

PREA Facility Audit Report: Final

Name of Facility: Louisville Metropolitan Department of Corrections

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 12/29/2019

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Cynthia Swier	Date of Signature: 12/29/2019

AUDITOR INFORMATION	
Auditor name:	Swier, Cynthia
Address:	
Email:	cindykswier@yahoo.com
Telephone number:	
Start Date of On-Site Audit:	10/28/2019
End Date of On-Site Audit:	10/31/2019

FACILITY INFORMATION	
Facility name:	Louisville Metropolitan Department of Corrections
Facility physical address:	400 S 6th street , Louisville , Kentucky - 40202
Facility Phone	
Facility mailing address:	

Primary Contact	
Name:	Lt. Allan Fugate
Email Address:	allan.fugate@louisvilleky.gov
Telephone Number:	5027973502

Warden/Jail Administrator/Sheriff/Director	
Name:	Dwayne Clark
Email Address:	dwayne.clark@louisvilleky.gov
Telephone Number:	502-574-2181

Facility PREA Compliance Manager	
Name:	
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Name:	Nicholas Angelini
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Telephone Number:	

Facility Health Service Administrator On-site	
Name:	Regina Davis
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Telephone Number:	502-574-8790

Facility Characteristics	
Designed facility capacity:	1793
Current population of facility:	1855
Average daily population for the past 12 months:	1837
Has the facility been over capacity at any point in the past 12 months?	Yes
Which population(s) does the facility hold?	
Age range of population:	18-85
Facility security levels/inmate custody levels:	MIn-Med -Max
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	514
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	118
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	148

AGENCY INFORMATION	
Name of agency:	Louisville Metropolitan Department of Corrections
Governing authority or parent agency (if applicable):	Louisville Metro Government
Physical Address:	400 S 6th Street , Louisville , Kentucky - 40202
Mailing Address:	
Telephone number:	502-574-2167

Agency Chief Executive Officer Information:	
Name:	Dwayne Clark
Email Address:	dwayne.clark@louisvilleky.gov
Telephone Number:	502-574-2181

Agency-Wide PREA Coordinator Information			
Name:	Allan Fugate	Email Address:	allan.fugate@louisvilleky.gov

AUDIT FINDINGS

Narrative:

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-audit, on-site 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.

Pre-Onsite Audit Phase

In preparation for their Prison Rape Elimination Act (PREA) audit, the Louisville Metro Department of Corrections contacted Department of Justice (DOJ) certified PREA auditor Cynthia Swier on September 4, 2019. The agency requested onsite audit dates in October 2019 for the PREA audit of the Louisville Metro Department of Corrections (LMDC) in Louisville, Kentucky. The agency and auditor selected October 28-31, 2019, as the dates for the onsite audit. The auditor and facility confirmed services and dates as an executed contract on 09/09/19.

This will be the second PREA audit for the LMDC, the first completed in 2016. This facility is operated by the Louisville Metro city government.

On September 10th, the auditor conducted an audit kickoff meeting by telephone with Lt. Allan Fugate, agency PREA Coordinator. During the call, the auditor provided LMDC information about the audit process, timelines and logistics for the audit. The auditor explained that the PREA audit is a practice-based audit and a plan was put into place for ongoing communications and expectations. LMDC was also provided the audit process map for their review. The auditor initiated the audit via the PREA Resource Center Online Audit System and access was granted to the LMDC on 9/10/19. The Pre-Audit Questionnaire (PAQ) was requested by the auditor to be completed by 10/13/19. The auditor also provided the facility with a copy of the required audit notice in English and in Spanish and explained the need to have it posted throughout the facility and in all housing areas. The auditor also explained the need to allow confidential correspondence from inmates if the facility locates mail sent to the auditor's mailbox. The facility agreed to send photos of the audit notice to the auditor.

The auditor explained that an issue log would be provided to the PREA Coordinator as soon as the review of the documentation was complete. The issue log would identify any missing information or gaps in the documentation. This would provide the facility an opportunity to respond to any issues found in the document review prior to the onsite audit. The auditor was provided with the completed PAQ on 10/13/19. On this date, the auditor began the review of the uploaded documentation and PAQ responses.

On 9/17/19, the PREA Coordinator submitted photos showing the posted audit notice in several areas of the facility. The notice was printed in both English and Spanish. The auditor will confirm the posting of the notice during the onsite review. The facility PREA coordinator advised the auditor that any corresponding going from the facility which is addressed to the auditor, will be handled in accordance with the same process and legal mail, which is privileged and forwarded to the noted recipient without being read by staff and without delay.

On 10/21/19, the auditor completed the review of the PAQ and documentation. An issue log was sent to the PREA Coordinator this date for review and response. The issue log requested additional information

for 38 items. The auditor requested return of these items as soon as possible based on the short timeline before the onsite audit. The auditor provided the PREA Coordinator with the PREA checklist of documentation, checklist for review of inmate files, checklist for review of employee files and checklist for review of investigation files. These checklists will assist LMDC with preparation for the auditor to review documents during the onsite phase of the audit.

The auditor also requested the following documentation from LMDC:

1. All grievances or allegations made in the 12 months preceding the audit
2. All incident reports written in the 12 months preceding the audit
3. All allegations of sexual abuse and sexual harassment reported for investigation in the months preceding the audit.
4. All hotline calls made during the 12 months preceding the audit.

The PREA Coordinator was sent an email on the same day requesting comprehensive lists of inmates and a request to identify inmates to meet targeted interview criteria. The listings requested included:

1. Complete inmate roster (based on actual population on the first day of the onsite audit)
2. Youthful inmates
3. Inmates with disabilities (i.e., physical disabilities, blind, deaf, hard of hearing, cognitive disability)
4. Inmates who are limited English proficient
5. Inmates who identify as lesbian, gay, bisexual, transgender and intersex
6. Inmates in segregated housing
7. Inmates who reported sexual abuse
8. Inmates who reported sexual victimization during risk screening

LMDC was asked to provide schedules for the following staff to allow for access for interviews during the onsite audit:

1. Agency head
2. Warden, facility director, superintendent or designee
3. PREA coordinator
4. PREA compliance manager
5. Human resources staff
6. Contract administrator

The facility was also asked to provide a complete staff roster and to identify staff who worked in the following specialized categories for interviews during the onsite audit:

1. Intermediate or higher-level staff
2. Medical and mental health staff
3. SANE nurse
4. Investigative staff
5. Sexual abuse incident review team members
6. Screening staff
7. Supervising staff in segregated housing
8. First responders
9. Intake staff
10. Non-medical staff involved in cross-gender strip searches
11. Contractors with inmate contact
12. Volunteers with inmate contact

The auditor performed an internet search for the LMDC. Although there was an article regarding an officer arrested for physical abuse of an inmate, the incident was not sexual in nature. There were no other stories found related to sexual abuse, sexual assault or sexual harassment. The auditor also found no documentation of any pending or final civil court cases related to the facility. The auditor located the 2014 PREA Annual Report located on the LMDC public website.

The LMDC website includes a link to a page for PREA, where the agency has posted the facility PREA policy, the 2018 annual PREA report, the 2014 annual PREA report, the PREA numbers for 2017 / 2018, LMDC Interim Audit Report 2016, the Code of Ethics policy and the 2019 Staffing Plan. The site also contained information for the public regarding how to file a report of sexual abuse or sexual harassment. This information included a phone number for the Louisville Metro Police Department (LMPD) Sex Crimes Unit. A phone number and address to the facility was also posted. The auditor initiated a call to the LMPD number provided and was able to speak to staff who acknowledged that they do receive and process calls from third parties regarding reports of sexual abuse and sexual harassment of inmates from LMDC.

The facility PREA Coordinator forwarded information to the auditor regarding mandatory reporting. The State of Kentucky requires mandatory reporting of sexual abuse of an inmate to authorities under statute numbers 620.030 and 209.030.

On 10/10/2019, the auditor contacted community-based organizations to confirm information provided by the facility in the PAQ. The auditor contacted the Center for Women and Families (CWF) and spoke with the program director. This agency provides emotional support services to victims of sexual abuse. The director acknowledged that the CWF had a signed Memorandum of Understanding (MOU) with the LMDC, which had been approved and signed in February of this year. The MOU established the CWF as a resource for an inmate hotline. The program director confirmed that the CWF had provided services for emotional support for inmates from the facility.

The auditor was advised that forensic examinations for the facility were being performed at the University of Louisville Hospital (ULH). The auditor contacted the University of Louisville Hospital and spoke with an administrative staff member. She confirmed that forensic rape examinations for the LMDC are performed at their facility. This information is not provided through their website and not publicly known. When inmates are brought in to this facility from LMDC, an on-duty or on-call SAFE nurse would perform the examination, collect evidence, perform initial STI and pregnancy testing, provide prophylactic medications for STI's and provide a treatment plan for additional follow-up.

The auditor received two written communications from inmates through the advertised mailbox prior to the onsite phase of the audit. The auditor did not receive any communications from staff. The auditor interviewed one of these inmates during the onsite phase of the audit. The other inmate made allegations of an incident which occurred at a previous facility. The PREA coordinator forwarded the information alleged by the inmate to the previous facility. The auditor was unable to interview this inmate during the time of the audit.

Onsite Audit Phase

The auditor arrived at the facility on 10/28/2019 and attended a short entrance briefing with the agency head, the policy and procedures sergeant, the security major, the PREA coordinator and the facility deputy director. The PREA coordinator was assigned to provide audit support throughout the onsite

audit. He provided security, conducted the site review and facilitated the random interviews with inmates and staff. In addition, he provided all documentation as requested by the auditor.

At the briefing on the first day of the audit, the auditor was provided with a packet that contained the facility floor plan and layout, as well as complete roster of inmates, listed by housing unit and the staff rosters for the week. The auditor randomly selected staff members from each shift and unit (Main Jail, Hall of Justice and Community Corrections Center) and inmates (selected by housing unit random selection). The auditor supplied staff with the list to prepare for the next day. The auditor also received the facility responses to the issue log. The auditor was notified that the inmate count on the first day of the onsite audit was 1,811.

LMDC has 128 housing units, which include 105 open bay dorms and 23 single cell housing units. The single cell housing units comprise 223 single cells. The total bed capacity of the facility is 1,793.

Site Review:

Sally Port / Booking Area:

The auditor began the site review in the sally port / booking area of the facility. Here the auditor observed that there were eleven holding cells, a transit area and an area with a body scanner and a booking area for fingerprinting. The booking floor was an open area with classification and medical staff present. The auditor observed multiple cameras (15-20) in this area and PREA posters were clearly visible in multiple locations. There was a control room in this area in which officers monitored the multiple cameras. The auditor watched the inmate booking process and could see the flow for inmates from the initial pat search through their move to initial housing. The auditor saw the strip search room which had no camera and no window on the door. Intake staff stated that strip searches are performed by one officer, only in this room. The strip searches are only performed by an officer of the same gender as the inmate. The auditor could see that there were no cameras in the strip search room or in the inmate bathroom. The facilities utilizes an open booking technique so inmates sit in the main room where they are provided a television. The television is showing inmate orientation information which includes initial PREA information, in two languages, English and Spanish. Prior to moving to initial housing, the inmates are interviewed by classification staff who initiate the first screening for sexual violence via a screening tool. The auditor interviewed a staff member who walked the auditor through this process and provided the auditor with a copy of the screening tool. This staff member showed the auditor how housing decisions were made based on the responses received from the screening tool as well as other factors. The screening tool contained a list of questions for the staff to ask the inmate. These questions were "yes" and "no" response questions and did not contain any opinionated answers or evaluations by the staff member. The inmate is given a PREA informational pamphlet and inmate handbook. A copy of both of these were provided to the auditor by the classification staff member. The auditor was not able to watch the screening process with an inmate directly, but did discuss the screening with the intake nurse and classification. Classification staff also explained the grievance process and advised that all of the sexual abuse and sexual harassment grievances go to the PREA coordinator. The auditor was shown where the screening information is stored and confirmed that other staff could not access the confidential information. In the booking area, inmates also receive a preliminary medical review. The auditor did not note any blind spots in this area. All storage rooms have locked doors and are not accessible without staff authorization.

Housing Units:

The auditor then visited the housing units J-2 West and J-2, which houses Female inmates and J-3 and J-5. The housing units are laid out the same, with closed-door cells, wet cells and an open shower area in each pod. Each shower area has a shower curtain hung, with an open top and bottom for security, but coverage to provide inmates privacy. There were telephones in each pod. The auditor checked a few random phones and they were operational. The auditor saw signs in each housing unit to provide inmates with information about PREA, the right to be free from sexual abuse and the ways to report incidents of sexual abuse. In each housing unit, the auditor also took note of the required audit notice which was provided in English and Spanish. In each housing unit, the auditor also took note of the location of cameras. There were no cameras inside inmate cells. There is an officer station located near each of the pods. The auditor did not identify any blind-spots in this area of the jail. The facility also had segregation cells in this area. The auditor spoke with several correctional officers during the site review. Everyone was friendly and easily answered the questions asked. The auditor confirmed that staff are required to make rounds once every hour during daytime hours and once every 30 minutes during overnight hours. This area also contained video visitation area, a multi-purpose room used for programming, and 2 attorney visit cells. J2-West portion of this area housed inmates with medical issues as well as psychological SOS cells. The J-5 area of the jail was visited. This area contains a gym for inmate recreation. The auditor observed cameras in this area.

Custody / Transfer Area:

The auditor visited the custody transfer area of the jail. This area is the location where inmates are transferred custody over to LMPD. The auditor spoke to several PD officers in this area. The staff were all aware of PREA and answered questions easily when asked.

Hall of Justice:

The auditor visited H5 (Hall of Justice) which houses 188 male inmates over 50 years of age. D1 through D5 housing area was also visited. Many of these housing areas are the same design. PREA informational posters were present throughout the facility.

Kitchen / Food Service:

The auditor walked through the kitchen and could see cameras in the area. The auditor did not observe any blind spots. All storerooms and restrooms have locked doors and are not accessible without staff authorization. Dry storage and freezers and refrigerators in the kitchen are behind a locked door, limiting access to only those inmate workers that are approved by staff. Staff supervise the work in these areas and the auditor was told that policy prohibits one staff and one inmate worker to be in those areas at the same time. Inmate workers are not allowed inside the food service office, which is staffed by contract workers with Trinity Services Group. The auditor spoke with a Trinity staff member who confirmed that all staff members receive required PREA education before they are approved for work in the facility. Mirrors were also used in this area to ensure clear sight in all areas.

Laundry:

The auditor visited the laundry area. There were female inmate workers present in the laundry working with a female staff member. The auditor confirmed that a female correctional officer is always assigned to work with the female inmate workers. They do not allow the officer to only work with one inmate at a time.

The auditor talked with the inmate workers and asked about male workers in this area. They stated that this is never allowed. The auditor asked the female inmates if they feel safe in this area and in the facility and they indicated that they did feel safe. There is adequate camera coverage in the area.

Courtroom:

The auditor walked through the facility's courtroom, staff break room area and chapel. The auditor did not identify any concerns with blind spots in these areas and cameras were visible in all areas. The staff break room area is off limits to inmates.

Throughout the facility, PREA informational posters were visible as well as cameras. A review of three separate control rooms indicated that the cameras provide adequate coverage of the facility. The auditor reviewed each of the monitors and randomly selected several areas to check for access to toilet and shower areas and there was no access to any area throughout the facility. The staff confirmed that the cameras are monitored 24 hours a day. There is a one year retention period for the video of all of the cameras. The elevators have cameras and are controlled by security staff in the control rooms. The elevators can also be controlled by key access. Throughout the site review, the auditor took note of cameras that were visible in all areas. The facility had installed mirrors in several areas. The PREA coordinator stated that many of the cameras and mirrors had been installed after they had identified blind spots when they had begun preparation for the 2016 PREA audit.

Cross-gender announcements were made prior to the auditor entering all male housing units and by the PREA compliance manager when entering the female housing units. This was witnessed as we entered all housing areas during the onsite review.

The auditor had informal conversations with several staff members throughout the facility. Each person was able to properly identify the appropriate steps to take if they identified an incident of sexual abuse or sexual harassment. They could also explain inmate rights, prohibitions against retaliation, signs of abuse and ways to avoid staff sexual misconduct. The auditor also had informal conversations with inmates in each area. The inmates understood what PREA is and could tell the auditor how to file an allegation and recalled receiving PREA educational information at intake. The inmates indicated, overall, a sense of safety and felt comfortable reporting incidents if necessary. Without exception, all of the inmates interviewed advised that staff of the opposite gender always announce their presence before entering the housing areas and inmates were never seen by staff of the opposite gender when they are undressed.

The auditor asked both inmates and staff about the grievance process and was advised that grievances are given to either an officer or case managers as they make their rounds through the facility. The grievances are then turned over to the grievance coordinator. Any grievance which is related to sexual abuse or harassment is forwarded to the facility PREA coordinator.

The PREA hotline number was observed on multiple PREA posters throughout the facility. A test call was made to the PREA hotline number and was able to reach a person at LMPD who explained that they receive calls from inmates at LMDC who are reporting sexual abuse and / or sexual harassment incidents. The PREA coordinator also supplied the auditor with a log of calls received to the hotline from the facility. Several inmates relayed to the auditor that they had utilized the hotline number, as well.

The auditor visited the classification area of the facility. There were no blind spots visible and the area has adequate camera coverage. A security officer is assigned to this area and conducts rounds every

thirty minutes.

In the facility lobby area there were PREA posters visible for public education. The PREA poster contained information for reporting of sexual abuse. These posters contained information regarding inmates' rights to be free from sexual abuse and sexual harassment and also included a toll free number for reported and information regarding third party reporting of sexual abuse and sexual harassment of an inmate. The PREA audit notice was also visible.

Inmate Interviews:

The auditor began inmate interviews the first day of the audit and subsequent days. Based on the inmate population of 1,811 on the first day of the onsite portion of the audit, the PREA Auditor Handbook specifies that a minimum of 40 total inmate interviews must be conducted; a minimum of 20 random inmates and 20 targeted inmate interviews are required. The PREA coordinator facilitated interviews of all inmates in a private setting in the housing units, booking area, community corrections center and in the classification area. The auditor conducted the following number of inmate interviews during the onsite phase of the audit:

Category of Inmates

Interviews

Conducted

Random Inmates (Total) 40

Targeted Inmates (Total) 14

Total Inmates Interviewed 40

Breakdown of Targeted Inmate Interviews:

- Youthful inmates 0
- Inmates with a physical disability 1
- Inmates who are blind, deaf or hard of hearing 0
- Inmates who are LEP 2
- Inmates with a cognitive disability 1
- Inmates who identify as lesbian, gay, or bisexual 2
- Inmates who identify as transgender or intersex 1
- Inmates in segregated housing for high risk of sexual victimization / suffered prior abuse 1
- Inmates who reported sexual abuse 4
- Inmates who reported sexual abuse during risk screening 2
- Total number of targeted interviews 14

The PREA coordinator provided the auditor with a complete list of inmates by housing unit and a list of inmates who might meet a targeted category for an interview. There were no youthful inmates housed at this facility. There were no blind, deaf or hard of hearing inmates identified as such on any housing run. The auditor asked the PREA coordinator if there were any inmates who were blind, deaf or hard of hearing and he indicated that there were not any inmates that had been identified as such by medical staff. The auditor confirmed that inmates are asked if they identify as LGB on the screening for abusiveness. The facility was unable to provide documentation, however, of inmates that identified as LGB. The auditor recommended to the facility that they retain documentation in the future. The PREA coordinator provided the auditor with an inmate that he had knowledge of that identified as transgender. This was the only one identified at the facility at the time of the audit. Overall, the facility had difficulty

identifying LGB and transgender inmates. The PREA coordinator and classification must identify and maintain records of these inmates in the targeted areas through vulnerability screening, sexual abuse and sexual harassment allegations and other incidents in the facility. The PREA coordinator also advised the auditor that the facility utilizes a language line for interpreter services for inmates who do not speak English or are limited English proficient. These services are provided through a contract agreement between the LMDC and Correct Care Solutions, LLC. A copy of this agreement was provided to the auditor.

