

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: August 12, 2015

Auditor Information	
Auditor name: Jeff Rogers	
Address: P.O. Box 1628	
Email: jamraat02@gmail.com	
Telephone number: 502-320-4769	
Date of facility visit: August 4, 2015	
Facility Information	
Facility name: Woodford County Detention Center	
Facility physical address: 204 Beasley Drive, Versailles, Kentucky 40383	
Facility mailing address: <i>(if different from above)</i> same	
Facility telephone number: 859-873-3196	
The facility is:	<input type="checkbox"/> Federal <input type="checkbox"/> State <input checked="" type="checkbox"/> County
	<input type="checkbox"/> Military <input type="checkbox"/> Municipal <input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit
Facility type:	<input type="checkbox"/> Prison <input checked="" type="checkbox"/> Jail
Name of facility's Chief Executive Officer: Michele Rankin	
Number of staff assigned to the facility in the last 12 months: 32	
Designed facility capacity: 95	
Current population of facility: 101	
Facility security levels/inmate custody levels: Maximum/General Population to Restrictive Housing Inmates	
Age range of the population: 18-73	
Name of PREA Compliance Manager: Lt. Stephanie Young and Lt. Jacob Pitcock	Title: Lieutenants
Email address: syoung@woodfordcountky.org and jpitcock@woodfordcountky.org	Telephone number: 859-873-3196
Agency Information	
Name of agency: Woodford County Detention Center	
Governing authority or parent agency: <i>(if applicable)</i> N/A	
Physical address: same as above	
Mailing address: <i>(if different from above)</i> same	
Telephone number: same as above	
Agency Chief Executive Officer	
Name: Michelle Rankin	Title: Jailer
Email address: mrankin@woodfordcountky.org	Telephone number: 859-873-3196
Agency-Wide PREA Coordinator	
Name: N/A	Title:
Email address:	Telephone number:

AUDIT FINDINGS

NARRATIVE

Prior to the on-site visit to the Woodford County Detention Center (WCDC) the facility PREA Compliance Manager and the auditor met in February 2015 and the auditor explained how to document the standards. The auditor explained to put the documentation showing compliance with a standard on a thumb drive by standard number. Once the PREA Compliance Manager completed the thumb drive it was sent to the auditor for his review. Several changes were needed prior to the audit date and these issues were resolved to the satisfaction of the auditor.

The onsite audit was completed in one day on August 4, 2015. Upon arrival the auditor met with the Jailer, two staff assigned as the PREA Coordinators and the Captain of Security. The auditor explained the process that would be followed: after touring the facility the auditor would begin by interviewing staff members followed by inmates and then conduct an exit briefing with those attending the opening meeting. Interviews were held for the following specialty staff: the PREA Compliance Managers (2), the Jailer, Intermediate or Higher Level Staff (2), Incident review team member, Investigative staff (2), Human Resources, Contractor, Intake Staff, Staff who Perform Screening for Risk of Victimization, and a Medical Staff Member (R.N.). A total of 11 interviews were held with the specialty staff. Because of the small numbers of deputies on any shift only six(6) Random Staff interviews were held, three (3) from the first and three from the second shift. A total of six (6) inmates were interviewed using the Random Inmate Interview Questionnaire and one additional interview with an inmate who identified as being gay. All interviews went well. Both staff and Inmates had a good understanding of the requirements of the standards and inmates reported feeling safe. Inmates also said the staff at the facility took PREA very seriously.

Signs in English and Spanish were posted throughout the facility related to PREA Compliance and how and to whom to report sexual abuse or harassment allegations. Signs announcing the audit were posted throughout the facility as well. There are 48 cameras throughout the facility and two cameras that also record audio. There are two PREA Compliance Managers at the facility. One though has resigned effective August 15, 2015. Both of the PREA Compliance Managers are also PREA Investigators. There are no Youthful Offenders as anyone fitting that category are housed at state juvenile facilities until their 18th birthday. There is one medical staff (R.N.) at the Detention Center.

