic monitoring data;
- b. Interview the alleged victim, suspected perpetrators, and witnesses; and
- c. Review prior complaints and reports of sexual abuse involving the suspected perpetrator.

During the interview, the investigative staff indicated all of his investigations follow practically the same investigative format. Generally speaking, he interviews the victim first, then any witnesses, leaving the perpetrator for last. He stated it varies slightly if it is an alleged Sexual Harassment rather than an alleged Sexual Assault or Sexual Abuse. If it is an alleged Sexual Assault or Sexual Abuse incident, he will go to the rape crisis center or the dedicated SAFE/SANE location where the victim is being seen.

Except in the cases where the SAFE/SANE team collects the evidence, the investigator indicated he collects and secures all evidence. He was trained in evidence collection through the agency's investigator training and the Kentucky State Police. The Auditor reviewed training records, which confirmed this training.

Provision (d)

During interviews, the investigative staff reported when it appears a crime may have been committed; all questions immediately stop, and the Jailer is contacted. The perpetrator is immediately read their Miranda rights and the case, including all evidence, is turned over to the Kentucky State Police. At this point, the investigative staff will only conduct compelled interviews after consultation with the investigating agency or the prosecutors, and a definite determination is made such interviews will not be an obstacle for subsequent criminal prosecution.

Provision (e)

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, p. 12, H, 7, states the credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the individual's status as an offender or staff member. An offender who alleges sexual abuse shall not be required to submit to a polygraph examination or other truth-telling device as a condition to proceed with the sexual abuse investigation.

The investigative staff reported credibility of anyone involved in the investigation is determined through the investigative process. He stated everyone is treated as credible and truthful unless

the investigation proves otherwise. He confirmed a polygraph is not used in the investigative process of PREA cases.

Provision (f)

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, p. 12, H, 4 states investigations shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, the review of prior complaints and reports of sexual abuse involving the suspected perpetrator, and investigative facts and findings.

During the interview, the investigative staff reported in administrative investigations he follows the evidence as the investigation unfolds. In following the evidence, he attempts to determine if staff actions or failure to act contributed to the allegation. He summarizes all findings in his report.

In the past 12-months there have been thirteen allegations of sexual abuse and sexual harassment. All cases were administrative. Seven were sexual abuse allegations, six were sexual harassment. Eleven were inmate-on-inmate and two were staff-on-inmate. After investigation six allegations were substantiated, three were unsubstantiated, and four were unfounded. Ninety-day retaliation monitoring was implemented in all cases. All inmates were notified of the investigation determination. A sexual abuse incident review was conducted on all closed cases, with the exception of the unfounded cases. In the past 12-months there were zero (0) SAFE/SANE examinations.

When reviewing the documentation of the cases the Auditor looked for inmate rights, direct and circumstantial evidence, witness statements, proper time frames, effective communication, safety of the inmate, as well as other mandated guidelines.

The documentation review included the original complaint, the referral for investigation, referrals for mental health and/or medical, and all subsequent available paperwork, including administrative remedy forms and responses where applicable. The allegations were investigated appropriately and timely and a finding was made as indicated previously.

Provision (g)

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, p. 12, H, 4, indicates investigations shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, the review of prior complaints and reports of sexual abuse involving the suspected perpetrator, and investigative facts and findings.

When asked about handling criminal investigation, the investigative staff reported he thoroughly documented all steps of the process, including investigative steps, interviews, facts, and findings, up until the point he determines it is criminal in nature and he notifies the Jailer who turns it over to the KSP.

According to the PAQ, in the past twelve months there have been zero substantiated allegations of conduct that appear to be criminal that were referred for prosecution.

Provision (h)

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, p. 11, G, 11, notifications for the purpose of an investigation shall be immediately made to the designated facility or agency investigator. In addition, all allegations of sexual abuse that involve potentially criminal behavior shall be referred for criminal investigation to the Kentucky State Police (KSP).

Per the PAQ, in the past 12-months there have been zero criminal cases referred for prosecution.

During the interview process, investigative staff said when the evidence points to a crime being committed, the case is referred to Kentucky State Police for investigation by the Jailer. If the investigation uncovers evidence that a crime has been committed the case is forwarded to the District Attorney for review for prosecution.

Provision (i)

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, p. 12, H, 9, specifies the departure of the alleged perpetrator or victim from the employment or control of the facility or department shall not provide a basis for terminating an investigation.

During the interview, the investigator confirmed that if a principle (victim or abuser) is released or terminated from the agency, it in no way alters the investigation. The investigation continues to its natural end regardless of the employment or residence of the individuals involved.

Provision (k)

Auditor is not required to audit this provision.

Provision (l)

The WCRJ investigative staff completes all administrative investigations. If the evidence suggests a crime has been committed, the investigative staff will notify the Jailer who contacts the Kentucky State Police (KSP). WCRJ investigative staff continues to work with KSP to ensure an open and fluid investigation. All substantiated criminal cases are referred to the District Attorney for consideration for prosecution.

Conclusions:

Based upon the review and analysis of all available evidence, the Auditor has determined the WCRJ meets the standard regarding criminal and administrative agency investigations. No recommendation or corrective action is required.