The auditor randomly selected inmates as noticed during the site review to meet the targeted areas of those with disabilities and medical needs. For random interviews the auditor selected inmates from each of the facility housing areas. Some of these inmates were selected using the "nth" system and others were pointed out by the auditor while on housing floors to the PREA coordinator for selection for interview. During the pre-audit phase of the audit, the auditor received two letters of correspondence from inmates through the advertised mailbox. One of the inmates was interviewed during the random and targeted inmate interviews. The second inmate's correspondence was to report an incident at another facility. The PREA coordinator promptly completed the notification to the facility where the incident allegedly occurred. This inmate was no longer housed at LMDC during the onsite phase of the audit.

Staff Interviews

The auditor conducted interviews with the following facility leadership and are not counted in the totals below:

Dwayne Clark, Agency Head

Lt. Allan Fugate, PREA Coordinator

Lt. Nicholas Angelini, PREA Compliance Manager

The auditor conducted the following interviews with facility staff during the onsite phase of the audit:

Category of Staff Interviews Conducted

Random Staff (Total) 18

Specialized Staff (Total) 33

Total Staff Interviewed 51

Breakdown of Specialized Staff Interviews:

- Intermediate or higher level staff 3
- Medical and mental health staff 4
- Non-medical staff involved in cross-gender strip searches 0
- Human resources staff 2
- SANE staff 1
- Volunteers and contractors who have contact with inmates 5
- Investigative staff 3
- Victim advocates 1
- Staff who perform screening for risk of victimization 1
- Staff who supervise inmates in segregated housing 1
- Incident review team 4
- Designated staff member charged with monitoring retaliation 1
- First responder, security staff 3
- First responder, non-security staff 1
- Line staff who supervise youthful inmates 0
- Education and program staff who work with youthful inmates 0
- Intake staff 2
- Food service staff 0
- Maintenance 0
- Grievance coordinator 1

- Chaplain 0

Total Specialized Interviews 33

The PREA coordinator supplied the auditor with a list of staff names assigned to participate in the specialized staff interviews. Some staff members fill multiple duties in the facility and were interviewed for multiple specialized staff positions. The auditor interviewed one volunteer and four contracted staff (medical staff) as part of the specialized interview. The volunteer was observed during the process of conducting inmate interviews and was then interviewed spontaneously. For random staff interviews, the auditor selected staff from various shifts and positions within the facility. Random staff interviews were conducted in a private setting in the administration offices and in security offices in the housing areas. The specialized staff interviews were conducted in the same manner.

Document Sampling and Review

The facility provided the auditor the requested listings of documents, files and records. The auditor reviewed a list of grievances from 2018/2019 which included eight grievances listed that were related to sexual harassment. The auditor verified that all eight of these grievances were included in the investigative files. From the information provided by the facility, the auditor selected a variety of files, records and documents summarized in the table below:

Name of Record	Number Reviewed	Total
Employee Files	10	614
Volunteer Files	5	195
Inmate Files	20	1855
Investigation files	15	65
Total Files	50	2729

Employee Files: The auditor was provided ten employee records that included hiring information and training records that corresponded with staff interviewed during the onsite phase of the audit.

Inmate Files: The auditor reviewed 20 of the inmate files that were randomly selected. These records included inmates that responded with yes answers on the sexual violence screening tool.

Investigation Files: During the previous 12 months, there were a total of 59 allegations of PREA related misconduct at the facility and all but two of the investigations were closed and completed. The auditor reviewed the investigation records, including medical and mental health records for the alleged victims, for the incidents of sexual abuse and sexual harassment that were reported during the 12-month period preceding the audit. The only substantiated allegation was inmate-on-inmate sexual harassment. This was the only report of an investigation which was referred to the LMPD, in which the Commonwealth Attorney declined prosecution. The investigation dispositions are shown below:

Substantiated	Unsubstantiated	Unfounded	
Inmate-on-inmate sexual abuse	9	10	10
Inmate-on inmate sexual harassment	4	4	6
Staff-on-inmate sexual abuse	0	1	4
Staff-on-inmate sexual harassment	1	3	4
Total Allegations	14	18	24

On the last day of the onsite phase of the audit, the auditor held an exit meeting with the agency head, the security major, and both deputy directors as well as the PREA coordinator. The auditor provided staff with an overview of the positive points found during the onsite phase of the audit. The auditor also

presented some points of possible concern. The auditor advised staff that there was still documentation to review before making final determinations. A time and date was established for a follow-up conference call to maintain continued communication during the post-audit phase.

The facility staff was friendly and helpful during the onsite phase of the audit. Interviews with staff and inmates were completed timely due to the cooperation of the facility staff. The auditor was presented with all documentation requested and it was orderly and complete.

Post-Onsite Audit Phase

During the post-onsite phase, the auditor requested additional documentation from the PREA coordinator to complete the review of the standards. The documentation was provided immediately, and the auditor was able to promptly complete the review. The auditor received two correspondence from inmates through the advertised mailbox. One inmate was interviewed while onsite and the second inmate reported an incident from a previous facility which was relayed to the PREA compliance manager who promptly forwarded to the facility where the alleged incident occurred.

AUDIT FINDINGS

Facility Characteristics:

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate or resident 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.

Facility Characteristics

The Louisville Metro Department of Corrections (LMDC) is located at 400 S 6th Street in Louisville, Kentucky. The facility is a minimum/medium/maximum security institution, which houses male and female adult inmates. LMDC is located downtown Louisville, Kentucky. LMDC was established in 1975, as the Jefferson County Corrections Department. In 2003, the name was changed after a merger between Louisville & Jefferson County Governments.

LMDC encompasses three facilities: the Main Jail, a five story structure renovated in 1999, the Hall of Justice (1975), a judicial center which includes a LMDC jail facility, known as the 'Main Jail' complex. A third facility, the Community Corrections Center, a 1940's designed facility, is a minimum security/work release facility, one mile from the Main Jail. All of these facilities were included in the PREA audit.

The Main Jail is a full-service facility, which includes the Hall of Justice, comprises 128 housing units, 23 single cell housing units, 105 open bay housing units, and 223 segregation cells. The designed facility capacity is 1793 beds with a current population of 1811. The Community Corrections Center comprises 440 beds for minimum security inmates, male and female, and work release inmates.

Facility staff includes the facility director, two deputy directors, and a health services administrator. The facility has a total number of budgeted positions of 614. The total number of sworn position is 475 and the total number of civilian positions is 139. The facility assigns 41 security staff per shift, with 18 security staff assigned to intake / booking, as well as 36 civilian staff as support.

The offender population is comprised of inmates from Louisville and municipalities within the county. The facility is ACA (American Correctional Association) and NCCHC (National Commission on Correctional Health Care) accredited. The last PREA audit conducted at the facility was in 2016.

This is a jail facility, housing pre-trial inmates and those inmates sentenced to serve less than one year in jail. Those sentenced to more than one year are transported to the Kentucky Department of Corrections. The facility houses male and female inmates at all security levels. The facility does not house youthful inmates. The age range of offenders spans from 18-85. The LMDC average daily population for the last 12 months is 1837, with an average length of stay of 23 days. Of the 1837 average daily population, the facility averages 41% white male inmates, 31% black male inmates, 2% Hispanic male inmates, 17% white female inmates, 8% black female inmates and 2% Hispanic female inmates. Other male inmates are 3% and .01% other female inmates.

The Main Jail/Hall of Justice includes living quarters for the inmates, a kitchen, laundry, medical unit and triage space on all floors, four multipurpose room, staff lounge, administrative offices, visitor and reception areas with adjoining holding and segregation cells, indoor/outdoor covered recreational areas, control rooms, property storage, boiler room, multiple mechanical/electrical rooms, computer room, chemical storage rooms. All housing units are designed to ensure contact and interaction between staff and inmates. Separate dayrooms and multipurpose rooms provide space for varied activities to include board games, television viewing and meal service.

Housing areas are equipped with shower facilities, which provide inmates in general population the opportunity to shower daily. The open bay dorms are double bunked with open dayrooms and phones with availability approximately 16 hours daily. Restrooms and showers are in a central area. Segregation

cells are single cells with access toilets and sinks. Inmates in the segregated housing have access to legal materials, recreation, visitation, medication, correspondence and personal hygiene items. Each housing unit has an officer station positioned in the hallway with an officer assigned 24 hours per day, as well as an additional officer assigned to assist with rounds and inmate movement.

The facility entrance is staffed by a sworn staff member and visitors and staff must pass through a metal detector before entrance to the facility. Inmates enter the facility through the vehicle sally port off the intake / booking area. Inmates are released from intake/booking in this area, as well. There are separate male and female restrooms in this area which are locked and controlled by staff.

Visitation is solely through video and is not conducted in person. Attorney visits are allowed as in-person visits.

The facility's kitchen is staffed by contractors from Trinity Services Group, Inc. The kitchen layout provides for clear viewing of all activities and the storerooms, freezers and refrigerators are to the rear of the kitchen behind a secured door.

The laundry area is secured unless work is being performed by inmate workers under the supervision of a sworn officer.

Medical / mental health services are provided at the facility through a contract with Wellpath Medical Services. Pharmacy services are contracted through Diamond Pharmacy Services. Medical and mental health services are available to inmates 24 hours per day. Forensic Medical examinations are performed at the University of Louisville Hospital.

The LMDC offers a variety of health, educational and faith-based programs to the inmate population. The programs include:

Familiar Faces Action and Community Transition (F2ACT)

Pathway, Advocacy and Alliances for Community Treatment (PA2CT)

Enough is Enough

GED

Religious Programs

Batterers Intervention Programs (BIP)

Court Monitoring

Home Incarceration Program

Daily Reporting Program

Goodwill Partnership

These programs are designed to improve practical skills, enhance character development and ultimately reduce recidivism rates. The facility reports a high success rate with each of these programs.

AUDIT FINDINGS	
<p>Summary of Audit Findings:</p> <p>The summary should include the number of standards exceeded, number of standards met, and number of standards not met, along with a list of each of the standards in each category. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance. Auditor Note: No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.</p>	
Number of standards exceeded:	0
Number of standards met:	45
Number of standards not met:	0
<p>Number of Standards Exceeded: 0</p> <p>Number of Standards Met: 45 115.11; 115.12; 115.13; 115.14; 115.15; 115.16; 115.17; 115.18; 115.21; 115.22; 115.31; 115.32; 115.33; 115.34; 115.35; 115.41; 115.42; 115.43; 115.51; 115.52; 115.53; 115.54; 115.61; 115.62; 115.63; 115.64; 115.65; 115.66; 115.67; 115.68; 115.71; 115.72; 115.73; 115.76; 115.77; 115.78; 115.81; 115.82; 115.83; 115.86; 115.87; 115.88; 115.89; 115.401; 115.403.</p> <p>Number of Standards Not Met: 0</p>	

Standards
<p>Auditor Overall Determination Definitions</p> <ul style="list-style-type: none"> • Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions)
<p>Auditor Discussion Instructions</p> <p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Policy and Procedure (P&P) 04-4.11 – Sexual Abuse / Assault Prevention and Intervention (effective November 9, 2019) b. Policy and Procedure (P&P) 03-4.01 – Inmate Rules, Violations and Sanctions (effective December 29, 2015) c. LMDC Organizational Chart 01-1.02-1 d. Policy and Procedure (P&P) 01-3.02 – Employee Code of Ethics and Conduct 2. Interviews: <ul style="list-style-type: none"> PREA coordinator PREA compliance Manager <p>Findings (by provision):</p> <p>115.11(a). The Louisville Metro Department of Corrections (LMDC) has adopted a comprehensive written policy that mandates zero-tolerance toward all types of sexual abuse and sexual harassment. The LMDC provided their Policy and Procedure (P&P) 04-4.11 – Sexual Abuse / Assault Prevention and Intervention, which contains the bulk of the agency’s sexual abuse policy and information related to the PREA standards. The policy clearly outlines the agency’s zero tolerance policy (p. 1) and identifies the agency’s approach to the prevention, detection and response to sexual assault incidents in their facility (pp. 4-10). This policy provides the definitions for sexual abuse and sexual harassment that are consistent with the prohibited behaviors in the PREA standards (pp.2-3). The policy also references Policy and Procedure (P&P) 01-3.02 – Employee code of Ethics and Conduct as well as Policy and Procedure 03-4.01 Inmate Rules, Violations and Sanctions which outlines sanctions for those that have participated in prohibited behaviors in the facility.</p> <p>Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.11(b). The agency has designated an agency wide PREA coordinator, who is assigned these duties along with duties in the facility’s security department. The facility’s organizational chart was provided for review. The chart shows the PREA coordinator’s position near the bottom of the chart. The auditor questioned his level of authority based on this chart. The auditor interviewed the PREA coordinator and confirmed that he has other responsibilities, but has ample time to oversee the agency’s efforts to comply with the PREA standards. He also confirmed that he has direct access to the major in his chain of command, who will report PREA issues directly to the chief of corrections (agency head). Based on this interview and my contact with the PREA coordinator during the time span of this audit, the auditor believes he has both the time and authority necessary.</p> <p>Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.11(c). The agency operates two facilities and have elected to designate a PREA compliance manager as well as a PREA coordinator. The PREA coordinator is directly supervised by the PREA compliance manager, however, both staff are under the authority of the facility major. Through an interview with the PREA compliance manager, it was clear that he understood his role and was well educated on the PREA standards. The PREA coordinator conducts retaliation monitoring and monitoring of vulnerable inmates.</p> <p>Based on this analysis, the auditor finds the facility in compliance with this provision.</p>

115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. None 2. Interviews: <ol style="list-style-type: none"> a. None <p>Findings (by provision):</p> <p>115.12(a) The agency does not contract with any other agency for the housing of their inmates.</p> <p>115.12(b) The agency does not contract with any other agency for the housing of their inmates.</p>

115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. P&P 01-1.08 – Facility Inspections and Director’s Review (effective April 13, 2016). b. P&P 04-4.11 – Sexual Abuse / Assault Prevention and Intervention (effective November 9, 2019). c. Louisville Metro Department of Corrections Staffing Plan d. Event logs 2. Interviews: <ol style="list-style-type: none"> a. PREA coordinator b. Agency head c. Random staff c. Specialized staff – Intermediate or higher-level facility staff 3. Site Review Observations: <ol style="list-style-type: none"> a. Control rooms b. Programs area c. Housing units d. Food service e. Booking area <p>115.13(a). In the PAQ, the facility provided a copy of the LMDC Staffing Plan. The document is well written and provides a wide view of the activities and staffing in the facility. The plan includes a review of the inmate population, the programs and activities available for inmates, the medical and mental health care available, video monitoring, physical plant and the coverage plan for staff. The plan was updated this year (2019).</p> <p>The staffing plan mandated in this provision must take into account 11 considerations:</p> <ol style="list-style-type: none"> 1. Provision 115.13(a)(1) – Generally accepted detention and correctional practices – the LMDC is audited and accredited by the American Correctional Association (ACA), the Kentucky Department of Corrections – Kentucky Administration Regulations / Kentucky Revised Statutes, National Commission on Correctional Health Care and the Prison Rape Elimination Act. These agencies have standards to ensure proper staffing for the safety of the inmates and staff. 2. Provision 115.13(a)(2) – Any judicial findings of inadequacy – LMDC states that there are no such findings. 3. Provision 115.13 (a)(3) – Any findings of inadequacy from Federal investigative agencies – LMDC states that there are no such findings. 4. Provision 115.13(a)(4) – Any findings of inadequacy from internal or external oversight bodies – the LMDC is audited and accredited by the ACA, the National Commission on Correctional Health Care and PREA. All of these agencies have standards to ensure proper staffing for the safety of the inmates and staff. 5. Provision 115.13(a)(5) – All components of the facility’s physical plant (including “blindspots” or areas where staff or inmates may be isolated) – LMDC addresses this in the Organizational Description section (p. 11). 6. Provision 115.13(a)(6) – The composition of the inmate population – The LMDC houses

male and female adult inmates. The plan includes required staffing to maintain the safety of all inmates, regardless of gender, sexual orientation or age.

7. Provision 115.13(a)(7) – The number and placement of supervisory staff – LMDC addresses the placement of supervisors for the proper supervision of staff and safety of the inmates.

8. Provision 115.13(a)(8) – Institution programs occurring on a particular shift – LMDC addresses the various inmate programs and religious activities that are available to inmates. They established a full unit of staff members that are available to supervise inmates to ensure the proper safety and security (p. 13). These staffing levels allow the facility to continue with programming even if security staffing in other areas is at a minimum.

9. Provision 115.13(a)(9) – Any applicable state or local laws, regulations, or standards – the facility must meet the ACA Core Jail Standards, Kentucky Administrative Regulations and PREA to maintain compliance.

10. Provision 115.13(a)(10) – The prevalence of substantiated and unsubstantiated incidents of sexual abuse – the plan addresses the periodic review of incidents of sexual abuse that are reported to the facility. This review has not highlighted any need for significant changes to the staffing plan.

11. Provision 115.13(a)(11) – Any other relevant factors – the plan indicates that LMDC has determined there are no other relevant factors at this time that would affect the plan.

The overall staffing of the facility is consistent with accepted practices and standards of the ACA Core Jail Standards, Kentucky Administrative Regulations and PREA.

During the site review, the auditor did not identify any areas of concern that would be considered blind spots in the facility. The auditor reviewed all areas, including food service, medical and mental health department and all housing units. There are clearly visible cameras throughout the facility and the auditor could see where the facility had identified potential areas of concern, as mirrors had been installed. The auditor saw several areas where stored items were placed lower near the ground to avoid blocking the camera view. This would support the assertion in the staffing plan that the facility has done an extensive review. The auditor visited three control rooms where staff actively monitor video from within the facility. There appeared to be extensive coverage in all areas of the facility.

The auditor talked with several supervisors throughout the facility and witnessed their interactions with staff. It was apparent that there is ample supervisory coverage to ensure staff and inmate safety.

The auditor spent time during the onsite visit and talked with the programs officers and volunteers. The staff provide sufficient coverage to ensure inmates have an opportunity to participate in the programs in order to be successful. This clearly supports the statements in the staffing plan.

The auditor interviewed the security lieutenant who confirms the written staffing plan. The plan includes a review to ensure adequate staffing to meet the agency's efforts to prevent, detect and respond to incidents of sexual abuse. The video monitoring system is evaluated at least once per year to determine if the agency should make adjustments to better identify safety concerns. The lieutenant stated that they utilize a standing overtime list to ensure proper coverage on each shift to avoid deviations which could lead to unsafe conditions in the facility. The lieutenant reviews daily and weekly staffing reports and addresses any concerns immediately. The auditor also interviewed the PREA coordinator who confirmed that he played a large role in the development of the staffing plan. He explained the need to review each of the points in this standard in developing the plan. Each of the points assists the agency to better prevent and detect sexual abuse.

Based on this analysis, the auditor finds the facility in compliance with this provision.

115.13(b). LMDC could not provide documentation related to deviations from the staffing plan. The auditor interviewed the security lieutenant, who stated that the facility utilizes a system for overtime that allows them to avoid deviation from the plan. He could not recall any time during the previous 12 months that facility activities had to be limited due to short staffing. The auditor also interviewed the agency head and he stated that there are no instances where the facility is in non-compliance with the staffing plan. Shift supervisors utilize the standing overtime list to fill open positions on the shift due to sick and vacation leave or leaves of absence.

Based on this analysis, the auditor finds the facility in compliance with this provision.

115.13(c). The staffing plan provided was written within the last 12 months and is new. Staff have not yet had the opportunity to perform and document the annual review required under this provision. The auditor spoke with the PREA coordinator who advised that he conducts assessments of and adjustments to the staffing plan for the facility and this is done once a year. He stated that as part of the facility's assessment, the facility completes an extensive review by reviewing the video monitoring and areas where blind spots may exist. The review is then forwarded to the chief of corrections for review and action.

