

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

Interim       Final

Date of Interim Report    September 25, 2020

Date of Final Report      October 30, 2020

### Auditor Information

Name: Bryan K Henson      Email: bshenson@windstream.net

Company Name: B Henson Consulting Inc

Mailing Address: 260 Torrey Pines Drive      City, State, Zip: Ledbetter, Ky 42058

Telephone: 270 994-1825      Date of Facility Visit: August 19, 2020

### Agency Information

Name of Agency: Woodford County Detention Center      Governing Authority or Parent Agency (If Applicable): Same

Physical Address: 204 Beasley Drive      City, State, Zip: Versailles, KY 40383

Mailing Address: Same      City, State, Zip: Click or tap here to enter text.

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

Municipal       County       State       Federal

Agency Website with PREA Information: <http://www.woodfordcountydetection.com/>

### Agency Chief Executive Officer

Name: Michele Rankin

Email: mrankin@woodfordcountyky.gov      Telephone: 859 873-3196

### Agency-Wide PREA Coordinator

Name: Kim Settles

Email: ksettles@woodfordcountyky.gov      Telephone: 859-873-3196

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

## Facility Information

**Name of Facility:** Woodford County Detention Center

**Physical Address:** 204 Beasley Drive

**City, State, Zip:** Versailles, KY 40383

**Mailing Address (if different from above):**  
Same

**City, State, Zip:** Click or tap here to enter text.

**The Facility Is:**

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

**Facility Type:**

Prison

Jail

**Facility Website with PREA Information:** <http://www.woodfordcountydetection.com/index.html>

**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:**  
[Click or tap here to enter text.](#)

### Warden/Jail Administrator/Sheriff/Director

**Name:** Michele Rankin

**Email:** [mrankin@woodfordcountyky.gov](mailto:mrankin@woodfordcountyky.gov)

**Telephone:** 859 873-3196

### Facility PREA Compliance Manager

**Name:** N/A

**Email:** [Click or tap here to enter text.](#)

**Telephone:** [Click or tap here to enter text.](#)

### Facility Health Service Administrator N/A

**Name:** N/A

**Email:** [Click or tap here to enter text.](#)

**Telephone:** [Click or tap here to enter text.](#)

## Facility Characteristics

Designated Facility Capacity:	95	
Current Population of Facility:	123	
Average daily population for the past 12 months:	121.2	
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:	18-73	
Average length of stay or time under supervision:	64.9 days	
Facility security levels/inmate custody levels:	Min - Max	
Number of inmates admitted to facility during the past 12 months:	973	
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> :	450	
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> :	300	
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)	Click or tap here to enter text. <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	
<p><b>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):</b></p>	<input 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 checked="" type="checkbox"/> State or Territorial correctional agency <input checked="" type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input checked="" 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: <a href="#">Click or tap here to enter text.</a> <input type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	27	

Number of staff hired by the facility during the past 12 months who may have contact with inmates:	6
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	2
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	6
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	20
<b>Physical Plant</b>	
<p><b>Number of buildings:</b></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 general 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 situation), it should be included in the overall count of buildings.</p>	1
<p><b>Number of inmate housing units:</b></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 in particular 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>	13
Number of single cell housing units:	6
Number of multiple occupancy cell housing units:	13
Number of open bay/dorm housing units:	8
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	6
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)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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**Medical and Mental Health Services and Forensic Medical Exams**

Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	<input type="checkbox"/> Yes <input checked="" 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: <a href="#">Click or tap here to enter text.</a> )

**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:	0
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 type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input checked="" 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: <a href="#">Click or tap here to enter text.</a> ) <input type="checkbox"/> N/A

**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?	2
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 type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
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: <a href="#">Click or tap here to enter text.</a> ) <input checked="" type="checkbox"/> N/A

# Audit Findings

## Audit Narrative

*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 Prison Rape Elimination Act (PREA) on-site audit of the Woodford County Detention Center (WCDC), of Versailles, KY was conducted on August 19, 2020 by Bryan K. Henson, a U.S. Department of Justice Certified PREA Auditor for adult facilities, and one support staff, Sheri Henson, a non-certified member of the audit team. During the on-site review, it was found that audit notices were posted in staff areas in the facility as well as the Kiosk for the inmate population. As of the date of this report, the Auditor has not received any correspondence or mail from inmates or staff at the facility. The Point of Contact established at WCDC submitted supporting documentation for review on a flash drive approximately 3 weeks prior to the on-site portion of the audit. The Pre-Audit Questionnaire was completed and submitted to the auditor approximately 3 days prior to the on-site review. Pre-audit preparation by the Auditor included a thorough review of all documentation and materials submitted by the facility along with the data included in the completed *Pre-Audit Questionnaire*. The documentation reviewed included agency policies, procedures, forms, education materials, training curriculum, organizational charts, and other PREA related materials that were provided to demonstrate compliance with the PREA standards. This review prompted a series of questions and request for additional supporting documentation submitted in writing to the POC/ PREA Coordinator. Answers to the questions were submitted back with some additional supporting documentation.

The Auditor team conducted an in-briefing with Jailer Rankin and PREA Coordinator (PC) Captain Kim Settles to discuss the audit schedule and an overview of the audit process. The Audit team toured the facility with PC Settles. All areas of the facility were toured to include housing, day room and bathroom areas, booking (intake), administrative, program, phone and recreational areas. The audit team spoke informally with the staff and the inmates during the tour. The audit team made note of the level of cross gender announcements, interaction between staff and inmates, the placement of over 60 cameras at the facility and noted no blind areas. During the on-site review, once the tour was completed, the Audit team began to conduct interviews of staff and conduct file reviews. The interviews were conducted in areas that allowed for confidentiality, yet staff could ensure a secure area. The Jail staff work in 12-hour shifts and the audit team spent time on both the day and night shift to interview staff from all shifts.

The inmate population count on the date of the on-site review was 123 with 113 males and 10 females. The audit team interviewed a total of 21 inmates, to include 2 targeted interviews (1 LBGTI and 1 Disabled) and 19 random interviews. In addition, the audit team interviewed 28 staff, including 16 specialized staff, 12 random staff (representing all shifts and various posts), the Agency Head (Jailer), and the PREA coordinator. The auditor also made contact with the Director of Advocacy with the Ampersand Sexual Violence Resources Center of the Bluegrass to discuss the interventions and support provided as Victim Advocates, as well as to confirm that University of Kentucky Hospital's availability of SANE services in order to conduct forensic examinations.

In the past 12 months, the Jail reported there were 3 allegations reported of sexual abuse or sexual harassment at the facility with 2 found to be unsubstantiated and 1 unfounded.

## 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.*

The Woodford County Detention Center is a full-service correctional facility offering all available alternatives to incarceration to include Pretrial Services, Home Detention and Work Release, as well as traditional incarcerations and imprisonment for offenders either awaiting trial or sentenced to the Woodford County Detention Center. The designed facility capacity is 95 with an average daily population over the past 12 months of 121. The jail houses male and female inmates from county, state and federal jurisdictions. The facility housing units are made up of dormitory, multi-cell, and single cell units. The facility has 27 full time security and administrative staff with 6 contracted staff that provide medical, and food services. The facility has approximately 56 cameras to assist staff in providing security and safety of the inmate population.

## 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:** 0

**List of Standards Exceeded:** Click or tap here to enter text.

### Standards Met

**Number of Standards Met:** 43

### Standards Not Met

**Number of Standards Not Met:** 0

**List of Standards Not Met:**

## 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 of 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.

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. WCDC PREA Policy
  - b. Organizational Chart
2. Interviews
  - a. PREA Coordinator (PC)

**§115.11 (a):** Woodford County Detention Center (WCDC) provided a written facility PREA policy that states regarding the “Zero Tolerance standard,” the Woodford County Detention Center has developed a policy to deter and maintain any form of misconduct between staff and inmate, or inmate to inmate misconduct. A review of the facility PREA policy reflected that it does outline the facilities approach to prevent, detect, and respond to sexual abuse and sexual harassment.

**§115.11 (b):** WCDC has appointed a PREA Coordinator (PC). The Organizational Chart confirms that the PC is upper-level as the position answers directly to the Jailer. Interviews of the PC support the PC has sufficient time and authority to develop, implement, and oversee the facility efforts to comply with the PREA standards.