If forensic examinations are required inmates are sent to the local hospital in Versailles for collection of forensic evidence. However, the Woodford County Hospital does not employ SANE or SAFE nursing staff but they can collect the evidence and then send it off to the University of Kentucky Medical Center approximately 15 minutes from the Detention Center where the forensic information would be analyzed by SAFE/SANE nurses. There is a hotline number for inmates, staff, and third parties to call to report allegations. This number is monitored in Frankfort, Kentucky by the State Justice Cabinet. There is also a "777" number that inmates can call to report an allegation or to speak with a representative of the local rape crises center which is called the Rape Crises Center of the Bluegrass. The detention center has been attempting to develop an MOU with the Rape Crises Center of the Bluegrass but the agreement has not been finalized. It should be noted that 16 other local detention facilities are also trying to develop MOU's with the crises center but funding questions have to be dealt with first and that is in the works.

There has been a total of 1,781 inmates detained at the detention center in the past 12 months. There were a total of nine allegations involving sexual abuse or harassment. Only one was founded and that case involved a kitchen contract worker who pleaded guilty of having sex with an inmate. The other eight allegations were unfounded and one of those was the result of a false accusation by an inmate toward a staff member. The inmate stated he filed the allegation because he was mad at the officer.

The audit concluded at approximately 5:00 p.m. on August 4, 2015. A meeting was held with the Jailer, Captain of Security, and the two PREA Compliance Managers to review the days activities. The auditor reported that it appeared all standards were compliant or non-applicable and that only a final report would be generated for this audit.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Woodford County Detention Center is located at 204 Beasley Drive in Versailles, Kentucky. The building was built in 1989 and has only been occupied by three (3) Jailers since its opening. There are currently 95 beds that house county, state and federal inmates. The majority of the inmate population are state inmates. Currently, Jailer Michele S. Rankin, is the first female Jailer to be in charge of the Jail in Woodford County.

The Jail helps the county save money by bringing in revenues and providing community service work by the state inmates who are eligible to work outside and inside the jail. Inmates work at the local Parks & Recreation Department, County Road Department, Versailles Cemetery and the City of Versailles. State inmates also work in the kitchen and laundry room and help raise the facility's garden each year. Inmates are also involved in the county's trash pickup program. The Jail works in accordance with Versailles recycling by picking up trash around the county and sending all information to the Recycling Center in reward of a Grant that goes back towards the counties budget.

The Jail employees 32 fulltime, 8 part time, and 1 employee that is contracted through the Department of Transportation. There are three shifts; first, second and third shift which run every eight hours. According to the Department of Corrections, the jail is required to have four employees in the jail at all times. The Kentucky Department of Corrections (DOC) also requires the detention center to have one female in the building as well at all times. The jailer indicated she prefers to have three (3) males officers and two (2) female officers on each shift.

Rehabilitation is a huge expectation for the jail. The detention center ensures inmates are connected to programs and education while housed in the facility. Programs at the detention center include GED, AA, NA, Jobs for Life, Stepping into Freedom, Church Services, Individual Bible Study Services, and 24/7 Dad Programs. Inmates who complete these programs are recognized by jail staff and given a certificate of completion.

There are 95 beds contained in 12 cells, and 1 dorm room (Restrictive Custody). Cell 30 is a segregation cell and there is a camera in that cell. There are five (5) cells that can still be used as Protective Custody and Segregation if necessary and these rooms also have cameras but do not record the toilet area. The breakdown of the cells at the detention center are:

- Cell 1- 8 beds
- Cell 2- 8 beds
- Cell 4- 4 beds
- Cell 7- 8 beds
- Cell 8- 8 beds
- Cell 10- 4 beds
- Cell 13- 8 beds
- Cell 15- 4 beds
- Cell 25- 2 beds
- Cell 27- 3 beds
- Cell 30- 1 bed
- Cell 52- 3 beds
- Cell 53- 2 beds
- Dorm RC- 32 Beds

In each multiple occupancy cell there is a single shower. There is also a separate shower available that is not located in a housing unit where inmates can shower separately from other inmates.