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Warren County Regional Jail (WCRJ) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020

Interview with the following:

- Investigative Staff

Provision (a)

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, p. 12, H, 6, states no standard higher than a preponderance of the evidence shall be imposed in determining whether allegations of sexual abuse or sexual harassment are substantiated for administrative investigations.

The Auditor interviewed investigative staff who relayed that during an investigation, all available evidence is collected (from the victim, from the perpetrator, from the scene; interviews; etc.) and submitted to the Jailer and PC for their review and consideration.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the WCRJ meets the standard regarding evidentiary standard for administrative investigations. No recommendations or corrective action is required.

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

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

115.73 (c)

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

115.73 (d)

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

alleged abuser has been convicted on a charge related to sexual abuse within the facility?

Yes No

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Warren County Regional Jail (WCRJ) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020

Interview with the following:

- Facility Head - Jailer
- Investigative Staff

Provision (a)

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, p. 12, H, 12, states following an investigation where the alleged victim has reported the case of sexual abuse, the alleged victim shall be informed within thirty (30) days of the conclusion of the investigation. It shall be documented when the:

- a. Allegation has been determined to be substantiated, unsubstantiated or unfounded.
- b. Alleged perpetrator is no longer posted within the offender's unit.
- c. Alleged perpetrator is no longer employed.

- d. Alleged perpetrator has been indicted or convicted on a charge related to sexual abuse.

In interviewing the investigative staff, the Auditor was instructed the final step of the investigation process, takes place after all findings have been determined. At the conclusion of any PREA investigation, the investigative staff submits through the Jailers office, a closeout memorandum to the victim and the perpetrator, notifying each of the conclusion of the investigation and the findings. The Jailer was asked a similar question and he echoed the response of the investigative staff.

Additional information received provided an overview of the administrative and criminal cases, including status. The Auditor reviewed documentation that indicated during the past 12-months there were thirteen PREA allegation incident reports. Seven cases were sexual abuse allegations and six were sexual harassment. One sexual abuse allegation involved a staff member. One sexual harassment allegation involved a staff member. Both allegations were deemed unfounded after thorough investigation and the cases have been closed. The remaining eleven allegations were inmate-on-inmate. After being thoroughly investigated, four were deemed unfounded; 3 unsubstantiated; with 6 being substantiated. All cases have been closed.

Provision (b)

It is the policy of WCRJ if the facility did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the inmate.

According to the PAQ, during the past twelve (12) months there have been no criminal investigations by outside agencies.

Provision (c)

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, p. 12, H, 12, states following an investigation where the alleged victim has reported the case of sexual abuse, the alleged victim shall be informed within thirty (30) days of the conclusion of the investigation. It shall be documented when the:

- a. Allegation has been determined to be substantiated, unsubstantiated or unfounded.
- b. Alleged perpetrator is no longer posted within the offender's unit.
- c. Alleged perpetrator is no longer employed.
- d. Alleged perpetrator has been indicted or convicted on a charge related to sexual abuse.

As previously stated in provision (a), the victims are notified via memorandum, issued through the Jailer's office.

Provision (d)

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, p. 12, H, 12, states following an inmate's allegation that he has

been sexually abused by another inmate, the agency shall subsequently inform the alleged victim whenever:

- a. Allegation has been determined to be substantiated, unsubstantiated or unfounded.
- b. Alleged perpetrator is no longer posted within the offender's unit.
- c. Alleged perpetrator is no longer employed.
- d. Alleged perpetrator has been indicted or convicted on a charge related to sexual abuse.

Provision (e)

As previously stated in provision (a), the victim is notified via memorandum, issued through the Jailer's Office.

During the past 12-months there were thirteen PREA allegation incident reports. Seven cases were sexual abuse allegations and six were sexual harassment. One sexual abuse allegation involved a staff member. One sexual harassment allegation involved a staff member. Both allegations were deemed unfounded after thorough investigation and the cases have been closed. The remaining eleven allegations were inmate-on-inmate. After being thoroughly investigated, four were deemed unfounded; 3 unsubstantiated; with 6 being substantiated. All cases have been closed.

Provision (f)

The Auditor is not required to audit this provision.

Conclusion:

At the time of the audit, the inmates were being notified of the outcomes of their investigation but were not signing for the notification. WCRJ created the *PREA Disposition Offender Notification* form to document the notification of the inmate regarding PREA investigations and including signatures of the inmate, staff delivering the notification and the Jailer. WCRJ has agreed to begin using the *PREA Disposition Offender Notification* form immediately.

The new *PREA Disposition Offender Notification* form combined with the review and analysis of all the available evidence, the Auditor has determined the WCRJ meets the standard regarding agency protection against retaliation. No further recommendations or corrective action is required.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Warren County Regional Jail (WCRJ) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020
- WCRJ, PREA Standard 115.76, *Disciplinary Sanctions for Staff*

- WCRJ, Policy III-300, *Employee Code of Ethics*
- WCRJ, Policy VII-3000, *Prison Rape Elimination Act (PREA)*

Interviews with the following

- Facility Head - Jailer
- PREA Coordinator (PC)

Provision (a)

According to the PAQ, during the previous twelve (12) months there had not been any terminations, resignations, or other sanctions against staff for violation of the agency's sexual abuse or sexual harassment or sexual misconduct policies.