**§115.11 (c):** WCDC does not have a PREA compliance manager since they only operate one facility, therefore this provision is not applicable.

## 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.*

WCDC does not contract for the confinement of its inmates with any other entity; therefore, finding this standard as non-applicable and therefore compliant.

## 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
- 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.

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. WDCDC PREA Policy
  - b. WDCDC Staffing Plan
  - c. Annual Assessment of Staffing Plan
  - d. Supervisor's Report documenting rounds
2. Interviews
  - a. Jailer
  - b. Intermediate or Higher-level facility staff

**§115.13 (a)(b)(c):** WDCDC PREA policy indicates the agency requires each facility it operates to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring to protect inmates against abuse. Each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan. This can be completed in a written report. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration: generally accepted detention and correctional practices; any judicial findings of inadequacy; any findings of inadequacy from federal investigative activities; any findings of inadequacy from internal or external oversight bodies. Documentation was provided of the annual assessment that supported each of the required areas in section (a) were taken into consideration when determining adequate staffing levels and documented whether adjustments were needed in the required areas of section (c). The Staffing Plan included the Jail's minimum staffing positions and each of the position's responsibilities, and a map of the facility and location of current video monitoring. The number of staff is set by the Kentucky Department of Corrections and budgeted by the County Fiscal Court. Samples of shift assignments for each shift were provided to document staffing plan is followed as well as no deviations noted. The auditor observed staff on each shift and that adequate staffing was demonstrated. A review of the video cameras was completed noting 56 cameras throughout the facility with no evident blind spots.

**§115.13 (d):** WDCDC PREA policy states ranking officers on all shifts, day and night, are to complete two unannounced rounds during their shift. These unannounced rounds are to identify and deter staff sexual abuse and sexual harassment before any situation was to escalate. Do not announce to other staff members that you're beginning the unannounced round unless such announcement is related to the legitimate operational functions of the facility. The unannounced rounds are to be logged on the shift report and completed by each shift daily. Documentation of such rounds was provided on both day

and night shifts. Interviews of intermediate or higher-level supervisors supported that the rounds were made in a manner to support that each of the two rounds made per shift are unannounced. Those interviewed had knowledge of what reasons such rounds were made.

## 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.

WCDC does not house anyone under the age of 18; therefore, finding this standard as non-applicable and therefore compliant.

## 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 in order 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.*

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. WDCDC PREA policy
  - b. Cross Gender Directive
  - c. Training documentation
2. Interviews
  - a. Random Staff
  - b. Random Inmates



**§115.15 (a)(b)(c):** WDCDC PREA policy states the facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. The facility shall not permit cross-gender pat-down searches of female inmates except in exigent circumstances. Female inmates cannot be restricted from programs outside the cell and other out-of-cell opportunities in order to comply with this provision. The facility shall document all cross-gender strip searches and cross-gender visual body cavity searches, and shall document all cross-gender pat down searches of female inmates.

Interviews of both staff and female inmates support that the PREA policy is followed regarding such searches as noted above. The PAQ indicated no such searches under exigent circumstances were conducted and therefore not required to be documented. There was no documentation reviewed contrary to what was indicated in the PAQ.

**§115.15 (d):** WDCDC PREA policy states all inmates must be given the option to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Staff shall escort an inmate to Cell 40 to shower, perform bodily functions and change in private. The policy goes on to state to assure all inmates are aware of the opposite staff being present in their unit, they must announce their presence before entering the housing unit of the opposite sex. While on site, the cross-gender announcements were not made on a consistent basis. When the auditor discussed this with the Jailer and PC, a written directive was put out to all deputies reminding them to make the announcement and provided an example of how the announcement should be made. Interviews of both staff and inmates support the announcements are made.

**§115.15 (e):** WDCDC PREA policy states facility may not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmates' genital status. If the inmate's genital status is unknown, it may be determined 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. Interviews of staff support that the PREA policy is followed. The facility reported no transgender/intersex inmates were currently at the facility.

**§115.15 (f):** WDCDC PREA policy states the Woodford County Detention Center shall train security staff (deputies) in how to conduct cross-gender pat-down searched, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. The Auditor reviewed training records that support staff read and understood the manual they received regarding PREA. The training curriculum (manual) provided was reviewed and fails to cover the areas required for this section of the standard. Interviews of staff support they have been trained regarding cross gender pat downs, but had not received training regarding how to conduct searches regarding transgender and intersex inmates. Through a Corrective Action Plan the facility obtained a training curriculum from the PREA Resource Center "Guidance in Cross-gender and Transgender Pat Searches" to train all Deputies at the facility in the required training. The facility submitted documentation to the auditor supporting all security staff received the search training. Based upon the documentation submitted and reviewed, this section of the standard is now found to be compliant.

## **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.*

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. WCDC PREA policy
2. Interviews
  - a. Agency Head
  - b. Inmates with disabilities/limited English proficient
  - c. Random Staff

**§115.16 (a):** WCDC PREA policy states The agency shall take appropriate steps to ensure that inmates with disabilities (including, for example, inmates who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech 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. Such steps shall include, when necessary to ensure effective communication with inmates who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall 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, limited reading skills, or who are blind or have low vision. An agency is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans With Disabilities Act, 28 CFR 35.164. Interviews with the Agency Head support that staff are required to be aware of inmates who may suffer from any disability or who are limited English proficient. She went on to state that Deputies must provide assistance to any inmate in situations where they are unable to understand or read any material given to them.

**§115.16 (b):** WCDC PREA policy states the agency shall 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, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. The auditor reviewed the PREA handout that is provided to inmates at intake in Spanish with the ability to translate it to any language requested. Interviews with the Agency Head support that staff are required to be aware of inmates who may suffer from any disability or who are limited English proficient. **The Auditor recommends that the facility explore an outside contractor that may be able to provide interpretation for language barriers when needed.**

**§115.16 (c):** WCDC PREA policy states the agency shall not rely on inmate interpreters, inmate readers, or other types of inmate assistants 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 allegation. Interviews with staff support that the PREA policy is followed. There were no sexual abuse investigations reviewed that indicated an inmate interpreter had been used.

## 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.*

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. WDCDC PREA policy
  - b. WDCDC Application for Employment
  - c. Staff file reviews
2. Interviews
  - a. Human Resources Staff

**§115.17 (a)(f):** WDCDC PREA policy states Woodford County Detention Center shall not hire or promote anyone who may have contact with inmates, and shall not enlist the services of any contractor who may have contact with inmates, who:

- (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.

WCDC PREA policy states the agency shall ask all applicants and employees who may have contact with inmates directly about previous misconduct of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct. While on-site, a review of staff files indicated that the required questions of misconduct were not being asked of applicants, or those being promoted. Interviews of the Human Resource (HR) staff confirmed at the time of the on-site visit, the three questions of misconduct were not being asked of applicants on the written job applications, or to those being promoted. Through a Corrective Action Plan, the facility revised the current job application to include the three questions of misconduct. Once review, over a period of time during the Corrective Action Period, the facility submitted completed applications demonstrating that new applicants were answering the required questions. The facility also submitted updated completed applications of current employees that had recently been promoted demonstrating that those being promoted are also now answering the three questions of misconduct by completing a revised application. The auditor reviewed all submitted documentation and found the facility is now in compliance of sections (a)(f) of this PREA standard. The HR staff also reported that the facility does not conduct self-evaluations. WCDC PREA policy also mandates that employees have a continuing affirmative duty to disclose any such misconduct. This was also confirmed by the HR interview.

**§115.17 (b):** WCDC PREA policy states the agency shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates. Interviews with the Human Resources staff support that incidents of sexual harassment are considered when hiring or promoting, or enlisting services of potential contractors. A review of employee files provided documentation that indicated staff are asked prior to employment and promotions if they have had any sexual harassment incidents supporting that this is considered by the facility.

**§115.17 (c)(d)(e):** WCDC PREA policy states before hiring new employees who may have contact with inmates, the agency shall:

(1) Perform a criminal background records check

(2) 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. The policy also states the agency shall perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates. The agency shall 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. Interviews of the Human Resources staff, as well as employee file reviews conducted by the audit team support that criminal background checks are conducted for both staff and contractors, and attempts to contact prior institutional employers regarding incidents of substantiated sexual abuse are made before hiring potential employees. The file review also confirm that the agency also conducts such criminal background checks for all employees and contractors at least every five years.