Administrative offices are at the front of the building. The control center manages the opening of all doors including the front door. There is a private room where attorneys can meet with inmates and there is a visitation area. The kitchen is located at the rear of the building which is a single story structure. There is also a multipurpose room used for indoor recreation and education.

It is the mission of the Woodford County Detention Center to serve the citizens of Woodford County by providing a safe, secure and supportive correctional environment while protecting the well-being of the community.

SUMMARY OF AUDIT FINDINGS

Number of standards exceeded: 1

Number of standards met: 38

Number of standards not met: 0

Number of standards not applicable: 3

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

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

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

Policy 115.11 titled PREA page 1-3 was used to help determine compliance with this standard.

The Woodford County Detention Center (WCDC) has a zero tolerance policy that outlines its approach to complying with the PREA Standards for Adult Jails. There is a upper level staff member assigned to manage the PREA process at the WCDC. There are no satellite facilities.

Standard 115.12 Contracting with other entities for the confinement of inmates

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

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

This standard is non-applicable to the WCDC. It does not contract with any other agency/facility to house its inmates.

Standard 115.13 Supervision and monitoring

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

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

Policy 115.13 titled Supervisory Reports was used to help determine compliance with this standard.

The WCDC has developed their staffing plan based on the standard's 1-11 statements. The staffing plan is posted in the administrative area and is monitored by the Jailer. There has been no deviation of the staffing plan during the last 18 months. The facility has strategically

placed its video surveillance cameras that help with staff supervision. The officers make rounds at least every minute or two on each housing area and areas where inmates congregate. The digital recording cameras maintain the recordings for at least 30 days. There is a policy in place prohibiting employees from alerting others when upper level staff conduct unannounced rounds on every shift.

Standard 115.14 Youthful inmates

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

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

There are no youthful offenders housed at the WCDC. All youthful offenders are housed by the State Department of Juvenile Justice until their 18th birthday thus this standard is non-applicable

Standard 115.15 Limits to cross-gender viewing and searches

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

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

Policy 115.15 titled Limits to Cross Gender Viewing and Searches was used to help determine compliance with this standard.

Interviews with staff and inmates confirmed that cross gender pat downs or strip searches are not conducted at the WCDC. Staff of the same gender are responsible for this task. There is always a female staff on duty. The Jailer indicated that she three (3) male staff on duty at all times as well as two (2) female staff on each shift. The policy in place allows for transgender or intersex inmates to shower alone as well as not being viewed by members of the staff. Staff and inmate interviews confirm that officers of the opposite gender always announce their presence when entering a housing area. The staff also confirmed they were aware of the policy of not physically examining a transgendered or intersex inmate for purposes of identifying their gender.

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

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion

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

Policy 115.16 titled Inmates with Disabilities and Inmates with Limited English Proficiency was used to help determine compliance with this standard.

According to interviews with staff and the Jailer there are at least three (3) Spanish/English speaking staff members at the WCDC. Interviews with staff and inmates indicated that if needed professional translation services can be obtained over the phone with a translation service provider. The PREA Compliance Manager reported that she had conducted one interview with an inmate from India who could not speak English using the translation services over the phone. There are forms and posters in Spanish to assist any limited speaking Spanish inmates. The inmate handbook is also available in Spanish. During the audit there were no limited English inmates housed there and there were no other disabled inmates in house.

Standard 115.17 Hiring and promotion decisions

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

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

Policy titled Recruitment, Selection, Promotion, and Resignation was used to help determine compliance with this standard.

The Jailer said no one is hired if red flags appear in their background checks. Red flags would include any type of sexual charges either civil or criminal. The agency performs background checks before hiring and every five years afterward. This same practice is followed for volunteers or contractors. State law does not allow the transmission of sexual misconduct information to other employers.

Standard 115.18 Upgrades to facilities and technologies

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

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

There have been no renovations at this facility since 2012. Cameras analysis are conducted. The Jailer said 32 new cameras were added in 2010. There is currently a request to add a surveillance camera to the kitchen dry storage area. This was requested after a female contract kitchen worker and an inmate were discovered in that area having sexual relations. (The female staff has been terminated and pled guilty in court.