WCRJ, PREA Standard 115.76, *Disciplinary Sanctions for Staff*, states it is the policy of the WCRJ that any staff member face disciplinary actions up to, and including termination, if any sexual accusations are deemed true. The WCRJ policy is a very clear **Zero Tolerance** for sexual misconduct of any kind. All actions will be documented, and charges may be filed against any staff member for sexual misconduct of any kind.

WCRJ, Policy VII-3000, *Prison Rape Elimination Act (PREA)*, states it is the policy of the WCRJ that sexual misconduct shall not be tolerated. WCRJ shall prohibit conduct that rises to the level set by Code of Federal Regulations Title 29 1604.11. Sexual Harassment (29 C.F.R. § 1604.11). WCRJ employees shall be advised to avoid offensive or inappropriate conduct or sexual misconduct at work. Complaints of sexual misconduct shall be investigated in a prompt, effective and uniform manner. Appropriate action shall be taken to ensure that any sexual misconduct shall not occur.

Provision (b)

WCRJ, Policy III-300, *Employee Code of Ethics* indicates that a WCRJ employee may not engage in, or allow another person to engage in, sexual behavior with an inmate. There is never any such thing as *consensual sex* between staff and inmate. Further, termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

During the interview process, the Jailer confirmed during the previous twelve (12) months there had not been any terminations, resignations, or other sanctions against staff for violation of the agency's sexual abuse or sexual harassment or sexual misconduct policies.

Provision (c)

WCRJ, Policy III-300, *Employee Code of Ethics* indicates 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 to comparable offenses by other staff with similar histories.

During an interview with the PC, he confirmed during the previous twelve (12) months there had not been any terminations, resignations, or other sanctions against staff for violation of the

agency's sexual abuse or sexual harassment or sexual misconduct policies.

Provision (d)

WCRJ, Policy III-300, *Employee Code of Ethics* indicates 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.

During an interview with the Jailer, he confirmed during the previous twelve (12) months there had not been any terminations, resignations, or other sanctions against staff for violation of the agency's sexual abuse or sexual harassment or sexual misconduct policies.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the WCRJ meets the standard regarding disciplinary sanctions for staff. No recommendations or corrective action is required.

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Warren County Regional Jail (WCRJ) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020
- WCRJ, *Prison Rape Elimination Act, Policy and Procedure for Contractors, Community Inmate Supervisors and Volunteers*, undated
- WCRJ, *Rules for Volunteers Conducting Jail Programs/Services*
- WCRJ, *PREA Brochures for Volunteers*
- WCRJ, Policy XI-600, *Community Service/ Class D/ Jail Work Program*, Revised 6/06
- WCRJ, Policy VII-3000, *Prison Rape Elimination Act*, Revised 8/07

Interview with the following

- Facility Head - Jailer

Provision (a)

The PAQ indicates there have been no reports of sexual abuse by contractors or volunteers at WCRJ, during the past 12 months.

WCRJ, *Prison Rape Elimination Act, Policy and Procedure for Contractors, Community Inmate Supervisors and Volunteers*, undated, states it is the policy of the WCRJ the any contractor or volunteer that engages in any sexual interaction, the contractor or volunteer's security to enter the WCRJ shall be terminated without hesitation. The **Zero Tolerance Policy** of the WCRJ is clear and forthright for contractors and volunteers, as well as employees.

Provision (b)

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, p. 5, II, C, as required by 28 C.F.R. § 115.32, all Volunteers and Contractors who have contact with offenders shall be trained annually on the following:

- a. The Department's policy of zero-tolerance regarding sexual abuse and sexual harassment and how to report such incidents.
- b. Their responsibilities under the department's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.
- c. Training shall be based on the level and amount of contact the Volunteer or Contractor has with offenders.

During an interview with the Jailer, he disclosed that when an issue is brought to his attention, he immediately refers the matter to the investigative staff for their follow-up. During this time, the contractor or volunteer are not allowed access to the facility pending investigation and review of the matter.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the WCRJ meets the standard regarding corrective action for contractors and volunteers. No recommendations or corrective action is required.

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an

incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? Yes No

115.78 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Warren County Regional Jail (WCRJ) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020
- WCRJ, PREA Standard 115.748, Disciplinary Sanctions for Inmates
- WCRJ, Policy VII-3000, Prison Rape Elimination Acts, Revised 8/07

Interviews with the following

- Facility Head - Jailer
- Medical Staff

Provision (a)

The PAQ reflects in the past twelve months there have been eleven administrative or criminal findings of inmate-on-inmate sexual abuse at the facility.

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, p. 14, L, 1, indicates offenders may be disciplined for substantiated incidents of offender-on-offender sexual abuse according to CPP 15.2. If an offender has pending disciplinary sanctions for alleged offender-on-offender sexual abuse,

consideration shall be given as to whether the offender's mental disabilities or mental illness contributed to his or her behavior when determining what level of sanction, if any, will be imposed.

Additional information received provided an overview of the administrative and criminal cases, including status. During the past 12-months there have been a total of eleven inmate-on-inmate cases; all were administrative. Six were substantiated, two were unfounded, and three were unsubstantiated. At the time of the audit, there were no inmate-on-inmate pending cases. In each case the victim was provided a close out memorandum.