**§115.17 (g):** WCDC PREA policy states material omissions regarding sexual misconduct or provision of materially false information shall be grounds for termination. The application for employment requires the applicant to sign stating they understand providing false information will be grounds for immediate discharge.

**§115.17 (h):** WDCDC PREA policy states unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. HR Interviews support the agency would provide such information upon request.

## 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.*

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. None
2. Interviews



- a. Agency Head
- b. Jailer

Interviews with the Jailer indicate that WCDC monitoring technology is constantly being reviewed and updated to protect inmates. The agency reported no expansions or modifications were made to existing facility> The Jailer went on to state the jail had added cameras with zooming capabilities that are capable of voice as well as video to areas that were otherwise considered blind spots which supports compliance.

## 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.*

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. WDCDC PREA policy
  - b. Inmate Handbook (Kiosk)
  - c. Email with MOU request
2. Interviews
  - a. Random Staff
  - b. Medical staff
  - c. Rape Crisis Center

**§115.21 (a)(b):** WDCDC PREA policy states the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The following protocol must be followed to collect any usable physical evidence for administration and criminal proceedings:

1. Remove all inmates and staffing from area and seal the area with no movement
2. Victim needs to be put in a cell where they have no access to food, water etc.
3. Put potential suspect in a separate cell. If there are multiple perpetrators, separate them all
4. All other inmates will have to be removed as well as staff unless a staff member is posted to watch the scene
5. Contact the PREA officers, administration and medical
6. After PREA officers and administration are contacted, depending on severity of scene, VPD can be contacted to bring in an investigator and collect evidence

The facility does not house youth under the age of 18. Interviews of staff support they have a good understanding of the agency's protocol for obtaining usable physical evidence if an inmate alleges sexual abuse to include first responder duties and who is responsible for investigating such incidents.

**§115.21 (c):** WDCDC PREA policy states the agency shall offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. Contact UK Hospital at 859-258-3600 and request to see a SANE nurse. The nurses will then give instructions to follow when arriving at the hospital. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs. The PAQ, as well as the interviews of the medical staff report that all forensic examinations will be conducted outside the facility at University of Kentucky Hospital. The audit team confirmed that SANE services are available at University of Kentucky Hospital for any victim of sexual abuse in order to conduct a forensic examination.

**§115.21 (d):** WDCDC PREA policy states the agency shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency shall make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member. Agencies shall document

efforts to secure services from rape crisis centers. A rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 14043g(b)(2)(C), to victims of sexual assault of all ages. The agency may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services. The auditor reviewed documentation that supported recent attempts to establish an MOU between WCDC and Ampersand Sexual Violence Resource Center of the Bluegrass. The Auditor contacted the Resource Center and confirmed the facility is available to make victim advocates services available from a Rape Crisis Center. Contact information for the Resource Center is available to all inmates through the Inmate Kiosk.

**§115.21 (e):** WCDC PREA policy states as requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. Interviews with the Ampersand Sexual Violence Resource Center of the Bluegrass support such services are made available.

**§115.21 (f):** WCDC PREA policy indicates when outside agency is used for investigation, that agency shall be requested to follow the requirements of 115.21 (a) through (e). The auditor reviewed documentation that demonstrated a request was made to the Versailles Police Department to follow requirements of 115.21 a-e.

## 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.*

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. WCDC PREA policy
  - b. Investigative Reports
  - c. WCDC Website
2. Interviews
  - a. Agency Head
  - b. Investigative Staff

**§115.22 (a):** WCDC PREA policy states the agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. Interviews of the Agency Head supported that each of the allegations of sexual abuse/harassment are investigated. The audit team reviewed the investigations conducted within the audit period that confirmed such investigations are completed.

**§115.22 (b)(c):** WCDC PREA policy states the agency shall have in place a policy 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. The policy goes on to state the procedure to complete this is to contact the Versailles Police Department regarding any criminal investigation that needs attention. The Auditor reviewed the agency website and confirmed the investigative policy is posted and describes the responsibilities of both WCDC and Versailles Police Department (VPD). Interviews of investigative staff supported that

such criminal allegations are referred to VPD for criminal investigations and document the referrals in the sexual offense allegation reporting form as well as the investigative report.

## 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.*

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. WDCDC PREA policy
  - b. PREA Training Curriculum (Lesson Plan)
  - c. Training File review
2. Interviews
  - a. Random Staff

**§115.31 (a):** WDCDC PREA policy mandates training in the required areas for all staff that may have contact with inmates. The lesson plan was reviewed and contained all components required in this section of the standard. Responses to interview questions asked of staff regarding their PREA training supported they have received training as required.

**§115.31 (b):** WDCDC PREA policy states training shall be tailored to the gender of inmates at the facility. WDCDC houses both genders.

**§115.31 (c):** WDCDC PREA policy states the agency shall 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. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies. A review of staff training files supported that annual refresher training is conducted at WDCDC.

**§115.31 (d):** WDCDC PREA policy states the agency shall document through signature or electronic verification that employees understand the training they have received. A review of documentation provided and training files reviewed reflected documentation of staff signing acknowledging they received and understood the required PREA training.

## 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.

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. WCDC PREA policy
  - b. Training Curriculum
  - c. Training file review
  - d. Training acknowledgement forms
2. Interviews
  - a. Volunteers

**§115.32 (a)(b)(c):** WCDC PREA policy states the agency shall ensure 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. 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, but all volunteers and contractors who have contact with inmates shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received. It should be noted that Contract staff at WCDC are trained under the same curriculum as jail staff. A review of the Volunteer/Contractor Training Manual failed to include that volunteers are informed on how to report incidents of sexual abuse and sexual harassment, as well as it fails to inform them of the Jail's zero-tolerance policy regarding sexual abuse and sexual harassment. However, prior to this report the manual was revised to include that WCDC has a Zero-Tolerance policy regarding sexual abuse, and also includes specific methods of how volunteers shall report an incident of sexual abuse or sexual harassment. The revision was provided for review by the Auditor. While the interviews of volunteers did support substantial compliance, the facility failed to provide any documentation that supported volunteers had received the required PREA training, finding the standard as non-compliant. Through a Corrective Action Plan, the facility submitted documentation to the auditor for review that demonstrates that volunteers have now been trained and understand their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The documentation also demonstrated that volunteers have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. Based upon a review of the submitted documentation, this standard is now found to be compliant.

## 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.*

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. WCDC PREA policy
  - b. Inmate File Review
  - c. Inmate Handbook (Tablets)
2. Interviews
  - a. Intake Staff
  - b. Random Inmates

**§115.33 (a):** WCDC PREA policy states during intake process, inmates shall receive information explaining the zero-tolerance policy and how to report incidents or suspicions, knowledge or information of sexual abuse/harassment. Inmate file reviews reflected that documentation where inmates are provided information as required above in the PREA policy. Interviews of Intake staff support that inmates do receive such information and that booking staff read this information to inmates during the intake process. Interviews of inmates also supported they do receive information about the facilities rules against sexual abuse and sexual harassment when they first arrive and the information is placed upon the tablets available to every inmate.

**§115.33 (b)(c)(d):** WCDC PREA policy states within 30 days of intake, the agency shall provide comprehensive education to inmates either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. The inmate education is provided in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills. Current inmates who have not received such education shall be educated within one year of the effective date of the PREA standards, and shall 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.

WCDC is a single facility agency; therefore, all inmates upon intake are provided education. Inmates that are booked into the Jail that week are provided the opportunity every Saturday to view the PREA

Video (PREA: What You Need to Know) with a staff available to answer any follow up questions. The inmates that attend this viewing are documented in the Jail Tracker. Inmate file reviews reflected substantial compliance in completing the comprehensive education within the required 30 days inmates Interviews of the intake staff indicated that the required PREA information is read to them and the PREA policy is offered to each inmate. **As noted in 115.16, the Auditor recommends that the facility explore an outside contractor that may be able to provide interpretation for language barriers when needed.**

**§115.33 (e)(f):** WCDC PREA policy states the agency shall maintain documentation of inmate participation in these education sessions. In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats. The file review indicated that although not all files reflected that comprehensive education was received, that substantial compliance was accomplished. Signage containing required PREA information was observed posted at various areas within the facility and on the tablets assigned to the inmates.