Standard 115.21 Evidence protocol and forensic medical examinations

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

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

Policy 115.21 titled Evidence Protocol and Forensic Exams was used to help determine compliance with this standard.

The WCDC has two PREA Investigators trained in the NIC PREA Investigator training curriculum. They are responsible for administrative investigations at the Detention Center. The WCDC has attempted to secure an MOU with the Rape Crises of the Bluegrass without success. There is a question of funding as 16 additional county jails attempt to secure the services of this rape crises center in order to be PREA compliant. Discussions are ongoing at this point. Currently the Jailer serves as the person who can provide support services to an inmate. Also the WCDC has an inmate phone system where an inmate can dial "777" and reach the Rape Crises Center of the Bluegrass for emotional support. This is a free call. If PREA investigators conclude an allegation appears criminal then the Versailles Police Department would handle the criminal investigation.

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

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

Policy 115.22 titled Referral of Allegations for Investigation was used to help document compliance with this standard.

The WCDC has a website that published this policy and includes a toll free hotline number available for anyone to report an incident of sexual abuse or harassment. The WCDC has at least two PREA trained Investigators who conduct in house administrative investigations. If it appears criminal in nature then an allegation is referred to the Versailles Police Department. To date there has been nine (9) sexual abuse allegations and only one has been criminal in nature and that investigation was turned over to the Versailles Police Department. The investigation resulted in a contract employee being terminated and charged and subsequently found guilty of sex abuse.

Standard 115.31 Employee training

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

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

The WDC Training Curriculum was used to help verify compliance with this standard.

The auditor examined training records and interviewed staff members to determine that training in PREA has been conducted. Staff sign an acknowledgement form to verify receiving the training. The Jailer has confirmed that all staff members, volunteers, and contract employees have been trained in the PREA training requirements.

Standard 115.32 Volunteer and contractor training

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

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

The auditor reviewed the WDC Volunteer/Contractor Training Manual to help determine compliance with this standard.

The auditor reviewed training files and the Jailer verified that all volunteers and contractors had been trained in the PREA Training Requirements. One kitchen contract worker was interviewed and verified what training she had received when she started working at the Jail.

Standard 115.33 Inmate education

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

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

Policy 115.33 titled Inmate Education was used to help verify compliance with this standard.

The WDC also has a tracking form to ensure that all inmates receive the PREA education. This is monitored by the PREA Compliance Manager. There is also a PREA Video shown to all inmates and available in both Spanish and English. The auditor reviewed copies of records that includes acknowledgement of receiving the PREA education. Interviews with inmates also confirmed that inmates are well aware of their rights and responsibilities under the PREA.

Standard 115.34 Specialized training: Investigations

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

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

Policy titled Special Training of Investigators was used to help verify compliance with this standard.

At least two staff (both PREA Compliance Managers) have been trained on conducting PREA Investigations. Copies of their training records were viewed and verify that the training was received.

Standard 115.35 Specialized training: Medical and mental health care

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

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

Medical Emergency Plan for the WCDC was used to help verify compliance with this standard.

The nurse is a contracted employee through the Southern Health Partners. She is the only medical staff employed at the WCDC. She has received the PREA Training through her employer Southern Helath Partners and this was verified by the auditor in viewing her training documentation and in an interview with the auditor.

Standard 115.41 Screening for risk of victimization and abusiveness

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

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

Policy 115.40 titled Screening for Risk of Victimization and Abuseness was used to help verify compliance with this standard.

The auditor examined completed risk assessments and found them adequate. The risk assessment is completed during the intake/booking process. The screening instrument follows the guidelines set forth in this standard. A reassessment is completed after no more than 30 days of incarceration. Information contained in the risk assessment is limited to only those with a need to know and is not shared otherwise. Inmates interviewed verified that the risk assessment is completed at the intake/booking process and the questions required of this standard are included in this assessment. The staff person interviewed who completes the intake indicated she considers the safety of inmates to be her priority. She explained that any transgendered or intersex inmate would be allowed to have his/her own feeling considered in any housing or programming placements. The WCDC policy also states that transgendered or intersex residents are assessed two times each year should the need arise. To date the WCDC has had no transgendered or intersex inmates.