Provision (b)

During the interview with the Jailer disciplinary sanctions were discussed. He indicated that the inmate discipline is based on level of the violation and penalties are imposed comparable to other inmate's penalties. Penalties might include change of housing assignment, loss of good time credit, and possible prosecution, when appropriate.

Provision (c)

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, p. 14, L, 1, indicates offenders may be disciplined for substantiated incidents of offender-on-offender sexual abuse according to CPP 15.2. If an offender has pending disciplinary sanctions for alleged offender-on-offender sexual abuse, consideration shall be given as to whether the offender's mental disabilities or mental illness contributed to his or her behavior when determining what level of sanction, if any, will be imposed.

During the interview with the Jailer, disciplinary sanctions were discussed. He indicated if the inmate has a mental history, mental health staff will be involved to assist in determining appropriate sanctions.

Provision (d)

The PAQ indicates WCRJ does offer therapeutic services and interventions to inmates.

During interviews with medical staff, the Auditor was informed that medical staff can make recommendations for referrals for inmates for therapy, counseling, or other interventions to address underlying issues related to abuse. The inmate's issues would be addressed during regular counseling sessions or group counseling sessions. Participation in interventions is not a condition for access to other programming or benefits.

Provision (e)

The PAQ reflects WCRJ only disciplines inmates for sexual contact with staff when it is determined the staff member did not consent.

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, p. 15, L, 2, indicates offenders may not be disciplined for sexual abuse of a staff member if the staff member consented.

Provision (f)

The PAQ reflects WCRJ prohibits disciplinary action for a report of sexual abuse made in good faith.

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, p. 15, L, 3, indicates an offender may be disciplined for reporting a false allegation of sexual abuse or sexual harassment only where the facility can demonstrate the false allegation was knowingly made in bad faith. A report made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute a false report or lying even if an investigation does not establish evidence sufficient to substantiate the allegation.

During an interview with Jailer, the Auditor was informed in the past 12 months there had not been any disciplinary action taken against any inmates for a report of sexual abuse made in good faith.

Provision (g)

The PAQ indicates WCRJ prohibits all sexual activity between inmates. Further, it states WCRJ only considers sexual activity between inmates to be sexual abuse if it is coerced.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the WCRJ meets the standard regarding disciplinary sanctions for inmates. No recommendations or corrective action is required.

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

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

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure

that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) Yes No NA

115.81 (c)

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

115.81 (d)

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

115.81 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Warren County Regional Jail (WCRJ) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020

Observations during on-site review

Interview with the following

- Head of Facility - Jailer
- PREA Coordinator (PC)
- Medical Staff

Provision (a)

The PAQ reflects in the past 12 months, WCRJ referred 100% of inmates who disclosed prior victimization during screening were offered a follow-up meeting with a medical or mental health professional.

The Auditor interviewed staff who conduct the intake screenings. These staff confirmed inmates are offered a follow-up meeting with a mental health professional, within 14-days of intake, if the intake screening indicates the inmate is at high risk for possible victimization, aggressiveness or has a history of victimization.

During the documentation review, the Auditor discovered all mental health referrals, as a result of disclosure during intake, were timely made. All referrals were evaluated within the appropriate time frame.

Provision (b)

The PAQ reflects in the past 12 months, WCRJ referred 100% of inmates who disclosed previously perpetrated sexual abuse during screening for a follow-up meeting with medical or mental health professionals.

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, p. 8, F, 6, states when an assessment indicates an offender has experienced victimization or previously been a perpetrator, staff shall ensure the offender has been offered a follow-up for counseling and monitoring with the appropriate medical or mental health professional within fourteen (14) days of the assessment.

As stated in Provision (a), all referrals and evaluations were made timely.

Provision (c)

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, p. 8, F, 6, states when an assessment indicates an offender has experienced victimization or previously been a perpetrator, staff shall ensure the offender has been offered a follow-up for counseling and monitoring with the appropriate medical or mental health professional within fourteen (14) days of the assessment.

WCRJ is a co-correctional jail.

Provision (d)

The PAQ indicates WCRJ strictly limits information obtained in intake screening relating to

sexual abuse to those who need to make management, security, or treatment plan decisions.

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, indicates that any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, or as otherwise required by Federal, State, or local law.

During the interview process, the Jailer indicated although most information related to sexual victimization or abusiveness that occurred in the institution setting is strictly limited to medical and mental health professions, some tracking information and/or safeguarding information may be seen by custody and non-health care personnel.

The Auditor interviewed staff who conduct intake screenings and was informed that all medical and mental health records are contained in a separate and secure database. This database is accessed only through medical or mental health staff, and information is only provided to classification and high-level staff on a need-to-know basis.

Provision (e)

The PAQ indicates WCRJ medical and mental health professionals obtain informed consent prior to reporting information about prior sexual victimization that did not occur in an institutional setting unless the inmate is under the age of 18.

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, p. 8, 8, indicates medical and mental health professionals shall obtain informed consent from the offender prior to reporting information related to a prior sexual victimization that did not occur in a facility, unless the offender is under 18 years old.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the WCRJ meets the standard regarding medical and mental health screenings, history of sexual abuse. No recommendations or corrective action is required.