## 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.*

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. WCDC PREA policy
  - b. PREA Investigation Curriculum
  - c. Training file review
2. Interviews
  - a. Investigative Staff

**§115.34 (a)(b)(c):** WCDC PREA policy states 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. 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. The agency shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations. The Auditor reviewed a training agenda that supports the required training components were included in the specialized training provided for PREA investigators. The auditor also reviewed documentation that confirmed that WCDC investigators completed required specialized training. Interviews of investigative staff support they have received the required specialized training. **Due to a lack of allegations, and therefore, lack of investigative practice for some of their PREA investigators, the auditor recommends those that have not had the hands on practice of conducting such investigations, consider attending refresher training.**

## 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.*

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. WDCDC PREA policy
  - b. Training Files
  - c. Training Certificates
2. Interviews
  - a. Medical Staff

**§115.35 (a)(c)(d):** WDCDC PREA policy states the agency shall ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in:

- (1) How to detect and assess signs of sexual abuse and sexual harassment
- (2) How to preserve physical evidence of sexual abuse
- (3) How to respond effectively and professionally to victims of sexual abuse and sexual harassment
- (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

If medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations. The agency shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere. Medical and mental health care practitioners shall also receive the training mandated for employees under § 115.31 or for contractors and volunteers under § 115.32, depending upon the practitioner’s status at the agency. The Jails currently employs one nurse and a physician assistant. The jail does not currently employ any mental health staff. Interviews of the nurse indicated that although regular PREA training had been received, she had not received the specialized medical and mental health training. The physician’s assistant was not available for interview. A review of training files and discussion with the Jailer indicated neither had received the specialized documentation indicating completion of all required PREA training. Prior to this report the nurse had completed the specialized training required entitled “PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting” from the curriculum presented by the National Institute of Corrections located on the PREA Resource Center website. Through a Corrective Action Plan, the facility provided

the training to the remaining medical employee, who completed the training on September 15, 2020 and the Training Certificate was submitted to the auditor demonstrating completion of the required training. Based upon the documentation reviewed, this standard is now found to be compliant.

**§115.35 (b):** WCDC medical staff do not conduct forensic examinations; therefore, this section is not applicable.

## **SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS**

### **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 period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?  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 in order 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.*

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. WCDC PREA policy
  - b. Risk Screening/Rescreening (Jail Tracker)
  - c. Inmates file review
2. Interviews
  - a. Risk Screening Staff
  - b. Random Inmates
  - c. PREA Coordinator

**§115.41 (a)(b):** WDCDC PREA policy states inmates shall be assessed during intake screening and upon transfer from another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates. WDCDC PREA policy states intake screening questions shall be asked within the first 72 hours of their booking. Interviews of staff that perform risk screening support that they do conduct such assessments during the intake or booking process which generally occurs within the first 24 hours of arrival. Interviews of inmates confirm they are asked questions at intake/booking related to risk screening for both victimization and abusiveness, and this normally occurs the same day they arrive.

**§115.41 (c):** A review of the screening questions indicates a yes/no format and if the inmates responds “yes” to a specific number of the questions in each of the sections for victimization and abusiveness, then the inmate is determined to be high risk for that respected section. This confirms the screening tool to be objective.

**§115.41 (d):** WDCDC PREA policy indicates the screening for risk of victimization/abusiveness considers each of the required criteria. A review of the screening questions demonstrates all required components of the standard are considered.

**§115.41 (e):** WDCDC PREA policy indicates the screening for risk of being sexually abusive considers each of the required criteria. An initial review of the screening tool used for risk of being sexually abusive found that it did not contained all required components required by the standard. At the time of this report, a revised tool for abusiveness was submitted for review and did contain all required areas. Samples were provided to the auditor utilizing the revised tool and was found to be compliant.

**§115.41 (f)(g):** WDCDC PREA policy states within set period, not to exceed 30 days from inmate’s arrival at WDCDC, inmate’s risk of victimization or abusiveness shall be reassessed based upon any additional or relevant information received since intake screening. Inmate’s risk levels shall be reassessed when warranted due to referral, request, incident or sexual abuse or receipt of additional information that bears on inmate’s risk of sexual victimization or abusiveness.

Interviews of random inmates indicated that inmates were not asked the risk assessment questions again after the initial screening. A review of the assessment and reassessment process, as well as interviews of staff who perform risk screening, found that the facility has failed to conduct the required reassessment within 30 days of the inmate’s arrival at the facility and that reassessments were only completed when additional information was received that affected the risk levels. Through a Corrective Action Plan (CAP), the facility provided a written description of a revised process to ensure that within 30 days of arriving at the facility, each inmate will be reassessed for risk of victimization or abusiveness. Documentation was submitted over a period of time that supported that the revised process was being followed by submitting completed reassessments that met the rescreening timelines. The reassessments submitted also contained the initial assessment as well as the date the inmate arrived at the facility. It should be noted that due to COVID-19 conditions, the jail had a limited number of inmates remaining at the jail for a period of time that would prompt the required reassessments. Based upon the auditor’s review of the documentation submitted during the CAP period, this PREA standard is now found to be compliant.

**§115.41 (h):** WDCDC PREA policy indicates that inmates may not be disciplined for refusing to answer or for not disclosing complete information in response to questions to the screening. Interviews of staff who perform risk screening support that the facility does not discipline inmates as noted in the PREA policy above.

**§115.41 (i):** WDCDC PREA policy states appropriate controls shall be implemented on dissemination within facility of responses to questions asked pursuant to this standard to ensure that sensitive information is not exploited to inmate's detriment by staff or other inmates. Interviews with the PREA coordinator support that appropriate controls of the responses to the risk assessment questions are limited by those who have access to this particular section of the jail tracker.

## 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 on the basis of 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 on the basis of 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 on the basis of 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 on the basis of 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.*

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. WCDC PREA policy
2. Interviews
  - a. Risk Screening Staff
  - b. PREA Coordinator
  - c. Gay Inmate

**§115.42 (a)(b):** WCDC PREA policy states the Woodford County Detention Center shall use information from the risk screening (Sexual Victim Questions) to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. The Woodford County Detention Center shall also make individualized determinations about how to ensure the safety of each inmate. Interviews of staff who perform risk screening support the screening information is used to make housing decisions. The PREA Coordinator detailed how the facility reviews the screening information to ensure good decisions when assigning inmates to work details and programs.

**§115.42 (c):** WCDC PREA policy states in deciding whether to assign transgender or intersex inmates to areas for male or female inmates and in making other housing and programming assignments, consideration shall be made on a case-by-case basis whether placement would ensure inmate's health and safety and whether placement would present management or security problems. The facility reported there were no transgender/intersex inmates at the facility.

**§115.42 (d):** WCDC PREA policy states when staff has declared a housing location for such inmates, placement and programming assignments for each transgender or intersex inmate shall be reassessed at least twice each year to review any threats to safety experienced by the inmate. The facility reported there were no transgender/intersex inmates at the facility. Interviews of staff who perform risk screening support that the PREA policy is followed.

**§115.42 (e):** WCDC PREA policy states transgender or intersex inmate's own views with respect to his/her own safety shall be given serious consideration. The facility reported there were no transgender/intersex inmates at the facility. Interviews of staff who perform risk screening support that the PREA policy is followed.

**§115.42 (f):** WCDC PREA policy states transgender and intersex inmates shall be given opportunity to shower separately from other inmates. The facility reported there were no transgender/intersex inmates at the facility. Interviews of staff who perform risk screening support that the PREA policy is followed. The audit team observed the shower areas and most of the showers allow for individual

showering. The PREA Coordinator indicated any transgender or intersex inmates that request to shower separately would be allowed to do so.

**§115.42 (g):** WCDC PREA policy states the agency shall not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such inmates. Interviews of one gay inmate support the PREA policy is followed in that he was not housed in cell for only gay inmates.