Based on this analysis, the auditor finds the facility in compliance with this provision.

115.13(d). The auditor was provided P&P 01-1.08 – Facility Inspections and Director's Review in the PAQ. This policy states, "Intermediate-level or higher-level supervisors shall conduct a daily patrol and visual inspection of their assigned areas, including weekends and holidays. All areas occupied by inmates shall be inspected daily and unoccupied areas of the facility shall be inspected at least weekly. Documentation of these areas shall be maintained in the shift reports."(p. 2). The policy also states that intermediate-level or higher-level supervisors shall conduct and document unannounced rounds to identify and deter sexual abuse and sexual harassment. These rounds shall be implemented for night shifts as well as day shifts. Staff shall not alert other staff members that these supervisory rounds are occurring unless it is related to the legitimate operations of the facility." (p. 2).

During interviews with 40 random inmates, each inmate stated that they see supervisors come in the housing units often. During interviews with random staff members, staff stated that supervisors perform rounds daily and at different times. Supervisors (security captain and lieutenant) interviewed indicated that rounds are performed at all times of the day and night. These staff stated that rounds are entered in the shift log in the computer with comments. These staff also stated that they prevent staff from alerting other staff that they are conducting unannounced rounds by varying rounds and not conducting the rounds at the same time every shift.

The facility supplied several copies of event logs, which showed various upper level supervisors logging in PREA rounds throughout the facility. These rounds showed rounds at all times of the day and night. The auditor could see from these logs that the facility has included in their practice the logging of these rounds at all times throughout the day and night. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	N/A – the facility does not have youthful inmates (inmates less than 18 years old). Provisions (a) – (c).

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. P&P 04-4.11 Sexual Abuse / Assault Prevention and Intervention (effective November 9, 2019). b. P&P 03-2.18 Searches (effective February 6, 2019). c. P&P 04-1.02 Gender Nonconforming Classification (effective December 29, 2015). d. Gender Responsive Supervision for Women-training power-point (created November 18, 2016). 2. Interviews: <ol style="list-style-type: none"> a. Specialized staff <ol style="list-style-type: none"> 1. Non-medical staff involved in cross-gender strip or visual searches b. Random staff c. Targeted inmates <ol style="list-style-type: none"> 1. Transgender inmates d. Random inmates (male and female) 3. Site Review Observations: <ol style="list-style-type: none"> a. Control rooms b. Strip search room c. Bathrooms and shower areas d. Housing units <p>c. Medical services</p> <p>Findings (by provision):</p> <p>115.15(a). In the PAQ, the facility provided P&P 03-2.18 – Searches. This document specifically describes the policy related to when and how searches are to be performed on inmates. This policy prohibits cross-gender pat searches (p. 3), and cross- gender strip searches (pp. 6-7). Body cavity searches are only conducted by medical staff (p. 7). The auditor was provided copies of logs showing where staff have documented supervisory approval for a strip search, the gender of the staff member and the gender of the inmate searched. Each report reviewed showed all inmates strip searched by a staff member of the same gender. The policy also requires supervisory approval for body cavity searches, which are to be performed by medical staff only. The PAQ shows that no body cavity searches were performed in the previous 12 months.</p> <p>During the site review, the auditor viewed the strip search room in the facility’s intake area. This room has no window on the door and no camera inside. It is utilized only for strip searches following supervisor approval. Through informal discussion with several security staff in the intake area, the auditor learned that all strip searches had to be approved by a supervisor and then performed by a staff member of the same gender of the inmate. Informal discussion with inmates confirmed that information, with all inmates stating that they were never searched by a staff member of the opposite gender.</p> <p>Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.15(b). P&P 03-2.18 – Searches, includes the policy regarding pat down searches of female inmates. The policy states, “Staff conducting the pat/frisk search shall be of the same sex as the person being searched.” (p. 3).</p>

During informal discussions with staff and random interviews with staff and inmates, everyone confirmed that pat searches of female inmates are performed by female staff members. The auditor interviewed four random female inmates, and each stated clearly that they were never searched by a male staff member or witnessed a male staff member searching a female inmate. Each of these inmates stated that male staff are not allowed to search them.

Based on this analysis, the auditor finds the facility in compliance with this provision.

115.15 (c). In the PAQ, the facility provided several copies of search logs which documented supervisory approval for a strip search, the gender of the staff member and the gender of the inmate searched. Each log reviewed showed all inmates strip searched by a staff member of the same gender.

Based on this analysis, the auditor finds the facility in compliance with this provision.

115.15(d). In the PAQ, the facility provided P&P 03-2.18 Searches which states, "Inmates shall be able to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Staff of the opposite gender shall announce their presence when entering an inmate housing unit." (p. 7).

During the site review, the auditor visited all housing units and viewed the restroom and shower areas. In all areas, the auditor could see the specific actions taken to provide privacy. Nearly all the showers in the facility have multiple shower heads and showers had curtains to provide coverage for the inmate's body which are clear above and below so the staff are still able to view for security. The auditor was not able to see an inmate in the shower in any housing unit in the facility.

The auditor visited three control rooms where video is monitored by staff. In each room, the auditor was able to view housing units and determined that there are no cameras that can view into the restrooms or showers.

During the site review, the auditor routinely witnessed cross-gender announcements during entry into housing units. This was true in both male and female housing units.

During random interviews with 40 inmates, they all, without exception, stated that officers routinely make an announcement before entry to the unit. Inmates also confirmed that they felt comfortable to shower and use the restroom without staff members of the opposite sex viewing them. During random interviews with staff members, they confirmed that cross-gender announcements are done every time someone enters a housing unit. Officers stated clearly that they cannot see inmates naked in showers and restrooms.

Based on this analysis, the auditor finds the facility in compliance with this provision.

115.15(e). In the PAQ, the facility provided P&P 03-2.18 - Searches. This policy outlines the steps to take for identification of inmates who identify as transgender males and transgender females. The policy prohibits security staff from viewing the inmate's body in order to determine the gender of any inmate. The policy states clearly that a medical staff member is to be consulted if staff cannot make a determination based on questioning the inmate or on information available from previous arrests (p. 7).

During interviews with 20 random staff members, the auditor asked about the strip search policy and the identification of transgender inmates. All 20 staff members were aware of the policy regarding strip searches and identification of transgender inmates. All staff interviewed stated that only medical staff can visualize the inmate's body, if necessary, to make a determination. An interview was conducted with a transgender inmate who advised that they were not strip-searched for the sole purpose of determining their genital status.

Based on this analysis, the auditor finds the facility in compliance with this provision.

115.15 (f). The facility provided the auditor a copy of the search procedures training

curriculum that is provided for staff on an annual basis. The training identifies the need for staff members to perform pat searches using the bladed technique between and under the breasts to search for contraband. The training also requires the need to do searches in a professional and respectful manner, in the least intrusive manner possible. The auditor was provided training records for the last two years, which documents the completion of training for all staff members on the search module. In each of the two years, records indicated confirmation of training for all of the facility security staff. There are 475 security staff and all 475 were noted as receiving training.

During random staff interviews, all 20 random staff members stated that they had received training on performing pat searches of transgender inmates. All those interviewed stated that searches must be done professionally and respectfully. Officers stated that searches of a transgender female would normally be done by a female staff member. An interview was conducted with a transgender inmate confirmed that they were searched professionally and respectfully.

Based on this analysis, the auditor finds the facility in compliance with this provision.

115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. P&P 04-4.11 – Sexual Abuse / Assault Prevention and Intervention (effective November 9, 2019). b. P&P 03-5.01 – Inmate Rights (effective February 6, 2019) c. P&P 04-1.01 – Inmate Orientation (effective December 18, 2015) d. Bilingual Employee List e. Contract for Language Line 2. Interviews: <ol style="list-style-type: none"> a. Agency head b. Targeted inmates – <ol style="list-style-type: none"> 1. Inmates with disabilities 2. Inmates who are limited English proficient c. Random inmates 3. Site Review Observations: <ol style="list-style-type: none"> a. Postings in housing units b. Medical housing c. Inmate educational materials in intake <p>Findings (by provision):</p> <p>115.16(a). In the PAQ, the auditor was provided P&P 03-5.01 Inmate Rights as well as P&P 04-1.01 Inmate Orientation. The policy regarding orientation states, “Information should be communicated orally and in writing, in a language clearly understood by the inmate. LMDC 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, or the investigation of the inmate’s allegations.” (p. 2). Information regarding the agency’s efforts to prevent, detect and respond to sexual abuse and sexual harassment is contained in the inmate handbook and is available in English and in Spanish. The policy regarding orientation further states, “If an inmate is visually impaired or cannot read, orientation materials shall be read to the inmate by Classification staff or provided through the use of audio or video recordings. For those inmates who do not speak English or are hearing impaired, interpretive services shall be provided.” (p.2). The auditor was provided a list of staff members who can interpret several languages to assist inmates.</p> <p>During the site review, the auditor talked with several inmates who spoke Spanish. This was accomplished through the use of a staff interpreter. Each of these inmates understood what PREA was and knew how to properly report an incident of sexual abuse, if needed. There were signs clearly posted in each of the housing units in English and Spanish. There were no inmates at the facility at the time of the onsite review, who were classified as blind, deaf or hard of hearing so the auditor was not able to confirm access to educational information, however, the PREA coordinator advised that in these circumstances, a staff reader would be provided to a blind inmate and there is a staff member who is proficient in American Sign Language who can be utilized for deaf inmates. Deaf and hard of hearing inmates, he said, would also be provided written information which they could read. The auditor viewed the</p>

orientation materials provided to the inmate population. This orientation provides PREA education.

The auditor interviewed three targeted inmates, one with a physical disability and two who were limited English proficient. The inmates who were limited English proficient were interviewed with the assistance of a staff interpreter. The PREA coordinator advised the auditor that the facility has a contract agreement with a language line service (Correct Care Solutions, LLC). This service is used if a staff member is not available to interpret the needed language of the inmate. All inmates could explain what PREA was, the prohibited behaviors and how to properly report an incident of sexual abuse or sexual harassment. The agency head confirmed that all efforts are made to provide all inmates with the required PREA information.

Based on this analysis, the auditor finds the facility in compliance with this provision.

115.16(b). In the PAQ, the auditor was provided P&P 04-1.01 – Inmate Orientation. The policy states that inmate education regarding PREA and orientation information is provided to inmates orally, and in writing, in a language clearly understood by the inmate (p.2). The policy directs staff that to utilize contracted interpreter services to assist inmates that are not proficient in English, are blind or deaf, or require other interpretation services to understand the information provided. The Inmate Handbook is provided in English and Spanish. This handbook includes the initial PREA education for inmates.

Based on this analysis, the auditor finds the facility in compliance with this provision.

115.16(c). During the onsite phase of the audit, the auditor spoke with 42 random staff members and 40 random inmates. All staff and inmates stated that the facility does not utilize inmates to interpret for other inmates. Staff members stated clearly that using inmate to interpret could be dangerous, as there is no way to ensure that the translation from their language to English is accurate. Interviews with inmates with disabilities and inmates who are limited English proficient all stated that the facility utilizes staff assistants and staff interpreters at all times.

Based on this analysis, the auditor finds the facility in compliance with this standard.

115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. P&P 01-3.05 – Employee Selection Process (no effective date given – supersedes 8/15/2008) b. Employment Application Sworn / Certified Positions c. Chaplain, Contractor, Volunteer Approval List d. Employment Records 2. Interviews: <ol style="list-style-type: none"> a. Specialized staff <ol style="list-style-type: none"> 1. Human Resources staff <p>Findings (by provision):</p> <p>115.17(a). In the PAQ, the auditor was provided P&P 01-3.05 Employee Selection Process. This document includes the hiring policies for all sworn and certified positions and civilian positions within the facility as well as guidelines for background checks and the selection process for hire. The hiring process for all positions includes a criminal background check, searching records in Kentucky and nationally. This report will locate an individual’s Kentucky criminal history report, arrests from other states and federal arrests. It will also include any outstanding arrest warrants and domestic violence injunctions. The agency completes a Level 2 background check for those seeking employment as a certified security officer in this agency. P&P 01-3.05 Employee Selection Process, states, “A criminal record check shall be conducted on all new employees, contractors and volunteers prior to assuming duties to identify whether there are criminal convictions that have a specific relationship to job performance.” P&P 04-4.11 Sexual Abuse / Assault Prevention and Intervention also includes a section related to this provision (p. 4). It states that the agency will not hire any individual without first verifying that they have not engaged in any form of sexual abuse/harassment while currently employed, during previous employment, or within the community setting. The agency’s employment application requires that the applicant answer affirmatively regarding any prior arrests for all felony charges, specifically sexual abuse related offenses. The criminal background check will verify that this information is correct. The applicant then must take a local, state and federal criminal records check, a polygraph examination, a personal and employment background investigation and written and oral psychological examination.</p> <p>All potential volunteers and contractors that will have inmate contact inside the secure facility must also have a completed background check performed prior to admission to the facility. This requires that the applicant affirmatively state that they have not been charged with a sexual abuse offense or be the subject of a sexual harassment allegation.</p> <p>During the onsite phase of the audit, the auditor met with the agency’s director of human resources. She provided the auditor with complete copies of the agency’s applications and discussed the full hiring and review process. We then reviewed several staff employment records, where the auditor was able to see results for background checks, polygraph examinations, interview results and final decision making by the agency. Each of the reviewed records contained the proper application questions and supportive documentation. The auditor interviewed the staff member who is responsible for the initial background checks for</p>

all volunteers and contractors and the staff member confirmed that the background check must be completed and approved by the administration prior to any person being granted entry into the facility. The auditor was provided a list of approved volunteers and contractors which is prepared by the staff member and distributed to the control center. Staff will review this list prior to granting entry to all volunteers and contractors.

The auditor confirmed through these interviews that the agency will not grant employment or approve an individual for volunteer work or as a contractor if he or she has engaged in sexual abuse in a corrections facility or been convicted of a sexual abuse related offense.

Based on this analysis, the auditor finds the facility in compliance with this provision.

115.17(b). The employment application for staff members and for volunteers includes a questionnaire that specifically asks applicants if he or she was the subject of a sexual harassment allegation.

During interviews, both the human resources director and another human resources staff member confirmed that sexual harassment allegations are taken into consideration during the approval for hiring and promotion process for all individuals.

Based on this analysis, the auditor finds the facility in compliance with this provision.

115.17(c). As discussed in 115.17(a) above, the agency completes a criminal background check for all individuals during the hiring process. The agency also completes an employment history check for all individuals during the hiring process.

During the interview with the human resources director, this requirement was discussed. The agency will not hire an individual who has a negative employment history check. This includes asking prior corrections employers if the individual had a substantiated sexual abuse allegation or resigned during an investigation of sexual abuse. The agency was not able to provide any proof of denying employment based on this evaluation because it had not yet happened over the last five years. The auditor reviewed the employment files of 15 employees and confirmed that criminal history record checks were conducted.

Based on this analysis, the auditor finds the facility in compliance with this provision.

115.17(d). As discussed in provision 115.17(a) above, the agency completes a criminal background check for all individuals seeking to provide volunteer services through the chaplain's office or in the programs department. This is also true for individuals that will work as contractors in the facility that will have inmate access.

During the auditor's interview with a human resources staff member, they confirmed that background checks are completed before any individual is approved for entry into the secured facility. Once the background is completed, the application must be approved by administration before the individual's name is entered on the approved list. This process is completed for anyone who will volunteer with inmate programs, the chaplain or with the facility's kitchen contractor, Trinity Services Group. The auditor reviewed documentation in 3 contractor employment files which contained documentation of criminal history background checks conducted.

Based on this analysis, the auditor finds the facility in compliance with this provision.

115.17(e). In the PAQ, the agency provided P&P 01-3.05 – Employee Selection Process. The policy states, "LMDC shall also perform a 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" (p. 3).

During the onsite phase of the audit, the auditor interviewed the human resources manager who confirmed that it is part of their normal procedure. For volunteers and contractors, the agency requires that background checks are performed annually for all volunteers and contractors to remain active on the approved list. This information was provided by the human

resources staff member during the interview with the auditor. A review of 15 employee files and 3 contractor employment files and confirmed that background records checks of current employees and contractors are conducted at five-year intervals when applicable.

Based on this analysis, the auditor finds the facility in compliance with this provision.

115.17(f). In the PAQ, the agency provided P&P 01-3.05 Employee Selection Process.

The policy states, "LMDC shall ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (12) 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. LMDC shall impose upon employees a continuing affirmative duty to disclose any such conduct" (p.3).

During the auditor's interview with the human resources director, it was confirmed the agency follows this policy. She explained that questions regarding an individual's prior employment, sexual abuse and sexual harassment allegations, and prior criminal offenses are asked during the oral interview process and in the polygraph examination. She also confirmed that all employees are required to report any arrests or allegations of sexual harassment.

Based on this analysis, the auditor finds the facility in compliance with this provision.

115.17(g). The agency's employment application was provided to the auditor during the onsite phase of the audit. The application clearly provides the applicant with the statement that all statements on the application are true and any misstatement, misrepresentation or falsification of facts shall cause forfeiture of all rights to employment with the agency. The PAQ also affirms this in P&P 01-3.05 – Employee Selection Process (p.3).

During the interview with the human resources manager, the auditor confirmed that the termination process for omissions of fact of any information, including sexual abuse and sexual harassment.

Based on this analysis, the auditor finds the facility in compliance with this provision.

115.71 (h). During the onsite phase of the audit, the auditor was provided with an applicant application which provides a statement regarding Kentucky law and the disclosure of employment information to potential new employers.

During the auditor's interview with the human resources manager, it was confirmed that the agency would, in fact, provide potential new employers with information regarding a past employee's sexual abuse and sexual harassment allegations and/or investigations. She stated that they would not want an individual who had already participated in such activities to have access to inmates in another facility. She stated that there is no law prohibiting this in Kentucky.

Based on this analysis, the auditor finds the facility in compliance with this provision.