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

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

115.82 (b)

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

115.82 (c)

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

115.82 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Warren County Regional Jail (WCRJ) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020
- WCRJ, Policy VII-3000, *Prison Rape Elimination Act*, Revised 8/07
- MOU between Hope Harbor, Inc. and WCRJ

Interview with the following

- Medical Staff
- First Responders
- SAFE/SANE

Provision (a)

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, p. 6, E, 3, indicates inmate 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.

All forensic medical exams by SAFE/SANE personnel are located at Bowling Green Medical Center, 250 Park Street, Bowling Green, KY 42101.

During the SAFE/SANE interview process, it was learned that the Kentucky Association of Sexual Assault Programs (KAQSAP) has signed an agreement with the Department of Corrections which makes available the following services after a sexual assault, in accordance with Prison Rape Elimination Act (PREA) Standards:

- Confidential Crisis Line
- Hospital accompaniment for forensic exam
- Up to 3 counseling sessions, by phone or in person

The Auditor conducted a telephone interview with the SAFE/SANE personnel at Bowling Green Medical Center, 250 Park Street, Bowling Green, KY 42101. The Sexual Assault Nurse Examiner (SANE) provides timely, non-judgmental, compassionate care to the sexual assault victim. This includes a forensic exam, prophylaxis for pregnancy and sexually transmitted diseases, photographic documentation, referrals for appropriate medical and psychological follow-up, as well as support and participation in legal proceedings. An advocate is provided from Hope Harbor, Inc. for medical accompaniment for all SANE examinations.

SANE personnel confirmed the forensic exams are free to the inmate. Indicating they are conducted at the hospital emergency department.

Medical and Mental Health staff interviewed by the Auditor reported treatment is provided immediately and is based on their professional judgment. Medical and Mental Health staff work together to ensure the inmate received the appropriate treatment. Information about and access to emergency contraception and sexually transmitted diseases prophylaxis, is offered in accordance with professionally accepted standards of care and where medically appropriate.

Provision (b)

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, p.10, G, 6, (b), states in coordination with the hospital, the Medical Department shall request the forensic medical examination be performed by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) or another qualified medical practitioner. The efforts to provide SAFEs or SANEs shall be documented. The examination shall be at no cost to the offender.

Interviews with First Responders revealed notification is made via the telephone to the medical staff who are on duty when they are informed of an incident of sexual abuse. The inmate is then transferred to a local hospital for a Sexual Assault Response Team (SART) exam by a SAFE/SANE practitioner.

Provision (c)

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, p. 6, E, 3, indicates inmate victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, when medical appropriate.

As previously cited in Provision (a) Medical and Mental Health staff interviewed by the Auditor reported treatment is provided immediately and is based on their professional judgment. Medical and Mental Health staff work together to ensure the inmate received the appropriate treatment. Information about and access to emergency contraception and sexually transmitted diseases prophylaxis, is offered in accordance with professionally accepted standards of care and where medically appropriate.

Provision (d)

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, p. 7, E, 5, states current and previous victims of sexual abuse shall receive any medical and mental health services related to the sexual abuse at no cost to the offender.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the WCRJ meets the standard regarding access to emergency medical and mental health services. No recommendations or corrective action is required.

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

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

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

115.83 (e)

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

115.83 (f)

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

115.83 (g)

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

115.83 (h)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Warren County Regional Jail (WCRJ) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020
- WCRJ, Policy VII-3000, *Prison Rape Elimination Act (PREA)*, Revised 8/07
- WCRJ, Policy VIII-100, *Health Care*, Revised 6/06
- WCRJ, Policy VIII-200, *Health Appraisal Data*, undated
- WCRJ, Policy VIII-600, *Mental Problems*, undated
- WCRJ, Policy VIII-500, *Medications*, Revised 6/06
- WCRJ, Policy VIII-300, *Medical Complaints and Records*, Revised 6/06
- WCRJ, Policy VIII-400, *Emergency Medical Services*, Revised 6/06
- Memorandum of Understanding between Hope Harbor, Inc and WCRJ

Interview with the following:

- Medical and Mental Health Staff
- PREA Coordinator (PC)

Provision (a)

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, p. 7, E. 5, indicates current and previous victims of sexual abuse shall receive any medical and mental health services related to the sexual abuse at no cost to the offender.

All forensic medical exams are conducted by Bowling Green Medical Center, SAFE/SANE personnel. The Auditor conducted a telephone interview with the SAFE/SANE personnel at Bowling Green Medical Center, 250 Park Street, Bowling Green, KY 42101. The Sexual Assault Nurse Examiner (SANE) provides timely, non-judgmental, compassionate care to the sexual

assault victim. This includes a forensic exam, prophylaxis for pregnancy and sexually transmitted diseases, photographic documentation, referrals for appropriate medical and psychological follow-up, as well as support and participation in legal proceedings. An advocate is provided for medical accompaniment for all SANE examinations.

SANE personnel confirmed the forensic exams are free to the inmate, indicating the forensic exams are completed at the Bowling Green Medical Center.

The Auditor reviewed records produced by the facility documenting the community standard of care, the evidence of Sexually Transmitted Infection testing, prophylaxis treatment, psychiatry and psychology services, crisis intervention. These services are free of charge to inmates regardless of whether the abuser is named or whether the inmate cooperates with an investigation.