## 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.*

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. WCDC PREA policy
2. Interviews
  - a. Jailer
  - b. Staff who Supervise Inmates in Segregated Housing



**§115.43 (a):** WDCDC PREA policy states inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made. The maximum length for an inmate to be housed in involuntary segregation is 24 hours or until the housing assessment is complete. Interviews of the Jailer support that the PREA policy is followed in that she provided a detailed process when this occurs. The facility reports that in the past 12 months, no inmates were held in involuntary segregation for this reason.

**§115.43 (b):** WDCDC PREA policy states inmates placed in segregated housing for this purpose shall have access to programs, privileges, education and work opportunities to the extent possible. If access to these opportunities are restricted, documentation shall include:

1. Opportunities that have been limited
2. Duration of limitations
3. Reasons for limitations

Interviews of staff that supervise inmates in segregated housing support that the PREA policy is followed. They went on to state that although any restrictions would be documented, they would not normally have such restrictions in this status. While on site, there were no inmates being held in segregation due to high risk for sexual victimization.

**§115.43 (c):** WDCDC PREA policy states such inmates shall be assigned to involuntary segregated housing only until alternative means of separation from likely abusers can be arranged and such assignment shall not ordinarily exceed a period of 30 days. Interviews of the Jailer and of staff who supervise inmates in segregation support that inmates are placed into involuntary segregated housing only as a last resort and until an alternative means of separation from likely abusers can be arranged.

**§115.43 (d):** WDCDC PREA policy states if involuntary segregated housing assignment is made, documentation shall clearly include:

1. Basis for concern for inmate's safety
2. Reason why no alternative means of separation can be arranged

The facility reported there had been no inmates placed in involuntary segregation for this reason during the audit period.

**§115.43 (e):** WDCDC PREA policy states every 30 days, the facility shall afford each such inmate a review to determine whether there is a continuing need for separation from the general population. Interviews of staff who supervise inmates in segregation support the PREA policy is followed.

## 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.*

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. WDCDC PREA policy
  - b. Telephone Contractor Letter
  - c. Inmate Kiosk
2. Interviews
  - a. Random Staff
  - b. Random Inmates

**§115.51 (a):** WDCDC PREA policy states the agency shall provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Internal methods listed in the inmate PREA handout include logging onto SmartJailMail on the kiosk in RC or the rec area or on the tablet in the cell, under the PREA section or a verbal report (to any on-duty deputy).

**§115.51 (b):** WDCDC PREA policy states the agency shall also provide at least one way for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials, allowing the inmate to remain anonymous upon request. The inmate PREA handout lists the external reporting methods as the PREA Hotline at 1-833-362-7732 which goes to the Kentucky Justice Investigative Branch. Another number listed is for the local Rape Crisis Center who can forward such a report back to the facility as long as the victim gives permission to do so. The phone was tested by the audit team in one of the cell areas and was found to require an inmate pin number to complete the call. The facility contacted the phone contractor and they were able to bypass this requirement for the number to contact the Kentucky Justice Cabinet Investigative Branch Unit. The auditor was provided written notification from the contractor to document this revision. The facility reports they do not housed inmates solely for immigration.

**§115.51 (c):** WDCDC PREA policy states staff shall accept reports made verbally, in writing, anonymously and from third parties and shall promptly document any verbal reports. The auditor reviewed a report that demonstrated staff accepted both verbal and written reports from inmates regarding sexual abuse and documented such verbal reports. Interviews of random staff and inmates support that staff accept all reports and document them properly.

**§115.51 (d):** WDCDC PREA states the agency shall also provide a method for staff to privately report sexual abuse and sexual harassment of inmates. Interviews of random staff support that staff have a private method to report incidents of sexual abuse and sexual harassment of inmates through calling the external PREA hotline.

## **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 period 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 period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)  Yes  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.*

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. WDCDC PREA policy
  - b. SOI KAR 3:140- Section 6-WRITTEN INMATE GRIEVANCE PROCEDURE THAT IS AVAILABLE TO ALL INMATES.
  - c. Inmate kiosk
2. Interviews
  - a. None

**§115.52 (a):** The WDCDC PREA policy provides an administrative process to address inmate grievances regarding sexual abuse. During the on-site visit, the audit team was able to observe the grievance process to be initiated through the kiosk.

**§115.52 (b):** WDCDC PREA policy states the agency shall not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse. The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse. The agency shall not require an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. Nothing in this section shall restrict the agency's ability to defend against an inmate lawsuit on the ground that the applicable statute of limitations has expired. During the audit period there were no allegations reported through the grievance system.

**§115.52 (c):** WDCDC PREA policy states the agency shall ensure of the following:  
(1) An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint  
(2) Such grievance is not referred to a staff member who is the subject of the complaint.  
During the audit period there were no allegations reported through the grievance system.

**§115.52 (d):** WDCDC PREA policy states the agency shall issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance. Computation of the 90-day time period shall not include time consumed by inmates in preparing any administrative appeal. The agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the inmate in writing of any such extension and provide a date by which a decision will be made. At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, the inmate may consider the absence of a response to be a denial at that level. The facility reports there have been no grievances filed regarding sexual abuse.

**§115.52 (e):** WDCDC PREA policy states third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, shall be permitted to assist inmates in filing requests for



administrative remedies relating to allegations of sexual abuse, and shall also be 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.

If the inmate declines to have the request processed on his or her behalf, the agency shall document the inmate's decision.

The facility reports there have been no grievances filed regarding sexual abuse.

**§115.52 (f):** WDCDC PREA policy states the agency shall establish procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse. After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, the agency shall 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, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision shall document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. The SOI KAR 3:140-Section 6 details the process for emergency type grievances.

The facility reports there have been no emergency grievances filed regarding sexual abuse.

**§115.52 (g):** WDCDC PREA policy states the agency may discipline an inmate for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the inmate filed the grievance in bad faith.

The facility reports there have been no incidents where an inmate was disciplined for filing a grievance in bad faith.

## 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.*

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. WDCDC PREA policy
  - b. Inmate Tablets (Notification Flyer)
  - c. Email with MOU request
2. Interviews
  - a. Random Inmates
  - b. Inmates who Reported Sexual Abuse

**§115.53 (a):** WDCDC PREA policy states the facility shall 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, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible.

Interviews of random inmates indicate that most are not aware of the outside victim advocate that is made available for support through Ampersand Sexual Violence Resource Center of the Bluegrass. The contact information, to include addresses and phone numbers to allow free calls, is provided on the tablets that are located in each of the cell areas. The phone was tested by the audit team in one of the cell areas and was found to require an inmate pin number to complete the call. The facility contacted the phone contractor and they were able to bypass this requirement for the number to contact the Resource Center noted above. The auditor was provided written notification from the contractor to document this revision.

**§115.53 (b):** WCDC PREA policy states the facility shall 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. While on site, the auditor found that the inmate tablets provided in each cell had a flyer listed with the required information.

**§115.53 (c):** WCDC PREA policy states a memorandum of understanding (MOU) shall be maintained or attempts to enter into such agreements shall be made with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse. Copies of agreements or documentation showing attempts to enter into such agreements shall be maintained. The facility reports they have no agreements at this time with any outside rape crisis center. The auditor was provided email correspondence to the Ampersand Sexual Violence Resource Center of the Bluegrass demonstrating the facilities attempt to establish an agreement to support the facility by providing victim advocates for inmates who may have been a victim of sexual assault, sexual abuse or sexual harassment during their confinement. The auditor made contact with the Director at the Resource Center and she was very receptive to establishing an MOU with the jail. It was determined that the email had been sent to an old email address and the correct email was provided to the jail to begin the process.

## 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.

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. WCDC PREA policy
  - b. WCDC Website
2. Interviews
  - a. None

WCDC PREA policy states the agency shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate. The auditor reviewed the agency website to confirm that the methods to report an allegation are posted for the public to view.

## 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 or not 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.*

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. WDCDC PREA policy
2. Interviews
  - a. Random Inmates
  - b. PREA Coordinator
  - c. Jailer
  - d. Medical and Mental Health Staff

**§115.61 (a)(b):** WDCDC PREA policy states the agency shall require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. All reports must be documented and dated. Apart from reporting to designated supervisors or officials, staff shall not reveal 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. The

policy goes on to state if an inmate advises any on duty deputy of a situation regarding sexual misconduct, sexual assault, sexual harassment or any serious event that threatens the safety or security of the facility or jail personnel, please notify the PREA officers of the situation immediately. DO NOT share any information with other staff members and/or inmates until approved by the PREA Investigators. PREA is confidential. Interviews of random staff support they are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility.