115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. None 2. Interviews: <ol style="list-style-type: none"> a. Specialized staff <ol style="list-style-type: none"> 1. Agency head 2. PREA coordinator <p>Findings (by provision):</p> <p>115.18(a). The facility did not provide any documentation regarding this provision. Based on the auditor’s review of the agency website and the facility characteristics provided, it is clear there have been no design changes of the current facility or acquisitions of new facilities by the agency since August 20, 2012.</p> <p>During interviews with the agency head and the PREA coordinator, the auditor confirmed that there have been no design changes in the facility and no new acquisitions. Both confirmed, however, that the PREA coordinator would be part of any future agency growth to consider how the design, acquisition, expansion, or modification would affect the agency’s ability to protect inmates from sexual abuse.</p> <p>Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.18(b). In the PAQ, the facility provided the LMDC Staffing Plan. This plan specifies in section IX. PREA Incidents that the LMDC began the process of upgrading the cameras within its facilities in 2013, with consideration given to ACA Core Jail Standards, Kentucky Administrative Regulations and PREA. This project was begun in four phases, starting with the first floor and booking floor cameras at the Main Jail Complex, moving to the Community Corrections Center and then to the Hall of Justice and finally back to the Main Jail Complex. The PREA coordinator was an active part of this project and continues to be involved in the monitoring of technology for future needs to update the video monitoring based on a review of how it would affect the agency’s ability to protect inmates from sexual abuse.</p> <p>During the onsite portion of the audit, the auditor was able to view the camera and video monitoring system which is extensive throughout the facility. The auditor also interviewed the agency head as well as the PREA coordinator. Both staff members described to the auditor how the agency constantly evaluates the possible need to improve and expand their technology as it relates to protecting inmates from sexual abuse.</p> <p>Based on this analysis, the auditor finds the facility in compliance with this provision.</p>

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. P&P 04-4.11 – Sexual Abuse/Assault Prevention and Intervention (effective November 9, 2019). b. Sexual Assault Investigations Training Certification for PREA investigator c. P&P 03-2.20 – Crime Scene Incident and Scene Preservation (effective December 18, 2015). d. MOU – University Medical Center, Inc. e. MOU – Center for Women and Families f. Investigations files 2. Interviews: <ol style="list-style-type: none"> a. Specialized staff <ol style="list-style-type: none"> 1. SAFE / SANE staff 2. PREA Compliance Manager b. Random staff c. Targeted inmates <ol style="list-style-type: none"> 1. Inmates who reported a sexual abuse 3. Site Review Observations: <ol style="list-style-type: none"> a. Medical services <p>Findings (by provision):</p> <p>115.21(a). The agency provided several documents in the PAQ for review under this standard. The PREA policy requires the agency to investigate allegations of sexual abuse and to follow a uniform protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The policy also states that the investigations of sexual abuse and sexual harassment allegations are performed by the Professional Standards Unit (PSU) and/or trained PREA investigators. These staff are to conduct an investigation to ascertain the validity of any allegation and the need to contact the Louisville Metro Police Department (LMPD) Sex Crimes Unit (p. 11). During the onsite portion of the audit, the auditor interviewed the PREA coordinator who is also a certified Sexual Assault Investigator. The investigator confirmed that all investigations of sexual abuse are performed in the facility. He stated that the investigators would collect and process evidence under the same protocols that are utilized at all crime scenes. These protocols are used for all evidence collection related to any criminal and administrative investigation in the county and are consistent with the National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.21(b). LMDC does not house youthful inmates. This provision is N/A.</p> <p>115.21 (c). In the PAQ, the facility provide P&P 04-4.11 - Sexual Abuse / Assault Prevention and Intervention. This policy states that LMDC shall offer all victims of sexual abuse access to forensic medical examinations and that they be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) at an outside facility and without financial cost to the victim (pp. 4 and 13). Additionally, the policy states that the LMDC</p>

shall document efforts to secure services from rape crisis centers. The Memorandum of Understanding (MOU) between LMDC and the University Medical Center, Inc. was also provided in the PAQ. This document indicates a voluntary agreement to provide SANE services for victims who are sexually abused while in custody of LMDC. University Medical Center In., d/b/a University of Louisville Hospital (ULH) will provide these services in accordance with Prison Rape Elimination Act of 2003.

During the onsite phase of the audit, the auditor interviewed a PREA investigator who confirmed that all forensic examinations for sexual abuse victims at LMDC are performed at the ULH. There is always a SAFE nurse on call and will respond to the facility, if not already on duty. The auditor contacted ULH and spoke with a representative who confirmed that forensic examinations for LMDC sexual assault victims are performed at ULH. There have been six forensic examinations performed at ULH for inmate victims in the past 12 months. The PREA coordinator as well as staff contacted at ULH confirmed that there is no cost to the inmate victim for these forensic examinations. The auditor reviewed investigations files and the use of ULH for forensic examinations was verified.

Based on this analysis, the auditor finds the facility in compliance with this provision.

115.21 (d). In the PAQ, the facility provided P&P 04-4.11 – Sexual Abuse / Assault Prevention and Intervention. The facility also provided in the PAQ a Memorandum of Understanding (MOU) between LMDC and The Center for Women and Families (CWF). Policy 04-4.11 states that LMDC shall attempt to make available to the victim a victim advocate. If a rape crisis center advocate is not available to provide victim services, LMDC shall make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member. The policy further states that LMDC shall document efforts to secure services from rape crisis centers (p. 4). The MOU agreement states that the CWF will provide inmates who report sexual abuse while custody of LMDC with appropriate evaluation, advocacy, support and treatment. The agreement further states that all victims, if they choose, shall receive appropriate sexual assault crisis advocacy services.

During the onsite phase of the audit, the auditor interviewed a PREA investigator. The investigator confirmed that a victim advocate would always be contacted to respond to LMDC if the forensic examination is required. The auditor interviewed the facility contact at CWF and she confirmed that there is an automatic call for response to all sexual assault investigations. The advocates will respond to the LMDC to support the victim during the forensic examination at ULH. She also stated that victims will have access to up to three individual counseling sessions by phone or in person when a CWF advocate is requested. During the onsite phase of the audit, the auditor also interviewed inmates who reported a sexual abuse. The inmates who were interviewed verified that they had been in contact with the victim advocate from CWF and had received services.

Based on this analysis, the auditor finds the facility in compliance with this provision.

115.21 (e). In the PAQ, the facility provided P&P 04-4.11 – Sexual Abuse / Assault Prevention and Intervention. The facility also provided in the PAQ a Memorandum of Understanding (MOU) between LMDC and The Center for Women and Families (CWF). Policy 04-4.11 states that LMDC shall attempt to make available to the victim a victim advocate. If a rape crisis center advocate is not available to provide victim services, LMDC shall make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member. The policy further states that LMDC shall document efforts to secure services from rape crisis centers (p. 4). The MOU agreement states that the CWF will provide inmates who report sexual abuse while custody of LMDC with appropriate evaluation, advocacy, support and treatment. The agreement further states that all victims, if they choose,

shall receive appropriate sexual assault crisis advocacy services.

During the onsite phase of the audit, the auditor interviewed a PREA investigator. The investigator confirmed that a victim advocate would always be contacted to respond to LMDC if the forensic examination is required. The auditor interviewed the facility contact at CWF and she confirmed that there is an automatic call for response to all sexual assault investigations. The advocates will respond to the LMDC to support the victim during the forensic examination at ULH. She also stated that victims will have access to up to three individual counseling sessions by phone or in person when a CWF advocate is requested. During the onsite phase of the audit, the auditor also interviewed inmates who reported a sexual abuse. The inmates who were interviewed verified that they had been in contact with the victim advocate from CWF and had received services.

Based on this analysis, the auditor finds the facility in compliance with this provision.

115.21 (f). Since sexual abuse investigations are performed by the agency, this provision does not apply to LMDC. No MOU exists due to LMDC conducts all administrative investigations and has a criminal investigator on staff.

Based on this analysis, the auditor finds the facility in compliance with this provision.

115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. P&P 04-4.11- Sexual Abuse / Assault Prevention and Intervention (effective November 9, 2019). b. PREA Allegation Case Logs 2. Interviews: <ol style="list-style-type: none"> a. Random Staff (20) b. Specialized Staff <ol style="list-style-type: none"> 1. Agency head 2. PREA coordinator 3. Investigation staff <p>Findings (by provision):</p> <p>115.22(a). In the PAQ, the facility provided P&P 04-4.11 – Sexual Abuse / Assault Prevention and Intervention. This policy clearly outlines the agency’s requirement to perform either a criminal or administrative investigation for all allegations of sexual abuse and sexual harassment. The policy states, “ LMDC requires all staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility.....staff shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the designated investigators...”(p. 9). The policy also states, “LMDC investigates all allegations of sexual abuse and harassment thoroughly and objectively. The Professional Standards Unit (PSU) and /or trained PREA Investigator shall immediately conduct an investigation....” (10-11). During the onsite phase of the audit, the auditor reviewed the facility’s incident reports and grievances from the previous 12 months. There were a total of 77 allegations of PREA related misconduct at the facility. All but three of the investigations were closed and completed. The auditor could not find any reports or grievances related to sexual abuse or sexual harassment that were not properly investigated. There were 44 total allegations for sexual abuse and 33 total allegations for sexual harassment. These allegations originated from hotline calls (31), grievances (24) and incident reports (22). All of these allegations were documented and investigated. The auditor reviewed 59 of the sexual abuse and sexual harassment investigations at the same time. This review included a review of both the reports of sexual abuse and harassment and the documentation of the investigations, including the full investigative reports with findings. There were 59 allegations that were properly investigated. Five of these allegations were referred for criminal investigations and the remaining 54 allegations were administrative. The auditor interviewed the investigator, PREA coordinator and the Agency Head. They all confirmed that the agency investigates all allegations of sexual abuse and sexual harassment. The agency head was interviewed by the auditor and the agency head stated that the agency does ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment. He stated that this is completed by the PREA investigator (who is also the PREA coordinator). The agency head receives notification of the investigation by the lieutenant. The lieutenant completes a checklist for notifications and initials it for each notification. The PREA coordinator was interviewed and he stated he investigates all allegations of sexual abuse and sexual</p>

harassment. The investigator was interviewed and also stated that the facility is focused on ensuring that each allegation of sexual abuse or sexual harassment are thoroughly investigated.

Based on this analysis, the auditor finds the facility in compliance with this provision.

115.22(b). In the PAQ, the facility provided P&P 04-4.11 – Sexual Abuse / Assault Prevention and Intervention. This policy clearly outlines the agency’s requirement to perform either a criminal or administrative investigation for all allegations of sexual abuse and sexual harassment. The policy states “LMDC investigates all allegations of sexual abuse and harassment thoroughly and objectively. The Professional Standards Unit (PSU) and / or trained PREA Investigator shall immediately conduct an investigation...and the need to contact the Louisville Metro Police Department (LMPD) Sex Crimes Unit.” (p. 10-11). The LMPD is an agency with the legal authority to conduct criminal investigations. If the allegations involves criminal behavior, LMDC refers the investigation to the LMPD Sex Crimes Unit. The facility’s PREA policy is clearly posted on the department’s website, located at <https://louisvilleky.gov/government/corrections/prison-rape-elimination-act>.

During the onsite phase of the audit, the auditor interviewed the investigator, PREA coordinator and the Agency Head. They all confirmed that the agency investigates all allegations of sexual abuse and sexual harassment. The auditor interviewed investigative facility staff who stated that the facility has staff that are state certified law enforcement officers with the legal authority to enforce laws by their arrest powers. The investigators also receive specialized training in the investigating PREA allegations. The auditor reviewed the facility’s incident reports and grievances from the previous 12 months. There were 77 total allegations reported (44 sexual harassment and 33 sexual abuse). There were no allegations of sexual abuse or harassment that were not investigated. The auditor reviewed a sample of 59 allegations and corresponding investigations. The auditor reviewed the facility’s PREA Allegations Case Log from the previous 12 months and there were 10 allegations which were referred to LMPD for criminal investigation.

Based on this analysis, the auditor finds the facility in compliance with this provision.

115.22(c). In the PAQ, the facility provided P&P 04-4.11 Sexual Abuse / Assault Prevention and Intervention. This policy clearly outlines the agency’s requirement for the Louisville Metro Police Department Sex Crimes Unit to conduct an investigation upon notification that an allegation of sexual abuse / assault and / or threat of sexual abuse / assault is credible. The policy further clarifies that the LMDC Professional Standards Unit and / or trained PREA investigator will conduct an investigation to ascertain the validity of any allegation and the need to contact Louisville Metro Police Department (LMPD) Sex Crimes Unit.

During the onsite phase of the audit, the auditor interviewed the PREA coordinator, the investigator and the Agency Head. They all confirmed that the LMDC investigates the initial allegations and makes referrals to the LMPD Sex Crimes Unit for allegations determined to be credible. If the allegation involves criminal behavior, LMDC shall ensure that the allegation is referred for investigation to the Louisville Metro Police Department Sex Crimes Unit. This is covered in P&P 04-4.11 – Sexual Abuse / Assault Prevention and Intervention (p. 4). This policy is published on the facility’s public website:

https://louisvilleky.gov/sites/default/files/corrections/assault_prevention_and_intervention_-115.71.pdf. The auditor reviewed the facility’s PREA Allegations Case Log from the previous 12 months and there were 10 allegations which were referred to LMPD for criminal investigation.

Based on this analysis, the auditor finds the facility in compliance with this provision.

115.31	Employee training
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. P&P 04-4.11 – Sexual Abuse / Assault Prevention and Intervention (effective November 9, 2019). b. PREA Academy Training power-point c. Employee Training Records d. Gender Responsive Supervision for Women training power-point 2. Interviews: <ol style="list-style-type: none"> a. PREA coordinator b. Random staff <p>Findings (by provision):</p> <p>115.31 (a). In the PAQ, the facility provided a copy of their PREA Academy Training power-point as well as P&P 04-4.11 – Sexual Abuse / Assault Prevention and Intervention. The policy requires that all staff members shall receive documented training in regard to PREA and this training will be provided as a refresher to all employees every two years (p. 5). This training includes information related to sexual abuse/assault awareness, prevention, response, and reporting procedures under PREA. The above policy requires staff training on sexual abuse and sexual harassment and includes the ten points required under this standard (p. 5). The training curriculum provided in the PAQ includes each of the required ten points listed in the standard. Training logs provided were from the last three years. They show completion of the annual training related to sexual abuse and sexual harassment and the date it was completed. During the onsite phase of the audit, the auditor interviewed 20 random staff members and spoke informally with several staff members. Each person interviewed indicated that they received PREA education prior to beginning work in the secure facility or had received it in 2016, prior to the first PREA audit, if they were employed at that time. Each person interviewed confirmed training included the ten points required under this standard. The auditor reviewed training records provided by the PREA coordinator. The auditor selected ten random records and located written verification that employee orientation or annual PREA training had been completed.</p> <p>Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.31 (b). The LMDC houses both male and female inmates. Training for staff, therefore, is consistent and there is no need to provide additional training related to a specific gender. The facility, however, has provided a copy of Gender Responsive Supervision for Women power-point. This training is delivered to all staff who supervise inmates.</p> <p>Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.31 (c). The LMDC was previously audited by a certified PREA auditor in 2016. All staff that were employed in 2016 would have received the required PREA training and education at that time. P&P 04-4.11 Sexual Abuse / Assault Prevention and Intervention requires that all staff receive refresher training every two years to ensure that all employees know the agency’s current sexual abuse and sexual harassment policies and procedures (p. 5). Training logs provided to the auditor confirm that all staff log in to the online training module and complete this every two years. This was confirmed by reviewing ten random training records. The auditor also viewed a training log for each year since the previous audit. The</p>	

complete training record log shows the completion of training for all staff members. Each of the staff members interviewed by the auditor confirmed that they have received PREA training and refresher training.

Based on this analysis, the auditor finds the facility in compliance with this provision.

115.31 (d). P&P 04-4.11 Sexual Abuse / Assault Prevention and Intervention requires that LMDC shall document, through employee signature or electronic verification that employees understand the training they have received (p. 5). The facility requires that all staff complete the online training module annually and this training includes an online test to confirm completion of the online class and understanding of the concepts provided in the training.

The auditor reviewed the random training records during the post onsite phase of the audit.

The records show acknowledgement of completion of PREA training on an annual basis and scores for the online test. Records show full completion of the training by staff.

Based on this analysis, the auditor finds the facility in compliance with this provision.

115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. P&P 04-4.11 – Sexual Abuse / Assault Prevention and Intervention (effective November 9, 2019). b. New Employee Orientation Overview c. Training Documentation 2. Interviews: <ol style="list-style-type: none"> a. Specialized staff <ol style="list-style-type: none"> 1. Volunteers and Contractors who have contact with inmates <p>Findings (by provision):</p> <p>115.32 (a). In the PAQ, the facility provided a copy of P&P 04-4.11 – Sexual Abuse /Assault Prevention and Intervention. This policy requires that all volunteers and contractors receive documented orientation and training prior to assuming their duties in the facility. This training includes information related to sexual abuse / assault awareness, prevention, response, and reporting procedures under PREA. The policy also requires volunteers and contractors receive training on sexual abuse and sexual harassment (p.5). The New Employee Orientation curriculum was provided in the PAQ as well as documentation of both contractors and volunteers training records.</p> <p>During the onsite phase of the audit, the auditor interviewed one volunteer and five contracted staff. All of these staff confirmed completion of the orientation program prior to being granted access to the secure facility. The orientation included education on sexual abuse and sexual harassment, how to report incidents of abuse and rules to avoid physical contact with inmates. The auditor reviewed training records for these individuals and other random records. The facility’s list of approved volunteers and contractors shows a total of 82 volunteers and contractors in the past year who have received training.</p> <p>Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.32 (b). The auditor reviewed the training curriculum, which is included in the PAQ. The curriculum includes each of the required points listed in the standard.</p> <p>During the onsite phase of the audit, the auditor interviewed one volunteer and five contracted staff. They all confirmed completion of the orientation prior to being granted access to the secure facility. They confirmed that the orientation included education on the facility’s zero-tolerance policy regarding sexual abuse and sexual harassment and how to report such incidents. The auditor reviewed training records for these individuals and other random records. All of this documentation showed that volunteers and contractors are receiving training as required.</p> <p>Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.32 (c). The auditor was provided individual training documentation in the PAQ. The signed forms were from the last three years and showed written proof that the volunteer and/or contractor had completed the required orientation material, which included the PREA education.</p> <p>During the onsite phase of the audit, the auditor interviewed one volunteer and five contracted staff. They all confirmed that they had completed the orientation prior to being granted access to the secure facility. The orientation included education on sexual abuse and sexual</p>

harassment, how to report incidents of abuse and rules to avoid physical contact with inmates. The auditor reviewed training records for these individuals and other random records. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.33	Inmate education
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. P&P 04-1.01 – Inmate Orientation (effective December 18, 2015) b. LMDC Booklet – Inmate Manual of Rules (English and Spanish) c. LMDC Pamphlet – Prison Rape Elimination ACT 2003 d. Inmate Orientation Acknowledgement Sheet – What is PREA? e. Inmate intake records f. Classification log of inmate education 2. Interviews: <ol style="list-style-type: none"> a. Specialized staff <ol style="list-style-type: none"> 1. Intake staff b. Random staff c. Random inmates 3. Site Review Observations: <ol style="list-style-type: none"> a. Housing units b. Booking floor – intake process <p>115.33 (a). The facility provided a statement in the PAQ to confirm that all inmates receive basic PREA information when they arrive to the facility. The auditor observed during the onsite phase of the audit that this information is given in the booking / intake area of the facility. Intake staff were also observed providing copies of completed forms, Intake Orientation / Handout Sign-In Sheet, to provide documentation that the inmates have signed that they have been provided orientation information regarding PREA. During the booking process, the auditor observed inmates being provided an Inmate Handbook which contains information about what PREA is and how to report incidents of sexual abuse and harassment. This information is provided on page 41 of the Inmate Handbook. The facility also provided a form entitled “What is PREA?” to document the inmates’ signature for receipt of the basic PREA information.</p> <p>During the onsite phase of the audit, the auditor entered the Intake / Booking area and observed inmates at various intake stations (medical, classification), talking to intake staff. At the classification station, there were inmate handbooks and PREA pamphlets which contained basic PREA information (the inmates’ rights to be free from sexual abuse and sexual harassment and their rights to be free from retaliation for reporting sexual abuse and sexual harassment). These materials were provided to the inmate. The auditor interviewed one staff member who works in intake and she confirmed that all inmates are given the handbooks and pamphlets. There were signs hung at various locations throughout the booking / intake area (fingerprint station, medical and classification intake area, near restroom, on wall of centralized waiting area), in English and in Spanish, which provide inmates with the basic PREA information. These signs are in locations where they are readily visible by inmates and were printed in large, bold font. While speaking with staff members in intake, staff explained that they purposely point out the signs to inmates while they are being processed through intake.</p> <p>The auditor interviewed 40 random inmates during the onsite phase of the audit. All 40</p>	

inmates confirmed that they understood the PREA information and how to ask for help or file a report. 20 of the inmates confirmed receiving the PREA education and 20 stated they did not receive the orientation information in intake. The responses were split and some of the 20 who stated they did not receive information at intake, stated they knew already what PREA was and did respond that they had seen and read the PREA posters on the walls around the intake area and throughout the facility. The facility provided the auditor with signed / dated acknowledgments of receipt of PREA orientation from all inmates which were interviewed by the auditor.

Based on this analysis, the auditor finds the facility in compliance with this provision.

115.33 (b). There were 4,694 inmates admitted to the facility whose length of stay was 30 days or more. In the onsite portion of the audit, the facility provided documentation of inmate orientation logs from classification to show inmate attendance at the comprehensive inmate orientation as well as 18 orientation acknowledgement forms which were signed by the inmates.