Medical and Mental Health staff interviewed by the Auditor reported treatment is provided immediately and is based on their professional judgment. Medical and Mental Health staff work together to ensure the inmate received the appropriate treatment. Information about and access to emergency contraception and sexually transmitted diseases prophylaxis, is offered in accordance with professionally accepted standards of care and where medically appropriate.

In interviews with the PC, as well as medical staff indicated zero (0) inmates were referred for Sexual Assault Response Team (SART) examinations by SAFE/SANE practitioners in the previous twelve (12) months.

Provision (b)

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, p. 6, E, 3, states all offenders who have been victims of sexual abuse in any correctional facility shall be offered medical and mental health evaluations and as deemed appropriate, any necessary treatment related to the sexual abuse. This includes timely and 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.

Documentation and records review supported attentiveness to follow-up services and treatment plans. The files demonstrated detailed and professional notes on the evaluations conducted by Medical and Mental Health staff and their follow-up appointments with inmates. Follow-up consisted of routine inmate visits with medical and mental health staff.

Provision (c)

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, p. 6, E, indicates the facility shall provide such victims with medical and mental health service consistent with the community level of care.

Interviews with medical and mental health staff support compliance in the area of evaluation, follow-up, treatment plans and referral services. The statement of Medical and Mental Health staff reflects an active understanding of the importance of appropriate evaluation, follow-up,

treatment planning and service referral.

Provision (d)

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, pp. 6-7, E, 3, mandates inmate victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.

WCRJ is a co-ed facility.

As previously stated in Provision (a), zero (0) inmates were referred for Sexual Assault Response Team (SART) examinations by SAFE/SANE practitioners in the previous twelve (12) months.

Through the interview process, the Jailer and PC confirmed that any inmate with vaginal penetration is offered a pregnancy test.

Provision (e)

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, pp. 6-7, E, 3, indicates if pregnancy results from conduct described in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy related medical services.

Through the interview process, the Jailer and PC confirmed any victim of sexual abuse who becomes pregnant, receives timely and comprehensive information about and timely access to all lawful pregnancy related medical services.

WCRJ is a co-ed facility.

Provision (f)

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, pp. 7, E, 3 states in part, inmate victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

As previously stated in Provision (a), zero inmates were referred for Sexual Assault Response Team (SART) examinations by SAFE/SANE practitioners in the previous twelve months.

Provision (g)

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, p. 7, E, 5, states treatment services shall be provided to the current and previous victims of sexual abuse without financial cost.

In interviews with the PC, as well as medical and mental health staff confirmed all treatment services are provided to alleged victims without financial cost, regardless of whether the victim names the abuser or cooperated with any investigation arising out of the incident.

Provision (h)

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention*

Programs, dated May 20, 2020, p. 7, E, 4, indicates mental health practitioners shall attempt to conduct an evaluation on all known inmate-on-inmate perpetrators within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

The Auditor reviewed documentation that indicated during the past 12-months there were zero sexual abuse and sexual harassment grievances filed.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the WCRJ meets the standard regarding ongoing medical and mental health care for sexual abuse victims. No recommendations or corrective action is required.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No

- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.86 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Warren County Regional Jail (WCRJ) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020

Interviews with the following

- Facility Head - Jailer
- PREA Coordinator (PC)
- Incident Review Team (IRT)

Provision (a)

The PAQ reflects in the past 12-months there have been thirteen criminal and/or administrative investigations of alleged sexual abuse completed at the facility.

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, p. 13, I, states the facility conduct a review, ordinarily within thirty (30) days, of the conclusion of every sexual abuse investigation unless the allegation was determined to be unfounded.

Provision (b)

The PAQ reflects in the past 12-months there have been nine criminal and/or administrative abuse incident reviews completed at the facility. Abuse incident reviews have been completed on all substantiated and unsubstantiated closed cases during the past 12-months.

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, p. 13, indicates such a review will ordinarily occur within 30 days of the conclusion of the investigation.

The PC confirmed during the past 12-months there have been a total of thirteen cases. All cases were sexual abuse allegations. Seven cases were sexual abuse allegations and six were sexual harassment. One sexual abuse allegation involved a staff member. One sexual harassment allegation involved a staff member. Both allegations were deemed unfounded after thorough investigation and the cases have been closed. The remaining eleven allegations were inmate-on-inmate. After being thoroughly investigated, two were deemed unfounded; 3 unsubstantiated; with 6 being substantiated. All cases have been closed. Sexual abuse incident reviews were conducted on all substantiated and unsubstantiated cases.

Provision (c)

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, p. 13, I, states the review team shall include upper management officials, with input from line supervisor, investigators and medical or mental health practitioners.

The multidisciplinary incident review team consists of intermediate or higher-level facility managers, supervisors, investigators, as well as medical and mental health practitioners.

In the interview with the Jailer, he confirmed his understanding of the composition of the incident review team and his willingness to consider and incorporate recommendations from team members.