**§115.61 (c):** WDCDC PREA Policy states unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to the first paragraph of this section and to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services. Interviews of medical staff support that inmates are informed of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services. The medical staff plans to revise the current consent form to make it clearer what the purpose is for the consent given.

**§115.61 (d)(e):** WDCDC PREA policy states if the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws. The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators. The facility policy and procedure details that PREA officers shall be notified and they will investigate the situation and keep documentation of the events. Interviews with the Jailer and the PREA Coordinator support they report such allegations as noted in the PREA policy above. The Jailer confirmed that all allegations of sexual abuse and harassment are reported to the appropriate investigator to be investigated.

## 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.

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. WDCDC PREA policy
2. Interviews
  - a. Jailer
  - b. Random Staff

**§115.62 (a):** WDCDC PREA policy states the agency must take immediate actions to protect an inmate if the facility knows an inmate is at imminent risk of sexual misconduct, abuse or harassment. The policy goes on to detail the procedure for ensuring this protection by stating if an inmate approaches a deputy and admits to feeling imminent danger is upon them, remove the inmate and place them in holding. Interviews of the Jailer, and of random staff support that the facility takes immediate action to protect the inmate when there is substantial risk of imminent sexual abuse.

## 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.

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. WCDC PREA policy
2. Interviews
  - a. Agency Head
  - b. Jailer

**§115.63 (a)(b)(c):** WCDC PREA policy states if a new 10-15 verbally states that he or she had been a victim of sexual misconduct, sexual abuse or sexual harassment at another facility, the head of the facility must notify the head of the facility or the appropriate office of the agency or facility where sexual abuse is alleged to have occurred. The other agency must be contacted within 72 hours after receiving such allegation. The PREA officers will make a "note" in JailTracker when the other facility had been notified directly of the alleged conduct. The Jailer confirm that any allegation received is forwarded to the PREA investigator for the purpose to be investigated.

The facility reports that no inmates made allegations at WCDC where the incident occurred at another facility.

## 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 period 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 period 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.

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. WDCDC PREA policy
2. Interviews
  - a. Random Staff

#### §115.64 (a)(b): WDCDC PREA policy outlines the first responder steps as

1. Separate the alleged victim
2. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. Protect the crime scene by blocking off the area and allowing no one to enter through
3. If the abuse happened within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy evidence such as: changing clothes, brushing hair/teeth, drinking, eating, smoking, urinating, defecating or showering
4. Follow step three for the alleged abuser
5. Notify security staff (Admin and PREA officers)

Interviews of random staff, to include non-security staff, support that staff had good knowledge of the responsibilities of a first responder. The facility reported there were no inmates currently housed at WDCDC that had reported an incident of sexual abuse or sexual harassment.

### 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.*

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. WDCDC PREA policy
  - b. Jail Coordinated Response Plan
2. Interviews
  - a. Jailer

**§115.65 (a):** The WDCDC PREA Policy directs them to develop a plan that coordinates the response to an incident of sexual abuse for each of the required areas in the PREA standard. The initial review of the jail’s plan mentioned each area required, but failed to provide detail of the actions required by facility leadership and medical. Prior to this report, the facility submitted for review a revised written plan that provided detailed actions for each of the required areas. Interviews with the Jailer confirms the facility plan is written to ensure each of these staff areas have good knowledge of their responsibilities in response to an incident of sexual abuse.

### 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 into 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.

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. None
2. Interviews
  - a. None

**§115.66 (a):** The PAQ, along with confirmation from the Jailer, indicates the agency has not entered into 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; therefore, the standard is found compliant.

### 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.*

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. WDCDC PREA policy
  - b. Investigative Reports
2. Interviews
  - a. PREA Coordinator
  - b. Agency Head
  - c. Jailer
  - d. Designated Staff Charged with Monitoring Retaliation

**§115.67 (a):** WDCDC PREA policy states the detention center will not tolerate any form of retaliation against an inmate or staff member who has reported an alleged sexual misconduct, sexual abuse or sexual harassment. Monitoring retaliation will be required and can go past 90 days if the initial monitoring indicates a need. The policy goes on to discuss what actions are taken if the victim experiences additional problems in order to keep the victim safe. The PREA Coordinator indicates that all Deputies within the Security Department are tasked with monitoring responsibilities by walking the floor to monitor the inmate's activities in the cell in order to detect any retaliation. She states the jail has also installed more cameras to help monitor the cells from the control center.

**§115.67 (b):** WDCDC PREA policy states the agency shall 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. Interviews of the Jailer, as well as the PREA Coordinator indicated appropriate protection measures are employed for those who may fear retaliation. Detailed steps were provided to support compliance.

**§115.67 (c)(d)(e):** WDCD PREA policy states monitoring retaliation will be required and can go past 90 days if the initial monitoring indicates a need. The policy goes on to state areas the agency should monitor include any inmate disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. In the case of inmates, such monitoring shall also include periodic status checks. If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation. A review of the Investigative files supports that active monitoring for retaliation is being conducted as required following a report of sexual abuse. Interviews of the Jailer and Staff member designated to monitor for retaliation support that all steps required in standard are conducted.

## 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 any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?  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.*

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. WDCD PREA policy
2. Interviews
  - a. Jailer
  - b. Staff who Supervise Inmates in Segregated Housing

**§115.68 (a):** WDCD PREA policy states it is prohibited to place an inmate(s) who have allegedly suffered sexual abuse in involuntary segregation housing unless an assessment of all available alternatives has been made and there is no other alternative other than segregation. Any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse shall be subject to the requirements of § 115.43. The facility reports there have been no inmates housed in protective custody for this purpose during the audit period. Interviews of the Jailer indicate that inmates would be housed in protective custody only until alternative housing can be found. Interviews with staff who supervise inmates in segregated housing confirm the Jailer's response and go on to indicate these

inmates would also be afforded access to programs, privileges, and educational opportunities. Any restriction would be properly documented, and inmate's status reviewed every 30 days.

## 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 on the basis of 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.*

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. WDCDC PREA policy
  - b. Investigation file reviews
  - c. Training file reviews
2. Interviews
  - a. Investigative Staff
  - b. Jailer
  - c. PREA Coordinator

**§115.71 (a)(b):** WDCDC PREA policy states PREA officers (Investigators) will conduct a full internal investigation of alleged sexual abuse, misconduct or harassment cases. The policy goes on to state when the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations pursuant to § 115.34. Interviews with Investigators, as well as training and investigative file reviews confirm the PREA policy is followed.

**§115.71 (c):** WDCDC PREA policy states investigators shall gather and preserve direct and circumstantial evidence, gather available physical and DNA evidence, gather electronic monitoring data, interview victims, suspected abusers and witnesses, review prior complaints and reports of sexual abuse involving suspected abuser. Interviews with the investigators support they have good knowledge of the investigative process as each were able to describe the steps in detail, to include description of evidence they rely upon during such an investigation.

**§115.71 (d)(e)(h):** WDCDC PREA policy states when the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. If any allegations are deemed criminal, the case will be turned over to the Versailles Police Department for possible prosecution. The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as inmate or staff. No agency shall require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. Interviews of investigators support the above language contained in the PREA policy.

**§115.71 (f)(g)(i)(j):** WDCDC PREA policy states administration and the PREA officers will conduct a full internal investigation of alleged sexual abuse, misconduct or harassment cases. Efforts to determine whether staff actions or failures to act contributed to the abuse. These efforts must be documented that include description of the physical and testimonial evidence, the reasoning behind credibility

assessments, and investigative facts and findings. The policy also included that criminal investigations shall be documented in written report throughout the entire investigation. WCDC will retain written reports pertaining to administrative and criminal investigation of alleged sexual assault or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. Departure of abuser or victim from employment or confinement shall not provide basis for terminating investigation. A review of investigative files confirm they are documented and contained the appropriate content. Interviews of investigators support each section and indicate criminal investigations are conducted by outside law enforcement as referred by the agency as well as prosecution when substantiated allegations appear criminal. Reports are appropriately maintained as reported by the PREA Coordinator.