The auditor interviewed 40 random inmates during the onsite phase of the audit. Twenty-six (26) had been housed in the facility for at least 30 days. Of the random inmates interviewed, 13 inmates confirmed that they had viewed they had received comprehensive PREA training and were aware of their right to be free from sexual abuse and sexual harassment, free from retaliation for reporting abuse and that the agency would properly respond to incidents of such abuse. The other 13 inmates who had been housed at the facility for at least 30 days responded that they had not received comprehensive training. What they know about PREA, they stated that they knew from the PREA posters, but not from a staff member specifically providing the information. The auditor interviewed three staff from intake in formal and informal interviews, who stated that the PREA information given at intake was in the form of pamphlets and basic information. The classification staff are conducting comprehensive PREA education to inmates within two weeks of their arrival. This education is conducted in groups in the multipurpose room in classification. The auditor interviewed 40 inmates of which 26 had been in the facility for 30 or more days. The response by the inmates was split 13/13 regarding whether they had received the comprehensive PREA education. Each of these inmates, however, had signed a form with PREA information, acknowledging their receipt of PREA education.

The auditor interviewed 40 inmates of which 26 had been in the facility for 30 or more days. The response by the inmates was split 13/13 regarding whether they had received the comprehensive PREA education. Each of these inmates, however, had signed a form with PREA information, acknowledging their receipt of PREA education.

There was documentation signed by the 13 inmates who did not recall receiving the comprehensive training which was provided to the auditor.

Based on this analysis, the auditor finds the facility in compliance with this provision.

115.33(c). The facility provides all inmates with education regarding PREA at intake and during orientation. The PREA coordinator stated that all inmates received initial education at intake and then are given the comprehensive PREA education by classification within 2 weeks of arrival at the facility. This is documented by inmate's signature on the "What is PREA?" form. The LMDC encompasses three facilities – the Hall of Justice and Main Jail (both of which comprise the Main Jail Complex) and the Community Corrections Center. The policies and procedures of these facilities does not differ. Based on this, the additional PREA education is not required upon transfer.

Based on this analysis, the auditor finds the facility in compliance with this provision.

115.33(d). The facility did provide information on this provision in the PAQ, which included the

P&P 04-1.01 – Inmate Orientation which provides that PREA information shall be provided to the inmates 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.

During the onsite phase of the audit, the auditor observed PREA posters in each of the housing units and in several other locations. The posters are in English and in Spanish and inform inmates of their right to be free from sexual abuse and sexual harassment, free from retaliation for reporting abuse and that the agency would properly respond to incidents of such abuse. The auditor interviewed 18 random staff as well as an intake staff member during the onsite phase of the audit. These staff members provided consistent information that if an inmate is visually impaired or cannot read, orientation materials are read to the inmate by Classification staff or provided through the use of audio or video recordings. For those inmates who do not speak English or are hearing impaired, interpretive services are provided. Inmates also receive the LMDC Booklet – Inmate Manual of Rules (English and Spanish). When asked, the PREA coordinator stated that he or another staff member could read a blind inmate the required PREA education if it was necessary. The auditor interviewed 2 inmates who spoke Spanish and they both confirmed that the facility provided the education in Spanish for them to read. The auditor interviewed one inmate with a cognitive disability. The inmate was able to explain basic PREA information to the auditor.

Based on this analysis, the auditor finds the facility in compliance with this provision.

115.33 (e). The PAQ provided documentation of P&P 04-4.11 Sexual Abuse / Assault Prevention and Intervention and P&P 04-1.01 Inmate Orientation. Both of these policies and procedures provide for the agency to maintain documentation of inmate education sessions. During the onsite portion of the audit, the auditor requested copies of signed documentation by 15 inmates who were interviewed, of the form “What is PREA?” The facility provided signed documentation of receipt of basic PREA information upon intake as well as signed documentation of comprehensive PREA education. The facility provided a log which indicated that 4,694 inmates had received the inmate education during the previous 12 months prior to the audit. These forms are sufficient to document that inmates receive the required PREA education.

Based on this analysis, the auditor finds the facility in compliance with this provision.

115.33(f). During the site review, the auditor could see many forms of PREA education readily available for inmates. In all housing units, there are signs posted in English and Spanish. These signs remind inmates that sexual abuse is not tolerated and provides the hotline number. During orientation, the inmates are given a copy of the inmate handbook with information about PREA, have access to a grievance to complete, if needed, and a pamphlet available with information for a local rape crisis center. The handbooks are available in the intake / booking area, in classification and in the security officer’s stations. The auditor informally spoke with several inmates during the site review portion of the audit as well as 40 random inmates (in formal interviews during the onsite portion of the audit. All of the inmates interviewed were aware of the information for PREA provided on the posters which are throughout the facility.

Based on this analysis, the auditor finds the facility in compliance with this provision.

115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. P&P 04-4.11 – Sexual Abuse / Assault Prevention and Intervention (effective November 9, 2019) b. Training certificates c. Specialized investigations training curriculum 2. Interviews: <ol style="list-style-type: none"> a. Specialized staff <ol style="list-style-type: none"> 1. Investigative staff <p>Findings (by provision):</p> <p>115.34 (a). In the PAQ, the facility provided P&P 04-4.11 Sexual Abuse / Assault Prevention and Intervention. The policy includes a provision that requires agency investigators to be trained on the thorough investigation of sexual abuse cases inside the corrections facility. Also included in the PAQ were copies of certificates received by investigators as well as the PREA Investigators training curriculum. This training includes modules related to the four points required under this provision of the standard.</p> <p>The auditor interviewed a PREA investigator during the onsite phase of the audit. The investigator confirmed that he had taken the certification course and had received a certificate. The auditor reviewed the training records and verified that facility lieutenants had taken the specialized training as well.</p> <p>Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.34 (b). The facility provided in the PAQ several copies of certificates received by investigations staff and facility supervisors for completion of the investigations specialized training. The training includes modules related to the four points required under this provision of the standard.</p> <p>The auditor confirmed through an interview with a PREA investigator that the training included information on the four points in this provision of the standard.</p> <p>Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.34 (c). The PREA coordinator maintains a file with the written proof that supervisors in the facility have completed the specialized investigations training. Certificates were also included in the PAQ.</p> <p>Based on this analysis, the auditor finds the facility in compliance with this standard.</p>

115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. P&P 04-4.11 – Sexual Abuse / Assault Prevention and Intervention (effective November 9, 2019). b. Training logs 2. Interviews: <ol style="list-style-type: none"> a. Specialized staff <ol style="list-style-type: none"> 1. Medical staff 2. Mental Health staff <p>Findings (by provision):</p> <p>115.35 (a). In the PAQ, the facility provided P&P 04-4.11 – Sexual Abuse / Assault Prevention and Intervention. The policy requires that all staff in medical and mental health receive training on PREA that includes the four points noted in this provision of the standard. The facility included information how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment, how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.</p> <p>During the onsite phase of the audit, the auditor spoke with two medical and two mental health staff. Each staff member confirmed that they had taken the PREA training which included the four points required under this provision of the standard. The auditor also interviewed a nursing supervisor who confirmed that the training is required for all of the unit's staff members.</p> <p>Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.35 (b). Medical staff at the facility do not perform forensic examinations. Any inmate who would require the forensic examination due to a sexual assault will be taken to the University of Louisville Hospital (ULH) per policy. Therefore, the medical staff do not receive training related to these exams.</p> <p>Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.35 (c). The PREA coordinator maintains a file with the written proof that all medical and mental health care staff have completed the required PREA training. The auditor viewed the list and confirmed that all current medical staff members had documented completion of the class.</p> <p>Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.35 (d). The medical and mental health care staff are all contracted staff. Per policy, as stated in standard 115.31, all new staff members are required to complete the employee orientation, which includes the required basic PREA training.</p> <p>Through interviews with medical and mental health care staff, the auditor learned that all staff in the medical unit receive the PREA training during orientation. Logs and training records were also provided to the auditor during the post-onsite phase of the audit which includes signed documentation that medical and mental health care staff have received PREA training. Based on this analysis, the auditor finds the facility in compliance with this provision.</p>

115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard 115.41: Screening for risk of victimization and abusiveness</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. P&P 04-4.11 – Sexual Abuse – Assault Prevention and Intervention (effective November 9, 2019). b. P&P 04-1.01 – Inmate Orientation (effective December 18, 2015). c. Screening Tool d. Screening records 2. Interviews: <ol style="list-style-type: none"> a. Specialized staff <ol style="list-style-type: none"> 1. Staff responsible for risk screening 2. PREA Coordinator 3. PREA Compliance Manager b. Random inmates 3. Site Review Observations: <ol style="list-style-type: none"> a. Intake / booking b. Classification <p>Findings (by provision):</p> <p>115.41 (a). LMDC supplied a copy of P&P 04-4.11 Sexual Abuse / Assault and Intervention in the PAQ. This policy states that all inmates will be interviewed as soon as possible following admission to the facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates (p.6). This interview is to be documented on the Sexual Violence Screening Tool. The classification staff are to assess the individual for special problems and initiate appropriate referrals, as necessary. The auditor was provided copies of completed screening forms from random inmates.</p> <p>During the onsite phase of the audit, the auditor met with staff in intake as staff completed the initial screening of inmates. In intake, the nurse begins the screening process and classification staff complete the remainder of the screening tool. It was confirmed by intake staff and the nurse that this screening is completed for all new inmates when they enter the facility. The auditor interviewed 40 random inmates and each inmate could recall being asked specific questions during the intake process.</p> <p>Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.41 (b). LMDC supplied a copy of P&P 04-4.11 Sexual Abuse / Assault and Intervention in the PAQ. In the Screening for Risk of Sexual Victimization and Abusiveness section, the policy states, “Screenings shall ordinarily take place within twenty-four (24) hours of arrival at LMDC using an objective screening instrument.” (p. 6). There were 13,418 inmates admitted to the facility with a length of stay of 72 hours or more during the previous 12 months prior to the audit. The classification screening was included for all inmates listed.</p> <p>The auditor reviewed 25 inmate files which all included the screening form during the onsite phase of the audit. Each of the forms reviewed were completed on the first and second day of the inmate’s arrival in the facility. During interviews with classification staff, it was confirmed that the screening of all inmates is done beginning with the inmate’s arrival and is completed in the first two days. Also, the auditor interviewed 40 random inmates and each inmate related</p>

that they spoke with classification on the first or second day after arrival in the facility. Based on this analysis, the auditor finds the facility in compliance with this provision. 115.41 (c). The facility provided a copy of the screening tool to the auditor in the PAQ. The auditor reviewed the screening tool to determine if it was objective. The screening tool requires a simple yes or no answer to each of the questions and the scoring system is standard for each individual screened. Because the screening tool does not allow for subjective answers, the tool is objective. The outcome for potential to be victimized or become a predator is based on a standard scoring system.

Based on this analysis, the auditor finds the facility in compliance with this provision. 115.41 (d). The facility provided a copy of the screening tool to the auditor in the PAQ. The screening tool lists each of the criteria listed in standard 115.41 (d). Additionally, the screening tool provides space for the screener to add comments based on the observations of the screener regarding the inmate's potential for vulnerability. The tool asks the inmate for his or her feeling of safety while incarcerated. The tool also asks if the inmate shows unusual interest or focus on another inmate, is openly discriminatory of lesbian, gay, bisexual, transgender or intersex, and if the inmate has a current criminal conviction of sexual violence or rape.

During the onsite phase of the audit, the auditor spoke with staff from classification. Classification staff administer the risk screening tool. They explained that they speak directly with the inmate to complete the screening tool and ask all the questions on the tool. They are encouraged to include comments regarding their observations regarding safety and vulnerability based on the conversation with the inmate.

Based on this analysis, the auditor finds the facility in compliance with this provision. 115.41 (e). The screening tool provided to the auditor includes a section for the screener to note prior acts of sexual abuse, prior convictions for violent offenses and history of prior institutional violence or sexual abuse. These items are included to enable the screener to review those responses during the evaluation process. The screening tool provides space for the screener to add comments based on the observations of the screener regarding the inmate's potential for vulnerability. The tool asks the inmate his or her feeling of safety while incarcerated. The objective screening tool includes all the required items listed in the standard.

The auditor interviewed two classification staff members during the onsite phase of the audit. Both of these staff members confirmed that the screening tool includes questions about an inmate's prior acts of sexual abuse, prior convictions for violent offenses and history of prior institutional violence or sexual abuse. It was explained to the auditor that the screening process begins at intake when the nurse asked inmates an initial set of questions. The classification staff complete the screening in person with each inmate. The auditor was told that this is necessary to verify that inmates with a potential to be a predator will not be housed with inmates with a potential to be a victim.

Based on this analysis, the auditor finds the facility in compliance with this provision. 115.41 (f). In the PAQ, the facility provided P&P 04-4.11 – Sexual Abuse / Assault Prevention and Intervention. This policy includes a requirement that inmates are reassessed within 14 days from the inmate's arrival at LMDC (p. 7). This is more restrictive than the provision requirement which is 30 days.

During the post onsite phase of the audit, the auditor interviewed a classification staff member who stated that inmates are routinely re-assessed. There were 4,694 inmates admitted to the facility during the previous 12 months whole length of stay was 30 days or more. Records provided to the auditor showed the reassessment of all 4,694 inmates within the 30 day time

frame. During interviews with 40 random inmates, the auditor asked if they were asked additional follow-up questions by medical and classification staff and of the 40 random inmates interviewed, 19 responded that they had not been asked the re-assessment questions at any period of time after the initial assessment at intake. Five answered that yes, they had been asked these questions; 14 had not been at the facility for 30 days and two responded that they believed medical asked these questions.

The facility was not able to provide documentation of reassessment for risk of victimization or abusiveness. A re-assessment which was provided seemed to indicate that it was a custody level screening. Classification staff advised that the “re-classifications” look at charges and jail behavior and that classification does not do anything with the reassessment after the referral is sent to mental health. Classification further explained that if mental health wants the inmate in special housing, they let classification know.

Based on this analysis, the auditor finds the facility in compliance with this provision.

115.41 (g). In the PAQ, the facility provided P&P 04-4.11 Sexual Abuse / Assault Prevention and Intervention. The policy includes a requirement that inmates are reassessed when warranted. The policy states, “An inmate’s risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate’s risk of sexual victimization or abusiveness.” (p.7).

During interviews with classification staff, staff stated that they will reassess an inmate at any time based on information that is received from other staff, inmates or through incident reports. During interviews with 40 random inmates, the inmates stated they were not familiar with this process and did not recall being asked follow-up questions by staff. The auditor reviewed 20 investigative files during the post-onsite phase of the audit. None of the files reviewed showed documentation of a reassessment or referral for reassessment. The LMDC PREA Checklist indicates that mental health is to reassess both the victim and the perpetrator following an allegation of sexual abuse and sexual harassment. The auditor was not provided any additional documentation that this reassessment is performed.

Based on this analysis, the auditor finds the facility in compliance with this provision.

115.41 (h). In the PAQ, the facility provided P&P 04-4.11 – Sexual Abuse / Assault Prevention and Intervention. The policy states, “Inmates may not be disciplined for refusing to answer, or for not disclosing complete information in response to questions during the risk assessment.”(p.7).

During classification staff interviews, the auditor learned that staff cannot recall a case where an inmate has refused to answer questions for the screening tool. They state, however, that no inmate would be disciplined if they chose not to answer the questions. Although the responses were important for staff to be able to safely house inmates, classification could still safely house an inmate without the responses, but with additional monitoring for inmate safety. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.41 (i). In the PAQ, the facility provided P&P 04-4.11 – Sexual Abuse / Assault Prevention and Intervention. The policy states, “LMDC shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to risk assessments in order to ensure that sensitive information is kept in as confidential a manner as possible.” (p. 7). The information is only to be utilized for classification and housing assignments. The policy requires that staff safeguard the information to avoid the use of the information to the detriment of the inmate.

During the onsite phase of the audit, the auditor spoke with the PREA coordinator, PREA compliance manager and classification staff. All confirmed that the information in the screening tool was only available for review by classification staff and the PREA coordinator.

The PREA coordinator stated that other staff may see the result of the inmate's vulnerability or predatory status, but they do not have access to view the supporting information for the decision. During the site review, the auditor asked several random staff members how this information was stored and it was relayed to the auditor that the information is on a computer database in which only certain staff members such as classification can access with their security computer profile.

Based on this analysis, the auditor finds the facility in compliance with this provision.

115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. P&P 04-4.11 – Sexual Abuse / Assault Prevention and Intervention (effective November 9, 2019). b. Screening for Risk of Victimization and Abusiveness c. Screening records 2. Interviews: <ol style="list-style-type: none"> a. Specialized staff <ol style="list-style-type: none"> 1. PREA compliance manager 2. Staff responsible for risk screening b. Targeted inmates <ol style="list-style-type: none"> 1. Transgender inmate 2. Gay / lesbian inmates <p>Findings (by provision):</p> <p>115.42 (a). In the PAQ, the facility provided P&P 04-4.11 Sexual Abuse / Assault Prevention and Intervention. The policy includes language regarding the use of the screening information. The policy states, “LMDC shall use information from the risk assessment to inform housing, bed 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.”(p.7). The facility provided several copies of completed inmate screening forms. Each were completed for inmates that had no risk factors and were not identified as potential predators. During the onsite phase of the audit, the auditor interviewed staff from classification, and they confirmed that housing assignments, classification and access to programs are all impacted by the information derived from the risk screening. The auditor reviewed 20 completed assessments and could see the final determination for housing was obtained through this document. The outcome of the inmate screening is utilized to safely house, classify and schedule inmate programs. The PREA coordinator also confirmed that inmate screening is utilized for housing and classification decisions. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.42(b). In the PAQ, the facility provided P&P 04-4.11 Sexual Abuse / Assault Prevention and Intervention. The facility also provided the auditor with P&P 05-1.02 Classification Assessment (p. 4). which states that the LMDC shall make individualized determinations about how to ensure the safety of each inmate. The auditor interviewed staff from classification during the onsite phase of the audit. Classification staff related to the auditor that they review each inmate individually to determine the best housing and classification assignments to provide the safest housing possible. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.42 (c). The facility provided P&P 04-1.02 Gender Nonconforming Classification in the PAQ. This policy states, “In deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, and in making other housing and programming assignments, LMDC shall consider on a case-by-case basis whether a placement would ensure the inmate’s health and safety, and whether the placement would present management or security problems.” (p. 2).</p>

During the onsite phase of the audit, the auditor interviewed several staff members regarding the housing of transgender and intersex inmates. The PREA coordinator confirmed that inmates are reviewed on a case by case basis, which is consistent with the policy. It was evident in interviews with random staff that the facility would not house transgender inmates simply based on anatomy.

A transgender inmate was interviewed who stated they were interviewed by the facility's mental health and medical staff prior to being assigned housing. The inmate stated that they felt they were treated with dignity and their safety was considered in the housing decision. The inmate further stated that they were not housed in administrative confinement for the purpose of determining housing.

Based on this analysis, the auditor finds the facility in compliance with this provision.

114.42 (d). The facility provided P&P 05-1.02 - Classification Assessment to the auditor during the post-onsite phase of the audit. This policy states, "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." (p. 4). This statement is specific for the classification of transgender and intersex inmates.

The auditor interviewed classification staff and the PREA coordinator during the onsite phase of the audit. Staff confirmed that this review would be performed at least twice per year for the safety of the inmate, regardless of the inmate's sexual orientation or status as a transgender person or intersex. The auditor also interviewed a staff member who is responsible for risk screening and this person also confirmed that intersex and transgender inmates would be reassessed every 6 months during their time at the jail.

Based on this analysis, the auditor finds the facility in compliance with this provision.

115.42 (e). The facility provided P&P 05-1.02 – Classification Assessment during the post on-site phase of the audit. In the Risk Screening Information section, the policy requires that classification staff shall give serious consideration to the transgender or intersex inmate's own views with respect to his or her own safety in making housing decisions (p. 4).