Provision (d)

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, p. 13, I, states All facilities shall conduct a review, ordinarily within thirty (30) days, of the conclusion of every sexual abuse investigation unless the allegation was determined to be unfounded. An investigation shall be deemed to be concluded upon the review and approval of the investigation report by the Warden in Adult Institutions, Assistant Director in Probation and Parole or their designee. The review team shall consist of upper-level management officials with input from line supervisors, investigators, and medical or mental health practitioners. The review team shall:

1. Consider whether the allegation or investigation indicated a need to revise policies or practices to better prevent, detect or respond to sexual abuse.
2. Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender or intersex identification, status, or perceived status; gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility.
3. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse.
4. Assess the adequacy of staffing levels in that area during different shifts.
5. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.
6. Prepare a report of its findings, including determinations made from sections 1-5 and any recommendations for improvement and submit the report to the facility head and PREA compliance manager.
7. The facility shall implement the recommendations for improvement or shall document its reasons for not doing so.

During the interview process, a member of the Incident Review Team (IRT) reported the team considers all criteria listed above, as required by PREA policy.

Provision (e)

As stated in Provision (d) the facility shall implement the recommendations for improvement or shall document its reasons for not doing so.

Conclusion

Based upon the review and analysis of all the available evidence, the Auditor has determined the WCRJ meets the standard regarding sexual abuse incident reviews. No recommendation or corrective action is required.

Standard 115.87: Data collection

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

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Warren County Regional Jail (WCRJ) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Kentucky Corrections Policy and Procedure 14.7, *Sexual*

Abuse Prevention and Intervention Programs, dated May 20, 2020

Interview with the following

- PREA Coordinator (PC)

Provision (a)

According to the PAQ, the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, p. 16, N, 1, indicates data shall be collected for every allegation of sexual abuse using the PREA investigating screens in KOMS designed to contain the data necessary to answer all questions for the Survey of Sexual Violence requested annually from the Department of Justice for the set of definitions established in 28 C.F.R. §115.5 and 28 C.F.R. §115.6. All data collected shall be securely retained.

Provision (b)

According to the PAQ the agency aggregates the incident-based sexual abuse data at least annually.

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, p. 16, N, 1, indicates the agency shall aggregate the incident-based sexual abuse data at least annually.

WCRJ aggregates all its data submitting all required items according to the US Department of Justice.

Provision (c)

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, p. 16, N, 1, indicates the incident-based data collected shall 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.

PREA policy dictates 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.

Provision (d)

According to the PAQ, the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, p. 16, N, 3, all data from available incident-based documents related

to allegations of sexual abuse shall be collected, reviewed, and maintained as needed.

PREA policy mandates the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigative files, and sexual abuse incident reviews.

Provision (e)

According to the PAQ, WCRJ does not contract with private facilities for the confinement of its inmates.

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, p. 16, N, 4 indicates the agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of inmates.

Provision (f)

According to the PAQ, upon request the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, p. 16, N, indicates the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

WCRJ aggregates all its data submitting all required items according to the US Department of Justice SSV-02 (Survey of Sexual Victimization) and submits all information on June 30 from the previous calendar year to the US Department of Justice.

The Auditor reviewed the latest annual PREA report, which reflected completion of all data fields within the required timeline.

Through the interview process, the PC confirmed information about sexual abuse data collection and records retention.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the WCRJ meets the standard regarding data collection. No recommendations or corrective action is required.

Standard 115.88: Data review for corrective action

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

115.88 (a)

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

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

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Warren County Regional Jail (WCRJ) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.

- Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020
- WCRJ, PREA Standard 115.86, 115.87, 115.99, 115.89, *Policy and Procedure for Data Collection and Review*, undated
- Latest PREA Report

Interview with the following

- Facility Head - Jailer
- PREA Coordinator (PC)

Provision (a)

According to the PAQ, the agency reviews data collected and aggregated pursuant to §115.87 to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies.

Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020, p. 16, N. indicates in part that the agency shall review data collected and aggregated pursuant to §115.87 to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices, and training, including by:

1. Identifying the problem areas
2. Taking corrective action on an ongoing basis
3. Preparing an annual report of its findings and corrective actions for each facility, as well as the agency.

As part of the interview process with the Jailer and PC, the Auditor learned the agency reviews data collected pursuant to §115.87 and assesses the effectiveness of the sexual abuse prevention, detection and response policies, practices, and training. The agency prepares an annual report and posts the information on the website. The Auditor also learned the only information redacted from the agency report is personal identifying information. All other information is included in the annual report.

The Jailer asserts if the incident-based sexual abuse data shows patterns, such as LGBTI inmates are being targeted or a significant number of assaults occurring in a particular area of an institution, then policies, procedures or training may be modified.

Provision (b)

WCRJ, PREA Standard 115.86, 115.87, 115.99, 115.89, *Policy and Procedure for Data Collection and Review*, undated, p. 1, 3, indicates 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 Auditor reviewed the annual statistics on the WCRJ website and found it to follow the

PREA standards, including a comparison, to the statistics in previous years to assess progress in addressing sexual abuse.

Provision (c)

WCRJ, PREA Standard 115.86, 115.87, 115.99, 115.89, *Policy and Procedure for Data Collection and Review*, undated, p. 1, 3 (c), indicates 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.

Through the interview process the Auditor learned the Jailer reviews all PREA Annual Reports. He reviews the annual report for the prior calendar year before placement on the agency website.

As required by standard, WCRJ places all audit reports on its website, accessible for public view. This website allows access to the WCRJ PREA webpage, which contains the most recent PREA statistics.