**§115.71 (I):** In reference to investigations conducted by outside agencies, the WCDC PREA policy states the facility shall also remain informed about the progress of any investigation. Compliance was confirmed during interviews with the Jailer and PREA Coordinator.

## 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.*

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. WCDC PREA policy
  - b. Investigative file reviews
2. Interviews
  - a. Investigative Staff

**§115.72 (a):** WCDC PREA policy states the agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual

harassment are substantiated. A review of investigative files as well as interviews of investigators support that a preponderance of evidence is the standard used to determine if the allegation is to be substantiated.

## 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 in order 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.*

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. WDCDC PREA policy
  - b. Documentation of reporting to inmates
2. Interviews
  - a. Jailer
  - b. Investigative Staff

**§115.73 (a)(b):** WDCDC PREA policy indicates if an inmate has made an allegation that he or she has suffered sexual abuse in the facility, the inmate shall be informed verbally or in writing, as to whether or not the allegation was ruled substantiated or unsubstantiated or unfounded following an investigation by the agency. During the file review it was determined that following each of the investigations, the inmate had not been informed of the findings. Prior to this report, documentation was submitted that demonstrated the facility had made attempts to inform each of the inmates of the findings. Interviews of the Jailer, investigators, support that inmates are to be informed as required.

**§115.73 (c):** WDCDC PREA policy states following inmate’s allegation that staff has committed sexual abuse against inmate, inmate shall subsequently be informed, unless allegation has been determined to be unfounded, whenever:

1. Staff is no longer posted within inmate’s unit
2. Staff is no longer employed at WDCDC
3. It is learned that staff has been indicted on charge related to sexual abuse within facility
4. It is learned that staff has been convicted on charge related to sexual abuse within facility

**§115.73 (d):** WDCDC PREA policy states following inmate’s allegation that he/she has been sexually abused by another inmate, victim shall be subsequently informed whenever it is learned that abuser has been:

1. Indicted on charge related to sexual abuse within facility
2. Convicted on charge related to sexual abuse within facility

A review of investigative files noted that none of the investigations during this audit period required notifications noted in sections (c) and (d).

**§115.73 (e):** WDCDC PREA policy states all notifications must be documented.

The initial review of investigative files did not demonstrate the notifications are properly documented. Prior to this report, documentation was submitted that supported such notifications are documented

## 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 actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?  Yes  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.*

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. WCDC PREA policy
  - b. Personnel Documents
2. Interviews
  - a. None

**§115.76 (a):** WCDC PREA policy states employees are subject to disciplinary sanction up to and including termination if employee violated any agency sexual abuse policies. Violation of agency policies will be determined by the jail Administration. There were no incidents during the audit period where staff were disciplined for violating department's sexual abuse/harassment policies.

**§115.76 (b):** WCDC PREA policy states termination shall be presumptive disciplinary action for staff who engage in sexual abuse. There were no incidents during the audit period where staff were found to have engaged in sexual abuse; however, a document was submitted to the auditor for review that was dated prior to this audit period that supports that staff are terminated when they engage in sexual abuse.

**§115.76 (c):** WCDC PREA policy states disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. There were no incidents during the audit period where staff were disciplined for violating department's sexual abuse/harassment policies.

**§115.76 (d):** WCDC PREA policy states all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their



resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. There were no incidents during the audit period where staff resigned or were terminated due to violating department's sexual abuse/harassment policies.

## 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.*

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. WDCDC PREA policy
2. Interviews
  - a. Jailer

**§115.77 (a)(b):** WDCDC PREA policy states volunteers and contractors are to be reported to law enforcement if they have participated in sexual misconduct (unless the act was clearly non-criminal)

with an inmate. The relevant licensing body also needs to be reported to. The auditor observed rules in place to prohibit inmates from being in the contractor's office. Interviews of the Jailer confirm that volunteers and contractors would be reported to law enforcement and relevant licensing if the act was criminal, no different from staff. The jailer also confirmed that separation would immediately occur in such cases to include pulling security clearances to prohibit further entrance to the facility. The facility reports no incidents of this nature have occurred during the audit period.

## 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.*

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. WCDC PREA policy
  - b. 501 KAR 3:140- Section 8 Disciplinary Rights
2. Interviews
  - a. Jailer
  - b. Medical Staff
  - c. PREA Coordinator

**§115.78 (a):** 501 KAR 3:140- Section 7 Disciplinary Rights states that each jail shall have a written policy for maintaining discipline for due process. WCDC Disciplinary Policy states every inmate of the Woodford County Detention Center has the right to know what behavior is expected and the penalties for misbehavior. WCDC PREA Policy states inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse. A review of the WCDC Inmate disciplinary procedure reflects a formal disciplinary listing with minor, major, and serious violations. This listing instructs inmates that those that violate the law are subject to criminal prosecution.

**§115.78 (b):** WCDC PREA policy states disciplinary actions shall be commensurate with the nature and circumstances of abuse committed, disciplinary history and discipline imposed for comparable offenses by other inmates with similar histories. Interviews with the Jailer support the standard.

**§115.78 (c):** WCDC PREA policy states disciplinary process shall consider whether inmate's mental disabilities or mental illness contributed to behavior when determining what type of disciplinary action, if any, should be taken.

**§115.78 (d):** Interviews with medical indicate that such therapy and counseling is not currently offered at the jail; therefore, this section is not applicable.

**§115.78 (e):** WCDC PREA policy states an inmate may be disciplined for sexual contact with staff only upon a finding that staff did not consent to such contact.

**§115.78 (f):** WCDC PREA policy states for the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that conduct occurred, shall not constitute falsely reporting an incident or lying, even if investigation does not establish evidence sufficient to substantiate allegation.

**§115.78 (g):** The PAQ indicates that all sexual activity between inmates is prohibited but for such activity to constitute sexual abuse it must be determined that the activity was coerced. This was confirmed by the PREA Coordinator and the audit team found no evidence to the contrary.

## 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.*

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. WDCDC PREA policy
  - b. Informed Consent form
2. Interviews
  - a. Risk Screening Staff
  - b. Medical and Mental Health Staff

**§115.81 (a)(c):** WDCDC PREA policy states if an inmate has experienced prior sexual victimization or previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. The facility provided documentation to support that inmates are offered a follow-up meeting as required in the PREA standard. Inmates are asked in the risk screening about prior victimization. The documentation supports that all inmates are provided a follow up to the screening by medical. Interviews of the staff responsible for performing the screening indicate that if the inmate indicates prior sexual victimization, they are offered a follow up meeting with the medical staff and the PREA Officers.

**§115.81 (b):** WDCDC is not a prison; therefore, this section is non-applicable.

**§115.81 (d):** WDCDC PREA policy states any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. As observed during the on-site visit, information related to such was limited to those as required and secured in a manner to ensure compliance.

**§115.81 (e):** WCDC PREA policy states that medical and mental health practitioners shall 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. Interviews with medical staff indicate that they had not had an incident where informed consent was required to be obtained. The medical staff was able to provide an informed consent form. Although the form supports compliance, the medical department indicated they would be revising the form to clarify the specific reasons for obtaining the consent.

## **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.

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. WDCDC PREA policy
  - b. Investigative file reviews
2. Interviews
  - a. Medical and Mental Health Staff
  - b. Inmates who Reported Sexual Abuse

**§115.82 (a):** WDCDC PREA policy states inmate victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services as well as access to emergency contraception and sexually transmitted infections prophylaxis. Medical and Mental health practitioners will determine the nature and scope of victimization according to their professional judgment. Interviews of the medical staff support the standard is compliant as they confirm inmate victims receive timely, unimpeded access to emergency medical treatment as required in section (a) through Bluegrass Community Hospital or University of Kentucky Medical Center.

**§115.82 (b):** WDCDC PREA policy states if no qualified medical or mental health practitioners are on duty at the time a report of recent abuse has been made, security staff first responders shall take preliminary steps to protect the victim pursuant to standard 115.62 and shall immediately notify the appropriate medical and mental health practitioners. A review of investigative files indicate that medical/mental health was notified the same date the incident was referred for investigation.