Standard 115.42 Use of screening information

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

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

The staff person interviewed who completes the intake indicated she considers the safety of inmates to be her priority. She explained that any transgendered or intersex inmate would be allowed to have his/her own feeling considered in any housing or programming placements. The WCDC policy also states that transgendered or intersex residents are assessed two times each year should the need arise. To date the WCDC has had no transgendered or intersex inmates. The WCDC policy states that transgendered or intersex inmates are given the opportunity to shower in a separate shower that is not in a cell and that their own views about placement, bed, work, and programming assignments are taken into consideration.

Standard 115.43 Protective custody

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

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

Policy 115.43 titled Protective Custody was used to help verify compliance with this standard.

The WCDC only uses restrictive housing if no available beds are available if an inmate has a high risk of victimization. If an inmate is placed in a restrictive housing cell it will only be for 24 hours or less. An inmate can choose to stay in a restrictive housing cell by signing a waiver that it is voluntary. If necessary the Jailer can move the inmate to another jail if it becomes necessary to protect an inmate. At least every 30 days a high risk of victimization inmate case will be reviewed.

Standard 115.51 Inmate reporting

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

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

Policy titled PREA Zero Tolerance and the WCDC Training Manual were reviewed to help with verifying compliance with this standard. Also Policy 115.51 titled Inmate Reporting was used to verify compliance.

The inmates said during interviews there were several ways to report abuse and the ways include calling an 800 number that is free. This number is the number for the State Justice Cabinet. There is also a "777" number inmates can call from an inmate telephone and this call is free (the number is for the Rape Crises Center of the Bluegrass). There is a grievance form that can be used, and on the facility provided information kiosk an inmate can complete an "action request" form that will go to the PREA Compliance Manager. Inmates also said they could tell a trusted officer or someone such as a friend or relative to report any allegation of sexual assault or harassment. Staff interviews indicated staff would make a report immediately if an inmate or other source made an allegation. The WCDC provides more ways of reporting than is required making the auditor assign it as a standard that exceeds the requirements of the standard.

Standard 115.52 Exhaustion of administrative remedies

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

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

Kentucky Administrative Regulation 3:140 titled Grievance Procedure for Jails and Policy 115.52 titled Exhaustion of Administrative Remedies were used to help verify compliance with this standard.

The KAR and the WCDC policy outlines the grievance process and is in compliance with this standard including the filing of an emergency grievance and subsequent five day time frame for response.

Standard 115.53 Inmate access to outside confidential support services

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

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

corrective actions taken by the facility.

At the time of this audit the WCDC was still attempting to develop an MOU with the Rape Crises Center of the Bluegrass. However, the same center is also the number dialed by an inmate for access to support services or to report an allegation thus there is support present just not a finalized agreement. There are posters in Spanish and English that outline who to contact in case of sexual abuse. Interviews with inmates confirmed their awareness of the numbers and addresses and that they were free to call.

Standard 115.54 Third-party reporting

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

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

Policy 115.54 titled Third Party Reporting was used to help verify compliance with this standard.

The WCDC website speaks to third party reporting of sexual assault allegations. This information is also posted in the facility for visitors and others about how to report allegations.

Standard 115.61 Staff and agency reporting duties

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

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

Policy 115.61 titled Staff and Agency Reporting Duties was used to determine compliance with this standard.

Staff at the WCDC are required to notify the PREA Compliance Manager/and or the Administrative Duty Officer or the Jailer when there is an allegation of a sexual assault or harassment. Staff are instructed to not reveal anything about the allegation except for those staff deemed necessary to know this information. The WCDC R.N. indicated in an interview that she was a mandated reporter with a duty to report any allegation of sexual assault, abuse or harassment. There are no inmates under the age of 18 at the WCDC.

Standard 115.62 Agency protection duties

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

Does Not Meet Standard (requires corrective action)

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

Policy 115.62 titled Agency Protection Duties was used to help determine compliance with this standard.