During the onsite phase of the audit, the auditor interviewed staff from classification, and they confirmed that this question is asked by classification prior to making a decision on safe housing. The PREA coordinator was interviewed and also stated that transgender and intersex inmates are asked their opinion of their safety in population before classification makes a housing assignment. The auditor interviewed a transgender inmate while onsite and the inmate indicated that they felt staff gave their own views about their personal safety consideration in housing assignments, although they did not remember being specifically asked questions of this nature.

Based on this analysis, the auditor finds the facility in compliance with this provision.

115.42 (f). In the PAQ, the facility provided P&P 04-4.11 – Sexual Abuse / Assault Prevention and Intervention. The policy includes language in the Use of Screening Information section regarding showers for transgender and intersex inmates (p. 7). The policy clearly states that these inmates will be given the opportunity to shower separately from other inmates.

A transgender inmate was interviewed by the auditor during the onsite phase of the audit. The inmate indicated that they were able to shower by themselves which made them feel comfortable. The PREA coordinator was interviewed by the auditor and was asked about showers and he confirmed that transgender and intersex inmates are provided the opportunity to shower separately from other inmates.

Based on this analysis, the auditor finds the facility in compliance with this provision.

115.42 (g). P&P 04-4.11 – Sexual Abuse / Assault Prevention and Intervention was provided to the auditor in the PAQ. In the Use of Screening Information section, the policy states that

the facility will not place lesbian, gay, bisexual, transgender or intersex inmates in dedicated housing units solely on the basis of such identification or status (p. 8).

The auditor interviewed an inmate who identified as bisexual and an inmate who is transgender during the onsite phase of the audit. Both inmates were housed in general population and stated that they were not housed based on their sexual orientation and not housed in a specific location with other bisexual, transgender or gay/lesbian (LGBT) inmates.

The PREA coordinator confirmed that the facility does not house inmates based on their identification as LGBT, and there are no such units in the facility. The auditor reviewed the housing rosters and could not identify a housing unit classified as a LGBT unit.

Based on this analysis, the auditor finds the facility in compliance with this provision.

115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. P&P 04-1.02 – Gender Nonconforming Classification (effective December 29, 2015). b. P&P 05-1.02 – Classification Assessment (effective December 18, 2015). c. Screening records 2. Interviews: <ol style="list-style-type: none"> a. Specialized staff <ol style="list-style-type: none"> 1. Agency head 2. Staff who supervise inmates in segregated housing b. Targeted inmates <ol style="list-style-type: none"> 1. Inmates in segregated housing (for risk of sexual victimization / who allege to have suffered sexual abuse) c. Site review observations <ol style="list-style-type: none"> 1. Segregated housing units <p>Findings (by provision):</p> <p>115.43 (a). In the PAQ, the facility provided P&P – Gender Nonconforming Classification. The policy states, “Upon completion of intake and the inmate has been identified as transgender or intersex, they shall be assigned to the Protective Custody on a floor consistent with the gender identified for no more than twenty hour (24) hours.” (p. 2). P&P 04-4.11 – Sexual Abuse / Assault Prevention and Intervention was also provided to the auditor. In the Protective Custody section, the policy states, “Inmates at a high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available means of separation from likely abusers. If LMDC cannot conduct such an assessment immediately, LMDC may hold the inmate in involuntary segregated housing for less than twenty-four (24) hours while completing the assessment.” (p. 8). This exact language is duplicated in P&P 05-1.02 – Classification Assessment in the Protective Custody section (p. 4).</p> <p>During the onsite phase of the audit, the auditor reviewed housing logs for the segregation housing units. It did not appear that there were inmates housed in segregation due to their high risk for sexual victimization. The auditor interviewed the agency head and a security captain. Both confirmed that the facility would not place inmates in involuntary segregation in order to keep them safe in custody. The auditor was told that inmates often request protective custody to remain safe, but this housing is in an open housing unit reserved for those that request protective custody. The auditor was told that administrative confinement is used to house inmates that are at risk, but this use of segregation is documented. It was also explained that these housing assignments are routinely completed within the first 24 hours of an inmate’s incarceration.</p> <p>Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.43 (b). In the PAQ, the auditor was provided P&P 04-4.11 Sexual Abuse – Assault Prevention and Intervention. This policy provides a clear description of the services, programs, access and rights for all inmates held in segregation at the facility (p. 8). The policy states that inmates must be provided the same access to programs, privileges, education, and work opportunities to the extent possible. If LMDC restricts access to programs, privileges,</p>

education, or work opportunities, the facility shall document: the opportunities that have been limited, the duration of the limitation and the reasons for such limitations.

During the onsite phase of the audit, the auditor interviewed staff members that work in the segregated housing units. It was confirmed that the facility provides segregated inmates full access to programs and services, just as any other inmate. The auditor spoke with inmates that were housed in segregation and learned that inmates can receive mail, have visitation, got to programs and receive commissary. There were no inmates currently in custody who had been placed in involuntary segregation based on their high risk for sexual victimization. The auditor could not confirm their access to services and programs. During the onsite review, the auditor walked through segregated housing units and verified inmate access to telephones and mailboxes. The auditor also located grievance forms available at the officer's station. The PREA coordinator confirmed that use of segregation is limited and used as a last resort.

Based on this analysis, the auditor finds the facility in compliance with this provision.

115.43 (c). P&P 04-4.11 – Sexual Abuse / Assault Prevention and Intervention states that LMDC shall assign inmates to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days. This exact language is duplicated in P&P 05-1.02 – Classification Assessment in the Protective Custody section (p. 5). The policy further states that each inmate in protective custody shall be afforded a review to determine whether there is a continuing need for separation from the general population (p. 5).

During the onsite phase of the audit, the auditor interviewed classification staff, the PREA coordinator and the agency head. All of these staff interviewed confirmed that inmates in segregation were reviewed at least once per month to determine if they would remain in segregated housing or if other alternatives were available. There were no transgender inmates or inmates considered at a high risk for sexual victimization in custody at the time of the audit, so the auditor was unable to interview an inmate to confirm the housing decision process, access to programs and services or length of time in segregation. The auditor was provided with enough information to determine that this process is ongoing and part of the normal facility procedures.

Based on this analysis, the auditor finds the facility in compliance with this provision.

115.43 (d). The requirement to document involuntary segregation is clear in P&P 04-4.11 – Sexual Abuse / Assault Prevention and Intervention. This exact language is duplicated in P&P 05-1.02 – Classification Assessment (p. 5). There were no instances in the past 12 months of inmates at risk of sexual victimization who were held in involuntary segregated housing, therefore, the auditor was not able to review any documentation of occurrences of this type. The PREA coordinator also stated that there were no instances of involuntary segregation in the past 12 months.

Based on this analysis, the auditor finds the facility in compliance with this provision.

115.43 (e). In the PAQ, the auditor was provided P&P 04-4.11 – Sexual Abuse / Assault Prevention and Intervention and P&P 05-1.02 – Classification Assessment. Both policies clearly state that reviews for all inmates held in segregation are to be reviewed at least every 30 days to determine if there is a continuing need for segregation from general population. At the time of the audit, there were no inmates held in involuntary segregation due to high risk of sexual victimization. The auditor was, therefore, unable to interview inmates to confirm the process. This was confirmed by reviewing the list of inmates currently housed in segregation. The auditor was provided copies of weekly meetings that were held to review the status of inmates held in segregation.

Based on this analysis, the auditor finds the facility in compliance with this provision.

115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. P&P 04-4.11 – Sexual Abuse / Assault Prevention and Intervention (effective November 9, 2019). b. PREA Hotline reports c. Memorandum of Understanding – Louisville Metro Department of Corrections and The Center for Women and Families d. P&P 03-5.01 – Inmate Rights (effective February 6, 2019). e. PREA Academy Training – PREA Safety and Security – (2017) – power point 2. Interviews: <ol style="list-style-type: none"> a. Random staff b. Specialized staff <ol style="list-style-type: none"> 1. PREA coordinator c. Random inmates 3. Site Review Observations <ol style="list-style-type: none"> a. Housing units <p>Findings (by provision):</p> <p>115.51 (a). In the PAQ, the auditor was provided P&P 04-4.11 – Sexual Abuse / Assault Prevention and Intervention. This policy clearly defines the multiple ways that inmates can file reports of sexual abuse, sexual harassment, retaliation for making such reports and reports of staff neglect or lack of responsibility. The policy, in the Reporting and Support Services section mentions that the LMDC provides at least one resource for inmates to report abuse or harassment to an outside public entity and allows the inmate to remain anonymous upon request. The policy also mentions that inmates can privately report sexual abuse and sexual harassment, staff neglect or violation of responsibilities that may have contributed to such incidents. LMDC staff may report incidents verbally, in writing, anonymously and from third parties (p. 8).</p> <p>During the onsite phase of the audit, the auditor completed a site review and visited all housing units. Signs informing inmates of the multiple reporting ways were clearly posted, in two languages, in an easy to read location near the telephones. The auditor interviewed 40 random inmates and all inmates could easily tell the auditor several ways that they could report abuse, harassment and concerns regarding staff neglect or lack of responsibility. All of the inmates interviewed mentioned the PREA posters and the hotline as their first avenue to report abuse. That option is clearly marked by telephones throughout the facility. The auditor used the inmate telephone and verified that the phone would connect with the hotline and it did. The PREA posters specify that inmates may call 574-LMPD which is the local police department from inmate phones and report sexual abuse to them directly. Calls received by the LMPD are notated and notifications forwarded to the PREA coordinator directly or a shift supervisor if a message were received. The auditor interviewed 20 random staff members. All staff could list at least four different ways that inmates could report sexual abuse.</p> <p>Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.51 (b). The facility provided a copy of a memorandum of understanding (MOU) with the Center for Women and Families in the PAQ. This MOU notes the availability of an outside</p>

reporting source for inmates to report sexual abuse. The auditor was also provided information that the LMPD also takes calls directly from inmates to report sexual abuse to the agency directly. The auditor called both the hotline number for the Center for Women and Families as well as the hotline number for the LMPD and was able to verify that the agreement in place with both of these entities is valid and operational. Both of these hotlines are available 24 hours per day. The facility does not house inmates solely for civil immigration, so LMDC does not have to comply with this part of the provision.

During the onsite phase of the audit, the auditor located signs throughout the facility with the hotline number for both the Center for Women and Families and the LMPD. The auditor interviewed 40 random inmates while onsite at the facility and all referenced the hotline numbers listed on the PREA posters as a method of reporting sexual abuse and sexual harassment.

Based on this analysis, the auditor finds the facility in compliance with this provision.

115.51 (c). P&P 04-4.11 – Sexual Abuse / Assault Prevention and Intervention was provided to the auditor in the PAQ. This policy states that staff must accept verbal reports of sexual abuse and sexual harassment from inmates and third parties and promptly document those reports (p. 8).

During the onsite phase of the audit, the auditor interviewed 20 random staff members. All staff interviewed were aware of their responsibility to take verbal reports of abuse and immediately contact a supervisor to file that report. There were no staff member that reported having received a verbal allegation from an inmate. Each of the 40 random inmates interviewed were aware that they could report sexual abuse directly to any staff member.

Based on this analysis, the auditor finds the facility in compliance with this provision.

115.51 (d). In the PAQ, the auditor was provided P&P – 04-4.11 – Sexual Abuse – Assault Prevention and Intervention. In the Reporting and Support Services section, the policy states, “LMDC provides an internal grievance procedure outside of the chain of command so that staff can privately report sexual abuse and sexual harassment of inmates” (p. 8). The facility also provided PREA Academy Training power-point in the PAQ which covers methods for staff to privately report sexual abuse and sexual harassment of inmates (p.9).

The auditor interviewed 20 random staff members. All of the staff interviewed were able to explain their options for privately reporting and that they could privately make reports to their supervisors.

Based on this analysis, the auditor finds the facility in compliance with this provision.

115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. P&P 04-4.11 – Sexual Abuse / Assault Prevention and Intervention (effective February 9, 2019). b. P&P 03-5.02 – Inmate Grievance Procedures (effective December 18, 2015). c. Screening records d. Inmate Handbook 2. Interviews <ol style="list-style-type: none"> a. Specialized staff <ol style="list-style-type: none"> 1. PREA coordinator b. Targeted inmates <ol style="list-style-type: none"> 1. Inmates who reported a sexual abuse <p>Findings (by provision):</p> <p>115.52 (a). The agency is not exempt from this standard, as it does have in place an administrative grievance procedure for inmates. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.52 (b). In the PAQ, the auditor was provided with P&P 03-5.02 – Inmate Grievance Procedure. This policy outlines the points in this provision (p. 6). The policy does not impose a time limit for filing a grievance related to sexual abuse, but does apply a time limit for other grievances and there is no requirement for inmates to use other informal grievance processes before filing the grievance regarding sexual abuse. The facility provides inmates with the policy regarding grievances in the Inmate Handbook. The information provided in the inmate rules does not conflict with the information in the facility policy. During the onsite phase of the audit, the auditor spoke with several staff members during the site review. Staff were aware that inmates could file a grievance in order to make an allegation of sexual abuse. The grievance were available throughout the facility. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.52 (c). The grievance policy states that LMDC shall 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, and such grievances are not referred to a staff member who is the subject of the complaint (p. 6). The auditor confirmed through interviews with the PREA coordinator that inmates may submit a grievance in a sealed envelope directly to him. Interviews with random inmates indicated that inmates were aware that they could submit grievances in this fashion. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.52 (d). In P&P 03-5.02 – Inmate Grievance Procedure, the policy clearly identifies the required time limits for completion of the grievance response and the notifications to the inmate if an extension of time is necessary. In the past 12 months, there were five grievances filed that alleged sexual abuse. The auditor was able to review these grievances and all were found to have reached a final decision within 90 days after being filed. There were no grievances filed that involved extensions because the final decision was not reached within 90 days. The auditor also interviewed six inmates who had reported sexual abuse and five of these inmates reported that they had received the</p>

response to their grievance in writing and within 90 days of the filing of the grievance. One of the inmates interviewed stated that their grievance was still in process and not yet completed. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.52 (e). In P&P 04-4.11 – Sexual Abuse / Assault Prevention and Intervention (p. 8) and P&P 03-5.02 – Inmate Grievance Procedures (p.7), the auditor was able to verify that the facility will accept grievances and allegations of sexual abuse from third parties, including inmates, family, advocates and attorneys. The policies also allow for the inmate that is the alleged victim to decline the filing of the report.

In the past 12 months, the facility received five reports from third parties and all five of these inmates declined third-party assistance. The auditor was able to review these reports and the documentation of the inmates' decision to decline.

Based on this analysis, the auditor finds the facility in compliance with this provision.

115.52 (f). P&P 03-5.02 – Inmate Grievance Procedure includes a provision for an inmate who feels that he or she is subject to imminent substantial risk of sexual abuse to submit an emergency grievance. The provision includes a 48 hour time frame for the initial response and a requirement that a final agency decision will be made within five calendar days. The initial response and final agency decision is required to be documented and will contain 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 (p. 7).

In the past 12 months preceding the audit, there were no emergency grievances filed alleging substantial risk of imminent sexual abuse. The auditor was, therefore, not able to confirm this process.

Based on this analysis, the auditor finds the facility in compliance with this provision.

115.52 (g). In the PAQ, the facility provided P&P 03-5.02 – Inmate Grievance Procedure. In the PREA Grievances section, the facility addresses limitations on discipline for inmates (p. 7). The policy states that inmates will not be disciplined for filing a grievance related to alleged sexual abuse, however, the inmate may receive discipline when the agency demonstrates that the inmate filed the grievance in bad faith.

In the past 12 months preceding the audit, there were no incidents of inmate grievances alleging sexual abuse that resulted in disciplinary action by the agency against the inmate for having filed the grievance in bad faith.

Based on this analysis, the auditor finds the facility in compliance with this provision.

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. P&P – 04-4.11 Sexual Abuse / Assault Prevention and Intervention (effective November 9, 2019) b. Memorandum of Understanding – Louisville Metro Department of Corrections and The Center for Women and Families (CWF) – (dated February 18, 2019) c. Sexual Assault Victim Services pamphlet d. Inmate Rules and Regulations Handbook 2. Interview: <ol style="list-style-type: none"> a. Specialized staff <ol style="list-style-type: none"> 1. Classification staff 2. Intake staff 3. Investigation staff 4. Sexual Assault Advocate (Center for Women and Families) b. Random inmates c. Targeted inmates <ol style="list-style-type: none"> 1. Inmates who reported a sexual abuse 3. Site Review Observations <ol style="list-style-type: none"> a. Housing Units <p>Findings (by provision):</p> <p>115.53(a). The facility provided information from P&P 04-4.11 – Sexual Abuse / Assault Prevention and Intervention in the PAQ. The section marked for review highlights the ways an inmate can report sexual abuse, but it does not provide information related to outside victim advocates for emotional support services. The LMDC provided a copy of a memorandum of understanding (MOU) between the Louisville Metro Department of Corrections and the Center for Women and Families (CWF). This MOU does state the Center for Women and Families will provide victim advocacy services and victim services for the inmates. This agreement was signed 02/19/2019. The MOU states that Center for Women will provide victim advocates and counselors for the provision of emotional support services. The handout for inmates with their rules and regulations was reviewed and it also provides information for inmates regarding reporting sexual abuse, but it does not address outside emotional support services. During the onsite phase of the audit, the auditor interviewed 40 random inmates. The majority of the inmates interviewed were aware that outside emotional support services were available. Twenty inmates stated that they were aware of the availability of outside emotional support services; 15 stated no, they were not aware and five stated that they were unsure. Of those inmates who answered that they were aware of the availability of outside emotional support services, they also advised that the facility did allow communication with these providers confidentially. The auditor also interviewed 5 inmates who had reported prior sexual abuse and 3 answered affirmatively that they were provided access to emotional support services and were aware that it was available. The other 2 inmates stated that they were not provided information about emotional services availability, however during the course of the interview, they confirmed that they had received services from the CWF. The information they gave seemed conflicting, however, the interviews with these inmates indicated that they were aware</p>

and were able to articulate to the auditor that they had been provided counseling sessions with this agency. During the site review, the auditor talked with classification / intake staff who showed the auditor the victim advocate pamphlet which is given to inmates for informational purposes. This information is given to the inmates for them to keep. The pamphlet contains a phone number to the toll-free, 24-hour crisis hotline. The services provided are also stated in the pamphlet as free and confidential. The address is not on the pamphlet, however the point of contact who the auditor spoke to at the agency stated that it is available for the inmate when they call the toll-free number. They further stated that the general public (inmate families) can see the address on the agency website. The PREA investigator also showed documentation in the PREA log of inmates offered emotional support services from the victim advocate. The pamphlet provided a phone number to call, which did not require the inmate to enter their individual phone pin number.

The auditor also spoke to the sexual assault advocate who is the agency point of contact at the Center for Women and Families regarding inmate access to emotional support services. She related that there is an MOU in place and that they have provided services to inmates at the LMDC. A test call was made to the toll free number provided to the inmates in the pamphlet. The auditor was able to utilize this number to make contact with a counselor at the agency. The counselor was able to explain to the auditor that the agency assists inmates with victim advocacy and counseling at no cost and confidentially.

Based on this analysis, the auditor finds the facility in compliance with this provision. 115.53(b). The facility has provided information regarding the extent to which inmate communication with outside emotional support services will be monitored. The PREA coordinator advised that inmates can call the hotline number for the Center for Women and Families and that all calls are recorded in the facility, however, a recording indicating this is given prior to the initiation of the connected call. The MOU with the Center for Women and Families indicates that persons in custody of the LMDC shall have reasonable access to confidential phone calls with a CWF crisis counselor through the use of the CWF 24 hour crisis line.

All inmates who report sexual abuse are informed of the extent to which communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. The auditor did receive information about reporting to authorities, when necessary, based on Kentucky's mandatory reporting laws. Through interviews with 40 random inmates, the auditor learned that 20 of the inmates were aware of the available access to outside emotional support services. Fifteen inmates stated that they were not aware and five stated that they were unsure. Also, the auditor interviewed 5 inmates who had reported sexual abuse. Although 2 of these inmates indicated that they were not aware of these services, they had received services. Many of the random inmates interviewed were not aware if communication with outside emotional support services was monitored, although they were informed by staff, admittedly, that communications were not monitored in these circumstances.