**§115.82 (c):** WDCDC PREA policy states inmate victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services as well as access to emergency contraception and sexually transmitted infections prophylaxis. Interviews of medical staff indicate that inmates are offered these items when taken to the outside hospital. **Recommend the medical department either get documentation to verify this information is provided from the local hospital or develop a packet of information that can be offered to the inmate at the facility.**

**§115.82 (d):** WDCDC PREA policy states medical and Mental health practitioners will determine the nature and scope of victimization according to their professional judgment and there shall not be financial cost to the victim regardless whether the victim names the abuser or cooperated with any investigation arising out of the incident.

## 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.

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. WCDC PREA policy
2. Interviews
  - a. Medical Staff

**§115.83 (a):** WCDC PREA policy states medical/mental health evaluations and treatment shall be offered to all inmates, and, as appropriate, treatment to those who have been victimized by sexual abuse in prison, jail, lockup or juvenile facility.

**§115.83 (b):** WCDC PREA policy states evaluation and treatment of such victims shall include follow-up services, treatment plans and, when necessary, referrals for continued care following their transfer to other facilities or their release from custody. Interviews of medical staff indicate that a medical follow up is conducted for an assessment of needs to include medication necessary following any recommendations from the Rape Crisis Center or outside hospital.

**§115.83 (c):** WCDC PREA policy states victims shall be provided medical/mental health services consistent with community level of care. Interviews of medical staff support that community level of care is provided.

**§115.83 (d):** WCDC PREA policy states victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. The facility reports there were no incidents during the audit period where female inmates reported sexual abusive vaginal penetration.

**§115.83 (e):** WCDC PREA policy states if pregnancy results from conduct, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. Interviews with medical staff support that in such cases victims would receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. The facility report there were no incidents during the audit period where pregnancy resulted from sexual abuse.

**§115.83 (f):** WCDC PREA policy states victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate. This was confirmed through interviews of the medical staff.

**§115.83 (g):** WCDC PREA policy states treatment services shall be provided to victim without financial cost and regardless of whether victim names abuser or cooperates with any investigation

arising out of incident. The audit team did not observe any documents or information through interviews that supported this had occurred.

## 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.*

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. WDCDC PREA policy
  - b. Investigative file reviews
  - c. Facility incident review form
  - d. List of Incident Review Team members
  - e. Completed Incident Reviews
2. Interviews
  - a. Jailer
  - b. Incident Review Team member

**§115.86 (a)(b):** WDCDC PREA policy states the facility shall 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. Such reviews shall ordinarily occur within 30 days of conclusion of investigation. During the on-site review, the facility failed to provide documentation that demonstrated incident reviews had been conducted on the 2 incidents that had been unsubstantiated. Interviews of the Incident Review Team confirmed these 2 reviews had not been completed. Through a Corrective Action Plan (CAP), the facility submitted documentation demonstrating that the Incident Review Team went back and conducted the required reviews on the 2 incidents that had been found as unsubstantiated. The reviews were conducted on a form that ensures all required areas are considered. As part of the CAP, the auditor, PREA Coordinator, and members of the Incident Review Team discussed the importance of conducting such reviews normally within 30 days of the conclusion of the investigation. Based upon a review of the completed reviews as well as the retraining of the review team on the timelines to complete the incident reviews, the auditor now finds the PREA standard as compliant.

**§115.86 (c):** WDCDC PREA policy states the review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. Documentation was provided listing the staff that had been assigned as Incident Review Team

members and they meet the standard. Interviews of the Jailer confirm the incident review team is made up of appropriate staff as required by the standard.

**§115.86 (d):** WCDC PREA policy indicates that the review team shall consider each of the required areas. A document was provided that is used by the review team to demonstrate they consider all required areas. Interviews of the Jailer and Incident Team members support they consider all areas required by the standard.

**§115.86 (e):** WCDC PREA policy states the facility shall implement the recommendations for improvement, or shall document its reasons for not doing so. The incident review report form has a place for the Jailer to document implemented recommendations, or to provide reasons why recommendations were not implemented.

## 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.

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. WDCDC PREA policy
  - b. Sexual Offense Allegation Reporting Form
  - c. PREA Allegation Log/Annual Report

**§115.87 (a)(b)(c):** WDCDC PREA policy states the Woodford County Detention Center shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions and shall aggregate the incident-based sexual abuse data at least annually. 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. A review of the PREA Annual Report supports that the data is collected and aggregated annually. The facility completes a Sexual Offense Allegation form that includes a set of definitions for each allegation that collects data necessary to complete the DOJ survey.

**§115.87 (d):** WDCDC PREA policy states the agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The PREA annual log, investigative reports, allegation reporting forms, and incident review reports are compiled each year for aggregated data.

**§115.87 (e):** WDCDC does not contract for the confinement of its inmates; therefore, this section of the standard is non-applicable.

**§115.87 (f):** WDCDC PREA policy states, upon request, such data shall be provided from previous calendar year to DOJ no later than June 30. The facility reports that DOJ has not requested such data.

## 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 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?  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.*

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. WCDC PREA policy



- b. WDCDC PREA Annual Report
- c. WDCDC Website
- 2. Interviews
  - a. Agency Head (Jailer)
  - b. PREA Coordinator

**§115.88 (a):** PREA policy states data collected and aggregated shall be reviewed in order to assess and improve effectiveness of its sexual abuse prevention, detection and response policies, practices and training, including by:

1. Identifying problem areas
2. Taking corrective action on ongoing basis
3. Preparing annual report of findings and corrective actions for each facility, as well as department as a whole

The 2020 PREA Annual Report was reviewed and demonstrates that data collected and aggregated is reviewed as required by section (a). The review contained in the annual report includes Identifying problem areas and corrective action where necessary. Interviews of the Jailer and PREA Coordinator support that data is continuously reviewed in order to seek out ways for improvement.

**§115.88 (b):** WDCDC PREA policy indicates the annual report shall include comparison of current year’s data and corrective actions with those from prior years and shall provide an assessment of progress in addressing sexual abuse. A review of the 2020 annual report found that WDCDC compares data from the current year to previous years. The annual report includes the facility’s assessment of progress in addressing sexual abuse.

**§115.88 (c):** WDCDC PREA policy states the annual report shall be approved by jailer and made readily available to public through its website. The review of the annual report and the agency website support the Jailer has approved the annual report. A review of the agency website indicated that the 2020 Annual Report is made available to the public on the agency website at [www.woodfordcountydetention.com](http://www.woodfordcountydetention.com).

**§115.88 (d):** WDCDC PREA policy states specific material may be redacted from reports when publication would present clear and specific threat to safety and security of facility, but must indicate nature of material redacted. The review of the annual report found that it did not contain any information that would require redaction.

## 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.*

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. WDCDC PREA policy
  - b. WDCDC Policy-Information System and Inmate Records
2. Interviews
  - a. PREA Coordinator

**§115.89 (a):** WDCDC PREA policy states data collected shall be securely retained. The Information System and Inmate Records policy also requires such records be securely stored. Interviews of the PREA Coordinator confirm that she is the only one who has access to electronic data and the remaining data is secured in her office.

**§115.89 (b)(c):** WDCDC PREA policy indicates the agency shall make all aggregated sexual abuse data readily available to the public at least annually through its website. When the sexual abuse data is ready to be posted on the website, the agency must remove any personal identifiers to keep victims and perpetrators confidential. The auditor reviewed the Annual Reports on the agency website, which contains aggregated data and had no personal identifiers.

**§115.89 (d):** WDCDC PREA policy states sexual abuse data that is collected pursuant to 115.87 must be maintained for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise. The auditor reviewed historical data previously maintained by the agency supporting compliance.

## 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.*

WCDC is a single facility agency. The previous PREA audit was conducted in 2015. The auditor had access to all areas of the audited facility. The auditor also received relevant documentation and was permitted to conduct private interviews. There was no evidence that inmates were prohibited from sending confidential correspondence to the auditor as the auditor receive one letter of correspondence.

### 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.*

The previous final PREA audit report from the 2015 PREA audit is currently on the jail website.

# 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.<sup>1</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Bryan K Henson

October 30, 2020

**Auditor Signature**

**Date**

<sup>1</sup> See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

<sup>2</sup> See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.