- <https://www.warrencountyjail.com/NewPREACoverPageMiles.html>

Provision (d)

WCRJ, PREA Standard 115.86, 115.87, 115.99, 115.89, *Policy and Procedure for Data Collection and Review*, undated, p. 1, 3, (d), indicates the agency may redact specific material from the 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 Jailer and PC indicated the agency reviews data collected pursuant to §115.87 while only redacting personal identifying information. All other information is included in the annual report. The Jailer and PC indicated they are responsible for ensuring the information is provided for purposes of agency reporting.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the WCRJ meets the standard regarding data review for corrective action. No recommendations or corrective action is required.

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

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

115.89 (b)

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

115.89 (c)

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

115.89 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Warren County Regional Jail (WCRJ) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020
- WCRJ, PREA Standard 115.86, 115.87, 115.99, 115.89, *Policy and Procedure for Data Collection and Review*, undated
- Latest PREA Report
- Annual PREA Statistics
 - WCRJ publicly accessible website
<https://www.warrencountyjail.com/NewPREACoverPageMiles.html>

Interview with the following

- Facility Head - Jailer
- PREA Coordinator (PC)

Provision (a)

WCRJ, PREA Standard 115.86, 115.87, 115.99, 115.89, *Policy and Procedure for Data Collection and Review*, undated, p. 1, (a), states the agency shall ensure that data collected pursuant to §115.87 are securely retained.

Through the interview process with the Jailer and PC, the Auditor learned there are several locations where WCRJ retains data. At the local level, data is retained within a secure system and access to the system is limited to those staff with a need-to-know. Additional data is retained at the Agency level as required for completion of the SSV-2, and within the FBOP website for public access.

Provision (b)

WCRJ, PREA Standard 115.86, 115.87, 115.99, 115.89, *Policy and Procedure for Data Collection and Review*, undated, p. 1, (b), indicates 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.

The WCRJ PREA webpage provides the most recent annual report relative to sexual abuse data from the various facilities in accordance with PREA standards. Data can be accessed at:

<https://www.warrencountyjail.com/NewPREACoverPageMiles.html>

Provision (c)

WCRJ, PREA Standard 115.86, 115.87, 115.99, 115.89, *Policy and Procedure for Data Collection and Review*, undated, p. 1, (c), states before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers.

During an interview with the PC, the Auditor was made aware the agency reviews data collected pursuant to §115.87, and that the only information redacted from the agency report is personal identifying information. The agency report reviewed by the Auditor met PREA compliance standards.

Provision (d)

WCRJ, PREA Standard 115.86, 115.87, 115.99, 115.89, *Policy and Procedure for Data Collection and Review*, undated, p. 1, (d), 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.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the WCRJ meets the standard regarding data storage, publication, and destruction. No recommendations or corrective action is required.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

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

115.401 (b)

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Warren County Regional Jail (WCRJ) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Kentucky Corrections Policy and Procedure 14.7, *Sexual Abuse Prevention and Intervention Programs*, dated May 20, 2020
- WCRJ publicly accessible website
 - <https://www.warrencountyjail.com/NewPREACoverPageMiles.html>

Interview with the following

- Facility Head - Jailer
- PREA Coordinator (PC)

Provision (a)

The Jailer reported the facility was last audited in 2016. This audit was originally scheduled for 2020, but the audit was postponed due to the COVID-19 pandemic and restrictions. A copy of the 2016 audit report is on the WCRJ website for public information and review.

Data can be accessed at:

<https://www.warrencountyjail.com/NewPREACoverPageMiles.html>

Provision (b)

During an interview with the Jailer and PC, the Auditor learned the audit for WCRJ is in the second year of the new three (3) year audit cycle. WCRJ webpage provides the most recent report relative to sexual abuse data from the various facilities in accordance with PREA standards.

Provision (c)

N/A

Provision (d)

N/A

Provision (e)

N/A

Provision (f)

N/A

Provision (g)

N/A

Provision (h)

During the on-site portion of the audit, the Auditor had complete, unimpeded access to every area of the facility. Throughout the on-site portion of the audit the PC and other staff were available to accompany the auditor and give her complete access to any part of the facility she requested to see.

Provision (i)

At all times throughout the audit process, WCRJ provided the Auditor with any requested information in a timely and complete manner.

Provision (j)

N/A

Provision (k)

N/A

Provision (l)

N/A

Provision (m)

The auditor was provided a private space to conduct all interviews during the on-site portion of the audit.

Provision (n)

During the interview process, all inmates reported they were provided the opportunity to send out confidential mail or correspondence to the Auditor in the same manner as if they were communicating with legal counsel.

Provision (o)

N/A

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the WCRJ meets the standard regarding frequency and scope of audits. No recommendation or corrective action is required.

Standard 115.403: Audit contents and findings

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. 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 noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Provision (f)

The WCRJ PREA web page provides the annual PREA statistics relative to sexual abuse data from WCRJ in accordance with PREA standards. Data can be accessed at:

<https://www.warrencountyjail.com/NewPREACoverPageMiles.html>

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the WCRJ meets the standard regarding audit contents and findings. No recommendations or corrective action is required.

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

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

Darla P. O'Connor

October 8, 2021

Auditor Signature

Date

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

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