Based on this analysis, the auditor finds the facility in compliance with this provision. 115.53 (c). In the PAQ, the facility provided a copy of a memorandum of understanding (MOU) between the Louisville Metro Department of Corrections (LMDC) and the Center for Women and Families (CWF). This MOU was signed by both parties on February 18, 2019. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. P&P 04-4.11 – Sexual Abuse / Assault Prevention and Intervention (effective November 9, 2019). b. PREA posters with hotline phone number <p>Findings (by provision):</p> <p>115.54 (a). The facility provided P&P 04-4.11 – Sexual Abuse / Assault Prevention and Intervention in the PAQ. This policy states that the LMDC has a zero-tolerance standard for all forms of sexual abuse / assault in accordance with the Prison Rape Elimination Act of 2003 and the National Standards to Prevent, Detect and Respond to Prison Rape. On the LMDC website, there is information available regarding how to report an incident of sexual abuse or sexual harassment of an offender. This information contains a phone number to the LMPD Sex Crimes Unit. This information can be found at https://louisvilleky.gov/government/corrections/prison-rape-elimination-act. Throughout the facility, the PREA posters are visible. These posters with information regarding how to report, including through a third-party, are visible in the front entrance lobby. Based on this analysis, the auditor finds the facility in compliance with this provision.</p>

115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. P&P 04-4.11 – Sexual Abuse / Assault Prevention and Intervention (effective November 9, 2019). b. Specialized staff <ol style="list-style-type: none"> 1. Medical staff 2. Mental Health staff 3. Agency head 4. PREA coordinator c. Random staff <p>Findings (by provision):</p> <p>115.61 (a). In the PAQ, the facility provided P&P 04-4.11 – Sexual Abuse / Assault Prevention and Intervention. This policy requires that all staff members promptly report any knowledge or suspicion of sexual assault or sexual harassment of an inmate (p. 1). This is true whether or not the abuse occurred in their facility. Staff are also to report any information regarding retaliation against inmates or staff due to their reporting allegations of sexual abuse and knowledge of staff neglect or lack of responsibility.</p> <p>During the onsite phase of the audit, the auditor interviewed 20 random staff members. Every person interviewed clearly stated that they were required to immediately report all allegations of sexual assault or sexual harassment.</p> <p>Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.61(b). P&P 04-4.11 – Sexual Abuse / Assault Prevention and Intervention also includes a prohibition on releasing any information related to a sexual abuse report to anyone other than to the extent necessary (p. 9).</p> <p>Random staff interviewed clearly understood the requirement to maintain confidentiality of sexual assault and sexual harassment cases. Each of the 20 random staff members interviewed reported that they were only allowed to discuss these cases with persons who needed to know the information for official business.</p> <p>Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.61 (c). The State of Kentucky requires mandatory reporting of incidents of sexual abuse of an inmate under Kentucky state statutes 620.030 and 209.030. These statutes do not provide an exception for medical and mental health practitioners and all staff members of the LMDC are required to immediately report all incidents of sexual abuse of an inmate.</p> <p>During the onsite phase of the audit, the auditor interviewed three staff members from the medical department. All of these staff members confirmed that they are mandatory reporters of sexual abuse of inmates. Staff also confirmed that they would inform the inmate of their duty to report and limits to the confidentiality of information learned from the inmate.</p> <p>Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.61 (d). In the State of Kentucky, staff are required to report allegations of sexual abuse of a person under the age of 18 to the Department of Kentucky State Police. The auditor interviewed the agency head and the PREA coordinator during the onsite phase of the audit. They both confirmed that the Department of Kentucky State Police would be immediately notified of any allegation of sexual abuse of a youthful offender housed in the facility, however,</p>

LMDC does not house youthful offenders.

Based on this analysis, the auditor finds the facility in compliance with this provision.

115.61 (e). In the PAQ, P&P 04-4.11 – Sexual Abuse / Assault Prevention and Intervention (p. 4) states that the Professional Standards Unit (PSU) and/or trained PREA Investigator shall immediately conduct an investigation to ascertain the validity of any allegation of sexual abuse or harassment in accordance with LMDC policy 01-8.01 Professional Standards Unit.

During the onsite phase of the audit, the auditor interviewed the agency head who confirmed that the facility investigates all allegations of sexual abuse and sexual harassment. All allegations are forwarded to the investigators or the PSU if the alleged abuser is a staff member. The policy and the agency head also stated that if the allegation involves criminal behavior, LMDC will refer the allegation for investigation to the Louisville Metro Police Department Sex Crimes Unit (LMPD).

Based on this analysis, the auditor finds the facility in compliance with this provision.

115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. P&P 04-4.11 – Sexual Abuse / Assault Prevention and Intervention (effective November 9, 2019). 2. Interviews: <ol style="list-style-type: none"> a. Specialized staff <ol style="list-style-type: none"> 1. Agency head 2. PREA coordinator b. Random staff <p>Findings (by provision):</p> <p>115.62 (a). In the PAQ, the facility provided P&P 04-4.11 – Sexual Abuse / Assault Prevention and Intervention. This policy outlines prevention efforts employed to further the agency’s zero tolerance policy.</p> <p>The auditor interviewed the Agency head during the onsite phase of the audit as well as the PREA coordinator. Both of these staff members stated that all staff members are to immediately take action to protect any inmate if they become aware that he or she is in imminent danger of being abused. The auditor interviewed 20 random staff members. All of these staff members stated that they always react immediately if they see someone in imminent danger. The auditor reviewed 25 sexual abuse investigations from the previous 12 months and each of the investigations were handled immediately upon learning of the allegation. In the past 12 months, there were only two times the agency determined that an inmate was subject to a substantial risk of imminent sexual abuse. The average amount of time this was an isolated case and disciplinary action was administered to the staff member who failed to take action.</p> <p>Based on this analysis, the auditor finds the facility in compliance with this provision.</p>

115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. P&P 04-4.11 – Sexual Abuse / Assault Prevention and Intervention (effective November 9, 2019). 2. Interviews: <ol style="list-style-type: none"> a. Agency head <p>Findings (by provision):</p> <p>115.63 (a). In the PAQ, the facility provided P&P 04-4.11 – Sexual Abuse / Assault Prevention and Intervention. The policy addresses investigations of allegations. If an inmate reports sexual abuse which occurred in another facility, the policy requires the facility to immediately notify the administrator of the other facility about the alleged violation (p. 9). This notification is to be done within 72 hours after the inmate discloses the allegation.</p> <p>During the onsite phase of the audit, the auditor spoke with the PREA coordinator and he reported that the facility does make these notifications. In the past seven 12 months, the facility has received seven allegations that an inmate was abused while confined to another facility. In these cases, the facility where the allegation was said to have occurred was contacted by phone and documented with an email within 72 hours. The auditor reviewed these files during the onsite phase of the audit. Documentation in the record shows the written notification to the other facility and a confirmation that the investigation has begun. The auditor also received a written confidential correspondence during the pre-onsite phase of the audit in which the inmate reported an allegation of an incident a previous facility. During the onsite phase of the audit, the auditor advised the PREA coordinator who immediately emailed the facility where the incident allegedly too place. He received a confirmation email from the other facility within an hour.</p> <p>Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.63 (b). In the PAQ, the facility provided P&P 04-4.11 – Sexual Abuse / Assault Prevention and Intervention. The policy addresses investigations of allegations. If an inmate reports sexual abuse in another facility, the policy requires the facility to immediately notify the head of the facility or appropriate office of the agency where the alleged abuse occurred within seventy-two (72) hours of receiving the allegation and document notification (p. 9).</p> <p>During the onsite phase of the audit, the auditor spoke with the PREA coordinator. He confirmed that the facility would make these notifications immediately and always within 72 hours of learning of the allegation. In the past seven 12 months, the facility has received seven allegations that an inmate was abused while confined to another facility. In these cases, the facility where the allegation was said to have occurred was contacted by phone and documented with an email within 72 hours. The auditor reviewed these files during the onsite phase of the audit. Documentation in the record shows the written notification to the other facility and a confirmation that the investigation has begun. The auditor also received a written confidential correspondence during the pre-onsite phase of the audit in which the inmate reported an allegation of an incident a previous facility. During the onsite phase of the audit, the auditor advised the PREA coordinator who immediately emailed the facility where the incident allegedly too place. He received a confirmation email from the other facility within an hour.</p>

Based on this analysis, the auditor finds the facility in compliance with this provision.

115.63 (c). The facility provided P&P 04-4.11 – Sexual Abuse / Assault Prevention and Intervention in the PAQ. In the Reporting and Support Services section, the policy states that LMDC staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall document any verbal reports immediately in accordance with LMDC policy (p.8). In the past 12 months, two allegations of sexual abuse were received by LMDC from other facilities. The auditor spoke with the PREA coordinator who provided documentation that the allegations were documented and investigations initiated.

Based on this analysis, the auditor finds the facility in compliance with this provision.

115.63 (d). The facility provided P&P 04-4.11 – Sexual Abuse / Assault Prevention and Intervention in the PAQ. In the Reporting and Support Services section, the policy states that LMDC staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall document any verbal reports immediately in accordance with LMDC policy (p.8). In the past 12 months, two allegations of sexual abuse were received by LMDC from other facilities. The auditor spoke with the PREA coordinator who provided documentation that the allegations were documented and investigations initiated. The agency head was also interviewed by the auditor during the onsite phase of the audit. He also confirmed that when LMDC receives notification from another facility that an incident has occurred at LMDC, the allegation is documented and investigated in accordance with PREA standards.

Based on this analysis, the auditor finds the facility in compliance with this provision.

115.64	Staff first responder duties
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1273 360">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="252 371 1465 786" style="list-style-type: none"> <li data-bbox="252 371 1046 405">1. Documents: (Policies, directives, forms, files, records, etc.) <ol data-bbox="252 416 1465 786" style="list-style-type: none"> <li data-bbox="252 416 1465 483">a. P&P 04-4.11 – Sexual Abuse / Assault Prevention and Intervention (effective November 9, 2019). <li data-bbox="252 495 427 528">2. Interviews: <ol data-bbox="252 539 753 786" style="list-style-type: none"> <li data-bbox="252 539 517 573">a. Targeted inmates <ol data-bbox="252 584 753 618" style="list-style-type: none"> <li data-bbox="252 584 753 618">1. Inmates who reported sexual abuse <li data-bbox="252 629 501 663">b. Specialized staff <ol data-bbox="252 674 727 741" style="list-style-type: none"> <li data-bbox="252 674 667 707">1. Security staff first responders <li data-bbox="252 707 727 741">2. Non-security staff first responders <li data-bbox="252 752 459 786">c. Random staff <p data-bbox="252 797 560 831">Findings (by provision):</p> <p data-bbox="252 842 1477 1603">115.64 (a). The facility provide P&P 04-4.11 – Sexual Abuse / Assault Prevention and Intervention in the PAQ. In the section entitled Official Response Following an Allegation – First Responder Duties (p. 9), the facility outlines the responsibilities for staff members to provide safety for inmate victims and immediate response to ensure a proper investigation is performed. The policy includes each of the points specified in the provision of this standard. The auditor interviewed 20 random staff members during the onsite phase of the audit. Each person could easily provide the auditor with these initial first responder steps. The auditor interviewed a security first responder and he confirmed that the required steps were taken to protect the crime scene, separate the two inmates and preserve physical evidence. The auditor also interviewed a non-security first responder who was also able to articulate the proper steps to take if they were to be a first responder to an incident of sexual abuse. The auditor interviewed 5 inmates during the onsite phase of the audit who reported sexual abuse. Three of these inmates reported incidents which occurred at other facilities. All of these inmates interviewed reported that the facility responded immediately. The three inmates who reported an incident at LMDC all stated that they were separated from the alleged abuser and asked to avoid doing things to destroy potential evidence. The PREA coordinator was able to provide information from the investigations files for these inmates to confirm the documentation of the steps taken following the inmate’s allegations.</p> <p data-bbox="252 1615 1342 1648">Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="252 1659 1485 1861">115.64 (b). In the PAQ, the auditor reviewed P&P 04-4.11 – Sexual Abuse / Assault Prevention and Intervention. In the Official Response Following an Allegation – First Responder Duties section, the policy includes the requirement that non-security staff first responders immediately request that the alleged victim not take any actions that could destroy physical evidence and then notify security staff (p.10).</p> <p data-bbox="252 1872 1461 2074">During the onsite phase of the audit, the auditor talked with several staff members during the site review. Every individual easily explained the initial steps to take as a first responder, including non-security staff members. The auditor interviewed 20 random staff members and all staff knew the first response steps to ensure safety for inmates and proper investigations. Based on this analysis, the auditor finds the facility in compliance with this provision.</p>

115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. P&P 04-4.11 – Sexual Abuse / Assault Prevention and Intervention (effective November 9, 2019). 2. Interviews: <ol style="list-style-type: none"> a. Agency head <p>Findings (by provision):</p> <p>115.65 (a). The facility provided P&P 04-4.11 – Sexual Abuse / Assault Prevention and Intervention in the PAQ. The policy contains the coordinated response for actions to be taken in response to an incident of sexual abuse among staff first responders, medical and mental health staff, investigators and facility leadership. The plan includes definitions for prohibited behaviors. The coordinated response plan includes directives for medical and mental health practitioners, and provides steps to be taken for the investigation and evidence collection. Since these responsibilities are handled by staff members of the same agency, the facility is able to coordinate the activities, monitor for completion and document in the inmate records and investigation files.</p> <p>During the onsite phase of the audit, the auditor reviewed the steps of the coordinated response plan with the agency head. It was confirmed that all areas of the facility work together in response to any incident, including sexual abuse allegations. The PREA coordinator stated that the coordinated response plan is referenced for any response to a sexual abuse allegation. The auditor reviewed 25 sexual abuse investigations during the onsite phase of the audit. All of the investigation files contained a PREA checklist to cover the requirements of the policy.</p> <p>Based on this analysis, the auditor finds the facility in compliance with this provision.</p>

115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. U21 Fraternal Order of Police Collective Bargaining Agreement b. U19 Fraternal Order of Police Collective Bargaining Agreement 2. Interviews: <ol style="list-style-type: none"> a. Agency head <p>Findings (by provision):</p> <p>115.66 (a). In the PAQ, the facility provided U19 Fraternal Order of Police Collective Bargaining Agreement – Captains and Lieutenants and U21 Fraternal Order of Police Collective Bargaining Agreement – Corrections Officers and Sergeants. Both of these agreements extend through June 30, 2023. These agreements do not limit the agency’s ability to removed 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. During the onsite phase of the audit, the auditor interviewed the agency head who confirmed that these agreements did not limit their ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation.</p> <p>Based on this analysis, the auditor finds the facility in compliance with this provision.</p>

115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. P&P 04-4.11 – Sexual Abuse / Assault Prevention and Intervention (effective November 9, 2019). b. Sexual abuse investigations files 2. Interviews: <ol style="list-style-type: none"> a. Targeted inmates <ol style="list-style-type: none"> 1. Inmates who reported a sexual abuse 2. Inmates in segregated housing for risk of sexual victimization/who allege to have suffered sexual abuse b. Specialized staff <ol style="list-style-type: none"> 1. Agency head 2. Designated staff member charged with monitoring retaliation <p>Findings (by provision):</p> <p>115.67 (a). The facility provided P&P 04-4.11 – Sexual Abuse / Assault Prevention and Intervention in the PAQ. This policy includes requirements for staff to monitor for retaliation. In the Official Response Following an Allegation – Protection Against Retaliation section, the policy states, “LMDC shall 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” (p. 10). The PREA coordinator is assigned to perform the retaliation monitoring of staff and inmates. Staff from the Professional Standards Unit are responsible for monitoring retaliation for staff members who reported incidents of sexual misconduct or participated in investigations.</p> <p>During the onsite phase of the audit, the auditor interviewed the PREA coordinator who confirmed that one of his assigned duties is to monitor inmate for potential retaliation. He stated he does this by meeting with inmates while he performs his rounds in the facility. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.67 (b). The facility provided P&P 04-4.11 – Sexual Abuse / Assault Prevention and Intervention in the PAQ. The policy outlines the protection measures available for the facility to protect inmates or staff from retaliation (p. 10). The policy includes housing changes for inmates, removal of alleged staff or alleged abusers from contact with victims and emotional support services.</p> <p>Through interviews with the PREA coordinator, the auditor was able to confirm the use of these measures to protect inmates and staff from retaliation. The auditor reviewed Retaliation forms during the onsite phase of the audit which are included in the investigative files and document the meetings between the retaliation monitor and the inmate. The auditor interviewed the agency head who stated that they would take advantage of every opportunity to protect reporters of abuse from potential retaliation. The PREA coordinator also stated that he would ensure that any inmate that expressed a fear of retaliation or reported retaliation was always protected. Interviews with Inmates who had reported sexual abuse also relayed to the auditor that the retaliation monitor has followed up with them periodically to assess whether or not they were experiencing retaliation.</p> <p>Based on this analysis, the auditor finds the facility in compliance with this provision.</p>

115.67 (c). The facility provided P&P 04-4.11 – Sexual Abuse / Assault Prevention and Intervention in the PAQ. This policy includes the required time frames for retaliation monitoring (p. 10). During the onsite phase of the audit, the auditor interviewed staff members to confirm the policy was employed properly.

The auditor interviewed the PREA coordinator who stated that he meets with inmates while he performs rounds in the facility. He stated that he could not recall a time when an inmate expressed a concern regarding retaliation. The auditor reviewed 25 investigation files regarding sexual abuse and all of these files contained documentation of retaliation monitoring. The agency head was also interviewed and confirmed that the agency monitors for retaliation for at least 90 days following a report of sexual abuse.

Based on this analysis, the auditor finds the facility in compliance with this provision.

115.67 (d). The facility provided P&P 04-4.11 – Sexual Abuse / Assault Prevention and Intervention in the PAQ. The policy requires periodic checks of inmates, review of disciplinary reports, program changes or grievances pertaining to fear or concern of retaliation (p. 10).

The auditor was able to review 25 sexual abuse and sexual harassment investigations from the previous 12 months. In each file was documentation of retaliation monitoring. The PREA coordinator stated that he checks with inmates during his rounds through the facility. He keeps records of dates he meets with inmates and a synopsis of the conversation with the inmates and places this documentation in each investigation file. The PREA coordinator also maintains a retaliation monitoring log. The auditor was able to review this log, as well. The retaliation monitoring was maintained up until the point when the inmate leaves the facility or for up to 90 days.

Based on this analysis, the auditor finds the facility in compliance with this provision.

115.67 (e). The facility provided P&P 04-4.11 – Sexual Abuse / Assault Prevention and Intervention in the PAQ. This policy includes reference to disciplinary sanctions for inmates that are involved with retaliation of another inmates and lists sanctions for staff members that are perpetrators of retaliation against an inmate or another staff member (p.11). LMDC policy 03-4.01 Inmate Rules, Violations and Sanctions covers the specifics for inmate disciplinary sanctions.

During the onsite phase of the audit, the auditor interviewed the agency head and a security captain. It was confirmed that the facility would take action against any inmate or staff member if it was proven they had retaliation against another person due to their participation in sexual abuse investigations.

Based on this analysis, the auditor finds the facility in compliance with this provision.