Interviews with staff indicated they had been trained on the Zero Tolerance Policy at the Detention Center and that if they were aware of imminent sexual abuse toward a inmate they take immediate action to remove the victim from harm's way immediately. This could be done by placing the potential victim in another cell away from danger. The Jailer indicated the inmate would then be interviewed and transferred to another facility if necessary.

Standard 115.63 Reporting to other confinement facilities

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

Policy 115.63 titled Reporting to Other Confinement Facilitie was used to help verify compliance with this standard.

The Jailer said in her interview that she is obligated to investigate if she receives an allegation that sexual abuse occurred at another facility. This is done immediately but has never occurred during the past four years.

Standard 115.64 Staff first responder duties

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

Policy 115.64 titled Staff First Responder Duties was used to help verify compliance with this standard.

Staff interviews confirmed their knowledge and understanding of their duties if they are the first to respond. Each staff indicated his awareness to separate the victim and perpetrator, secure the crime scene and inform the inmates involved to not use the toilet, wash hands, take a shower or otherwise destroy potential evidence

Standard 115.65 Coordinated response

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

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

Policy 115.65 titled Procedures for Coordinated Response was used to help determine compliance with this standard.

The procedures outlined in this policy detail who is to respond to incidents of sexual abuse and includes the PREA Compliance Manager, the Jailer, and the facility's R.N.

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

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

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

This standard is non applicable because there are no collective bargaining groups employed at the WCDC.

Standard 115.67 Agency protection against retaliation

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

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

Policy 115.67 titled Agency Protection Against Retaliation was used to help determine compliance with this standard.

The PREA Compliance Managers monitor any attempt at retaliation and review reports that might indicate that retaliation might be occurring. The Managers also review disciplinary write ups to ascertain if an officer (s) is retaliating against an inmate. The Jailer has a PREA Audit Report

Zero Tolerance for retaliation. If found out the officer would be terminated. A log has been developed to identify any staff member or inmate involved in any retaliation. The PREA Compliance Managers and the Jailer said retaliation monitoring would go on as long as necessary to protect the staff or inmate.

Standard 115.68 Post-allegation protective custody

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

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

Policy 115.68 titled Post Allegation Protective Custody was used to help determine compliance with this standard.

Policy 115.43 titled Protective Custody was used to help verify compliance with this standard.

The WCDC only uses restrictive housing if no available beds are available if an inmate has a high risk of victimization. If an inmate is placed in a restrictive housing cell it will only be for 24 hours or less. An inmate can choose to stay in a restrictive housing cell by signing a waiver that it is voluntary. If necessary the Jailer can move the inmate to another jail if it becomes necessary to protect an inmate. At least every 30 days a high risk of victimization inmate case will be reviewed.

Standard 115.71 Criminal and administrative agency investigations

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

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

Policy 115.71 titled Criminal and Administrative Agency Investigations was used to help determine compliance with this standard.

The WCDC has at least two PREA Investigators. Both have been trained in the NIC PREA Investigator Training Curriculum. Any allegation is referred to the PREA Compliance Manager (also a PREA Investigator) who will initiate an investigation immediately upon learning of it. If the administrative investigation appears to be criminal in nature the Versailles Police Department will investigate. Written reports are made of all investigations and if criminal, this information is shared with the Versailles Police Department. There has been one case that was turned over to the Police. A contract kitchen employee engaged in sex with an inmate in the kitchen dry storage room. The employee was fired, charged and convicted of the charge. The remaining eight allegations were not substantiated. One of the eight allegations was determined to be false after an inmate who filed a complaint against a staff member because he was upset with the staff member. All allegations were filed by inmates against staff. The Jailer and PREA Compliance Manager said that the relationship with the Versailles Police Department was excellent.

Standard 115.72 Evidentiary standard for administrative investigations

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

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

The PREA Compliance Manager stated that a Preponderance of the Evidence is imposed in determining whether allegations of sexual abuse or harassment are substantiated.

Standard 115.73 Reporting to inmates

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

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

Policy 115.73 titled Reporting to Inmates was used to help verify compliance with this standard.

The Jailer stated that inmates are informed when any decision relating to a allegation is complete. In the one substantiated allegation, the contract staff member was fired immediately. This inmate has since been released from jail and was not available for an interview. The inmate who filed a false allegation was already in Segregation at the time of the incident and remained there until he served out his sentence.

Standard 115.76 Disciplinary sanctions for staff

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

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

Policy 115.76 titled Disciplinary Sanctions for Staff was used to help determine compliance with this standard.

. The policy in place includes the language of this standard. There has been no WCDC staff disciplined as there has been no staff found to
PREA Audit Report

have sexually abused or harassed any inmate.

Standard 115.77 Corrective action for contractors and volunteers

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

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

Policy 115.77 titled Corrective Action for Contractors and Volunteers was used in determining compliance with this standard.

The one substantiated allegation of sexual abuse led to the firing of the contract kitchen worker. This contract kitchen worker was prosecuted. There has been no additional substantiated allegations of sexual abuse.

Standard 115.78 Disciplinary sanctions for inmates

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

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

Policy 115.78 titled Disciplinary Actions Against Inmates was used to help verify compliance with this standard.

Kentucky Administrative Regulation 3:140 requires jails to have a written policy and procedure for maintaining discipline, definitions and offenses. Sex between inmates is prohibited. The Jailer stated that mental health issues are considered in determining disciplinary actions against an inmate. The facility does not offer therapy or counseling to address the underlying motives for abuse.

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

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

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

corrective actions taken by the facility.

Policy 115.81 titled Medical and Mental Health Screening was used to help determine compliance with this standard. Kentucky Administrative Regulation 3:090 Section 1 and 3:140 Section 9 were also used to determine compliance with this standard.

The policy addresses the requirements of this standard. The R.N. stated in her interview that informed consent is mandated for all inmates. If necessary 14 day follow up meetings are arranged to assist a victim or perpetrator of sexual abuse or harassment. The mental health/medical screening is used to determine any sexual abuse in the past or current issues with sexual abuse or harassment.

Standard 115.82 Access to emergency medical and mental health services

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

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

Kentucky Administrative Regulation 3:090 titled Emergency Medical and Mental Health Services was used to help determine compliance with this standard.

Policy 115.82 titled Emergency Medical and Mental Health Services was used to help determine compliance with this standard.

Interviews with the R.N. and the PREA Manager indicate that emergency services (including pregnancy tests) for contraception or prophylaxis would be offered at no expense to the victim. There has been no instances where these services were needed.

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

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

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

Policy 115.83 titled Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers was used to help determine compliance with this standard.

The policy referenced above meets the requirements of the standard. There has been no victims needing ongoing treatment. If there was treatment it is offered at no cost to the victim or abuser.

Standard 115.86 Sexual abuse incident reviews

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

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

There has been one sexual abuse incident review completed. This review included the Jailer, PREA Compliance Manager, and others in upper management at the facility. The review considered all information required in the standard.

Standard 115.87 Data collection

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

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

The WCDC collects sexual abuse data and reports on this annually. The report is placed on the WCDC website. There are no other facilities included in the WCDC report because they are a stand alone facility.

Standard 115.88 Data review for corrective action

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

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

The WCDC completes data review and uses this information to determine if changes are needed to enhance safety related to sexual abuse or harassment. Because of the incident involving a contract kitchen worker, more walk through patrols are conducted in the area where the incident took place. A new camera is being requested for this same area. The PREA Annual Report is posted on the WCDC website at www.woodfordcountydetention.com

Standard 115.89 Data storage, publication, and destruction

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

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

Kentucky Administrative Regulation 3:020 was used to help determine compliance with this standard. Policy 115.89 titled Data Storage, Publication and Destruction was also used to help determine compliance with this standard.

The WCDC publishes its PREA Annual Report on its website (listed in 115.88). There are no personal identifiers in this report. All sexual abuse related data is maintained for 10 years.

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.

Jeff Rogers
Auditor Signature

August 12, 2015
Date