115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. P&P 04.4.11 – Sexual Abuse / Assault Prevention and Intervention (effective November 9, 2019). b. P&P 05-1.02 – Classification Assessment (effective December, 18, 2015). 2. Interviews: <ol style="list-style-type: none"> a. Specialized staff <ol style="list-style-type: none"> 1. Agency head 2. Staff who supervise inmates in Segregated Housing b. Targeted Inmates <ol style="list-style-type: none"> 1. Inmates in Segregated Housing (for risk of sexual victimization / who allege to have suffered sexual abuse) 3. Site Review Observations: <ol style="list-style-type: none"> a. Segregated housing <p>Findings (by provision):</p> <p>115.68(a). In the PAQ, the facility provided P&P 04.4.11 – Sexual Abuse / Assault Prevention and Intervention. The policy includes information on the use of protective custody and involuntary segregated housing (p. 8). The 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, and a determination has been made that there is no available alternative means of separation from likely abusers.” This language is mirrored in P&P 05-1.02 Classification Assessment (p. 4) in the Protective Custody section.</p> <p>Use of protective custody in the facility can be done without segregation. The facility utilizes a housing unit specifically classified for protective custody inmates, which is not considered segregation. This allows LMDC to house inmates requiring protection from general population safely without isolation or limits to their programs and activities. The auditor interviewed classification staff and the PREA coordinator who confirmed use of this protective custody unit and the need to avoid segregation. The agency head agreed that use of the protective custody unit provides a housing alternative to ensure the safety of inmates. The auditor spoke with several staff members during the site review. All staff the auditor spoke with assured the auditor that inmates in protective custody were not in isolation. The auditor interviewed six inmates during the onsite phase of the audit. All six of these inmates reported that they were not placed in involuntary segregation.</p> <p>Based on this analysis, the auditor finds the facility in compliance with this provision.</p>

115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. P&P 04-4.11 - Sexual Abuse / Assault and Intervention (effective November 9, 2019) b. Extraordinary Occurrence Report form c. Sexual Offence Allegation Reporting form d. PREA Investigator Training power point e. PREA Investigator Exam f. Searches and Legal Issue – Academy module g. Investigations files (16) <ol style="list-style-type: none"> 1. administrative reports 2. substantiated allegations referred for prosecution (2) 3. criminal investigation reports h. Grievance logs (2018 & 2019) i. PREA Checklist 04-4.11-1 j. training records k. record retention schedule 2. Interviews <ol style="list-style-type: none"> a. Specialized staff <ol style="list-style-type: none"> 1. Investigative staff (3) 2. Agency head 3. PREA coordinator 4. PREA compliance manager b. Targeted inmates <ol style="list-style-type: none"> 1. Inmates who reported a sexual abuse <p>115.71(a). In the PAQ, LMDC provided P&P 04-4.11 – Sexual Abuse / Assault Prevention and Intervention. In the Investigations section, the policy states that all investigations of sexual abuse allegations are to be performed promptly and investigated thoroughly and objectively. The policy requires that all allegations are to be performed promptly and investigated thoroughly. The policy requires that all allegations are investigated by a trained PREA Investigator or the Professional Standards Unit (PSU) to ascertain the validity of the allegation and the need to contact the Louisville Metro Police Department (LMPD) Sex Crimes Unit. The auditor interviewed both the PREA coordinator and two other investigative staff at LMDC. These staff explained the following process: if an allegation is determined to be a crime, by an administrative PREA investigation, which would be conducted by a shift lieutenant (a trained investigator), the PREA coordinator would be contacted and he would conduct a criminal investigation. The PREA coordinator is the only certified criminal sexual assault investigator at LMDC. If the PREA coordinator is not able to conduct the investigation, then LMPD Sex Crimes Unit would be contacted. The threshold for referring cases to the LMPD is an allegation that a crime occurred and some form of physical or testimonial evidence exists which rises to the level of reasonable articulable suspicion. The PSU shall immediately request the LMPD PIU Sex Crimes Unit conduct an investigation for all allegations of sexual abuse/assault and/or threat of sexual abuse/assault which also meet this threshold. The LMPD shall document its findings for the consideration of the appropriate agency for the</p>

prosecution of the alleged offender. The facility also provided a copy of the Extraordinary Occurrence Report form utilized to document the initial report. The facility also provided a copy of the Sexual Offense Allegation Reporting Form (CPP14.7).

During the onsite phase of the audit, the auditor interviewed a PREA investigator. He stated that the agency takes care to investigate all incidents inside the facility. An on-call investigator would respond immediately to the facility if needed. The PREA coordinator confirmed that the LMPD Sex Crimes Unit is contacted for all allegations that are determined to be criminal in nature and that meet the threshold of reasonable articulable suspicion. Incidents of sexual abuse between a staff member and an inmate are investigated by the Professional Standards Unit (PSU). The auditor reviewed the facility's grievance logs submitted during the previous 12 months. This log classified grievances for sexual harassment as well as security issues. The auditor also reviewed the 16 PREA investigative files from the previous 12 months. The auditor confirmed through this review that all allegations were investigated beginning the day of notification of the allegation of sexual abuse.

Based on this analysis, the auditor finds the facility in compliance with this provision.

115.71(b). P&P 04-4.11 Sexual Abuse / Assault Prevention and Intervention was provided in the PAQ. In the Specialized Training: Investigators section, the policy requires that in addition to the general training provided to all employees, LMDC shall ensure that its investigators have received training in conducting sexual abuse and sexual harassment investigations in confinement settings (p.6). The auditor was provided a training list of 23 staff who have completed specialized investigator training.

During the onsite phase of the audit, the auditor met with an investigator for the facility. He confirmed that he had completed the required Specialized Investigator training. The facility also sent the auditor the training for PREA Investigators power point as well as the PREA Investigators Exam and the training curriculum for Searches and Legal Issues taught at the facility academy. This training included 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 and prosecutorial referrals.

Based on this analysis, the auditor finds the facility in compliance with this provision.

115.71(c). P&P 04-4.11 Sexual Abuse / Assault Prevention and Intervention – Investigations section provides investigators with guidelines for performing investigations. Per policy, the Shift Commander shall immediately utilize LMDC's PREA Checklist 04-4.11-1 and take initial steps of securing the crime scene to protect evidence and arrange for the collection of such evidence. The PREA Checklist contains a section to document notifications (email to PREA Notification Group; phone notifications to Health Services, Mental Health, PSU, PREA Coordinator and Classification). These notifications are documented on the checklist with the date and time as well as the staff who were contacted and the shift commander who performed the notification. The Checklist also contains the alleged victim's name and jail identification number (CIN #). Lastly, the checklist contains instructions for the duties of the shift commander, the investigator, health services, mental health and the PREA coordinator. The investigator will retain the evidence to preserve the chain of custody until it can be properly logged into the Forensics Evidence Section. The auditor was also provided with the PREA Investigator Training power point which provides crime scene staff with the proper steps to evaluate crime scenes and correctly collect and package evidence.

The auditor reviewed 16 investigative files from the previous 12 months. The record retention schedule was discussed with the PREA coordinator who stated that investigative files are retained indefinitely. The 16 investigative files reviewed by the auditor contained case records

detailing allegations of sexual abuse. The files also contained, statements from interviews with inmates (alleged victims and suspected perpetrators) and staff; medical examination documentation; documentation of video reviewed; and summaries of physical evidence obtained.

During the onsite phase of the audit, the auditor interviewed a PREA Investigator. He explained that for every investigation, he would interview the alleged victim and the alleged abuser, if known, and secure any physical evidence. He stated that he would review video from the facility's monitoring system, jail housing logs, internal jail management system, prior investigations, prior grievances and interviews with staff and other inmates in the housing unit. He stated that a procedure is in place to transport the inmate victim to the University of Louisville Hospital for a forensic examination.

Based on this analysis, the auditor finds the facility in compliance with this provision.

115.71(d). During the auditor's interview with the PREA Investigator, the auditor talked with the investigator about coordinating investigative efforts with the Professional Standards Unit (PSU) if an investigation involves a staff member. He confirmed that this is something already done when investigating allegations. The agency's standard practice is to suspend administrative investigations while the criminal investigation is conducted and completed. If needed, PSU will not conduct compelled interviews with staff until the completion of the criminal investigation. Allegations which are found to be credible are referred to LMPD Sex Crimes Unit. Based on P&P 04-4.11, the PMPD Sex Crimes Unit will conduct investigations and document their findings for consideration of the appropriate agency for prosecution of the alleged offender. Per interview with a PREA investigator, compelled interviews are not conducted by LMDC investigators while the LMPD investigation is open.

During the post onsite phase of the audit, the auditor reviewed 16 investigative files. These files contained information related to the internal investigations conducted by LMDC investigators. Two of the files reviewed by the auditor were referred to the Commonwealth of Kentucky attorney for prosecution, however, both of these were declined for prosecution. The LMDC staff did not conduct compelled interviews in these cases.

Based on this analysis, the auditor finds the facility in compliance with this provision.

115.71(e). The facility provided a copy of the PREA Investigator Training power point. This training covers the rights of the victim in criminal investigations. The training specifically discusses that prohibition of requiring a victim of a sexual offense to submit to a polygraph examination or other truth-telling device as a condition of the investigation.

During the onsite phase of the audit, the auditor interviewed the PREA Investigator. He explained to the auditor that the agency would never utilize truth-telling efforts to determine if any victim of sexual abuse was telling the truth. He advised that this is forbidden and is never done by any investigator. He also confirmed that the agency would always review evidence from their investigation on its own merit and not allow the inmate victim's status as an inmate to affect the outcome of the investigation. The auditor interviewed five inmates who had reported sexual abuse. All of the inmates confirmed that they were not asked or required to submit to a polygraph examination. The PREA investigator also explained to the auditor that the agency does not assess the credibility of an alleged victim, suspect or witness based on the person's status as a staff member.

Based on this analysis, the auditor finds the facility in compliance with this provision.

115.71(f). The facility provided P&P 04.4.11 Sexual Abuse / Assault Prevention and Intervention in the PAQ. Additionally, the facility provided the PREA Investigator Training power-point to the auditor. The PREA Investigator training provides guidance for receiving and investigating complaints about facility employees. It provides that investigations should include

a description of any policy violations or violations of law. The training also goes on to state that investigative reports are to include all supporting documentation of the review, evidence reviewed and the findings of the investigation.

The auditor interviewed a PREA Investigator during the onsite phase of the audit. The investigator discussed investigative reviews of agency staff members. One part of all such investigations includes a review to determine if there were any violations of policy and violations of law. He confirmed that he is required to write a report at the completion of all investigations. The report will include the allegation, evidence collected and reviewed, summary of interviews and the reasoning behind his final determination. He stated that all substantiated allegations would be referred for criminal prosecution.

The auditor reviewed the PREA investigations from the previous 12 months, which included 16 investigations of staff misconduct. Each investigation involving a staff member included a review of the staff member's actions. Nine of the investigations were determined to be unfounded; 3 were found to be unsubstantiated; one was substantiated and three were still open at the time of the audit. There were 43 other sexual abuse investigations. The auditor reviewed 16 of these investigations and noted the review of the staff members' actions or inactions in each of the incidents. The investigative reports included a description of the inmate interviews, staff interviews and physical evidence and how the investigator made the decision on his findings. The only substantiated case during this 12-month period was for sexual harassment and was not referred for prosecution.

Based on this analysis, the auditor finds the facility in compliance with this provision.

115.71(g). Pursuant to the PREA Investigator Training power-point which was provided to the auditor, investigators are required to complete a report of investigation at the completion of all criminal investigations. The report is to contain a description of the allegation, a summary of the information received through interviews with inmates and staff members, a listing of the evidence collected, and a description of the credibility assessment and final determination. The PREA Investigator who was interviewed by the auditor confirmed that he is required to write a report at the completion of all investigations. The report will include the allegation, evidence collected and reviewed, summary of interviews and the reasoning behind his final determination. Each of the investigation files reviewed by the auditor contained a final report and evaluation of evidence, interviews and final determination.

Based on this analysis, the auditor finds the facility in compliance with this provision.

115.71(h). P&P 04-4.11 Sexual Abuse / Assault Prevention and Intervention was included in the PAQ. The Investigations section includes a provision that all sexual assault and sexual abuse cases that are found to be substantiated are to be referred to the LMPD Sex Crimes unit for further investigation and possible referral to the appropriate agency for the prosecution of the alleged offender (p. 11).

The PREA Investigator also confirmed that all substantiated allegations of sexual abuse would be reviewed by the Commonwealth Attorney's office to determine if criminal charges could be filed. The investigator stated that there were no substantiated cases of sexual abuse and he was not aware of any such cases during the previous three years. There were 31 cases of sexual abuse investigations during the previous 12 months. There were 8 substantiated cases of inmate on inmate sexual abuse. Two of these cases were referred to the Commonwealth of Kentucky for prosecution consideration. Six of these cases were not referred for prosecution based on the level of the evidentiary threshold. These cases were handled internally with disciplinary action. There were no substantiated cases of staff on inmate sexual abuse. The auditor reviewed two cases of inmate on inmate sexual abuse which were referred by LMDC to the Commonwealth of Kentucky for prosecution. One of these cases was indicted.

Based on this analysis, the auditor finds the facility in compliance with this provision.

115.71(i). The agency policy requires that all investigations of sexual abuse and harassment allegations are stored and maintained for at least ten years after the date of the initial collection unless Federal, State, or local law requires otherwise. P&P 04-4.11 Sexual Abuse / Assault Prevention and Intervention includes this information in the Data Collection Storage and Review section (p. 14).

The PREA coordinator confirmed that the facility maintains investigative files for at least 10 years. The facility was not completing investigations in this manner prior to the passage of the PREA standards in 2012. There were no investigative files retained by the PREA auditor dating back ten years based on this, however, there were investigative files retained and reviewed by the auditor from 2014.

Based on this analysis, the auditor finds the facility in compliance with this provision.

115.71(j). Although it is not written in policy, the agency will continue with investigations and pursue criminal charges against the offender. The auditor interviewed the PREA Coordinator and a PREA Investigator during the onsite phase of the audit. The investigator stated that once an investigation was opened, the agency would continue with that investigation even if the alleged abuser or victim is no longer employed or housed in the facility. The investigator stated clearly that this is their normal procedure for any investigation, regardless of where it occurred. The PREA Coordinator stated that the facility would continue with the investigation and prosecute, when possible, even if the individual was not employed or released from the facility. The referral to the Commonwealth Attorney, however, is done by the LMPD Sex Crimes Unit and not the LMDC. Once the case is turned over to LMPD, the LMDC ceases investigation.

Based on this analysis, the auditor finds the facility in compliance with this provision.

115.71(k). This provision is N/A.

115.71(l). The agency does not employ outside agencies to perform their criminal or administrative investigations. All investigations are internal. The auditor interviewed a PREA investigator who stated that if any outside agency investigated any incident related to sexual abuse, or any crime in the facility, the facility would cooperate with the investigation. He stated that the substantiated cases which are criminal in nature are referred to the LMPD Sex Crimes Unit for further review and investigation. The LMDC maintains communication with the LMPD throughout the investigation. The auditor interviewed a security captain and the PREA Coordinator and they both stated that they would communicate with any outside agency investigating sexual abuse complaints in the facility. This would ensure the outside agency receives cooperation to assist in the investigation and will keep open lines of communication regarding the outcome.

Based on this analysis, the auditor finds the facility in compliance with this provision.

115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. PREA Investigator Training curriculum 2. Interviews <ol style="list-style-type: none"> a. Specialized staff <ol style="list-style-type: none"> 1. Investigative staff 2. PREA coordinator <p>Findings (by provision):</p> <p>115.72 (a). The facility provided the curriculum for PREA Investigator Training in the PAQ. The auditor reviewed this training curriculum and it does clearly state that the agency will utilize a preponderance of evidence as the standard for administrative investigations (p. 17).</p> <p>During the onsite phase of the audit, the auditor interviewed the PREA coordinator as well as a facility investigator. Both of these staff members confirmed that the preponderance of evidence is the standard utilized for all sexual abuse and sexual harassment investigations in the facility. The auditor interviewed 25 investigations files from the previous 12 months. The investigative files contained Extraordinary Occurrence Reports which includes a section for the listing of evidence used in the outcome determination. It is apparent from review of the evidence listed that the facility uses the preponderance standard for all investigations. Based on this analysis, the auditor finds the facility in compliance with this standard.</p>

115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. P&P 04-4.11 - Sexual Abuse / Assault and Intervention (effective November 9, 2019) b. Inmate Notification c. Investigation files 2. Interviews: <ol style="list-style-type: none"> a. Specialized staff <ol style="list-style-type: none"> 1. Agency head 2. Investigative staff b. Targeted inmates <ol style="list-style-type: none"> 1. Inmates who Reported a Sexual Abuse <p>Findings (by provision):</p> <p>115.73 (a). P&P 04-4.11 Sexual Abuse / Assault Prevention and Intervention was included in the PAQ. In the Investigations section, the facility provides for the inmate to be informed on the status of an investigation and whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded in writing and documented in the inmate's file (p. 11).</p> <p>During the onsite phase of the audit, the auditor interviewed several staff members in reference to this standard. The Agency head agreed that notification to the inmate of the results of an investigation is standard procedure. The investigations staff who was interviewed by the auditor also advised that it is policy and practice for the inmate to be notified. The PREA coordinator stated that the facility would always notify the inmate as the policy states. The auditor reviewed 25 investigation files from the previous 12 months and found that there were notification notices to the inmates in the investigative files. The inmates' signatures were on these forms as acknowledgement of receipt of the information. The auditor also interviewed five inmates who had reported a sexual abuse and all remember receiving notification of the outcome of the investigation.</p> <p>Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.73 (b). This provision does not apply, as the facility performs their own investigations of sexual abuse and sexual harassment allegations. If the allegation is criminal in nature, it is referred to the LMPD Sex Crimes Unit. In the past 12 months preceding the audit, the facility had eight investigations of alleged inmate sexual abuse which were completed by an outside agency (LMPD). The facility requests information on investigations, however, it is reliant on the outside agency to provide information to relay to the inmate.</p> <p>Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.73 (c). P&P 04-4.11 Sexual Abuse / Assault Prevention and Intervention was included in the PAQ. The policy requires that in cases of an inmate's allegation that a staff member has committed sexual abuse against the inmate, "the LMDC shall subsequently inform the inmate whenever: the staff member is no longer posted with the inmate's unit; the staff member is no longer employed at LMDC; when LMDC learns that the staff member has been indicted on a charge related to sexual abuse within the facility; when the LMDC learns that the staff member has been convicted on a charge related to sexual abuse within the facility" (p. 11).</p> <p>During the onsite phase of the audit, the auditor interviewed five inmates who had filed an</p>

allegation of sexual abuse. Two of these inmates had reported a sexual abuse or sexual harassment as occurring at LMDC. Both of these inmates stated that they were informed as to the outcome of the investigation. The allegations were made against inmates and not a staff member. In the previous 12 months, there has not been a substantiated or unsubstantiated complaint of sexual abuse committed by a staff member against an inmate at LMDC. The auditor reviewed 25 investigative files and each contained information regarding separation of an inmate from the alleged abuser. The auditor also interviewed the PREA coordinator who is also a PREA investigator. He advised the auditor that the hard copy of this notification is made retained in the investigation file. A copy of the notification form was provided to the auditor for the 25 investigative files reviewed and contained the inmate's signature as acknowledgement of receipt of the information.

Based on this analysis, the auditor finds the facility in compliance with this provision.

115.73 (d). P&P 04-4.11 Sexual Abuse / Assault Prevention and Intervention was included in the PAQ. The policy requires that in cases of an inmate's allegation that another inmate has committed sexual abuse against the inmate, "the LMDC shall subsequently inform the alleged victim whenever: the LMDC learns that the alleged abuser has been indicted on a charge related to sexual abuse with the facility; or when LMDC learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility" (p. 11).

During the onsite phase of the audit, the auditor interviewed five inmates who had filed an allegation of sexual abuse. Two of these inmates had reported a sexual abuse or sexual harassment as occurring at LMDC. Both of these inmates stated that they were informed as to the outcome of the investigation. The allegations were made against inmates and not a staff member. In the previous 12 months, there has not been a substantiated or unsubstantiated complaint of sexual abuse committed by a staff member against an inmate at LMDC. The auditor reviewed 25 investigative files and each contained information regarding separation of an inmate from the alleged abuser. The auditor also interviewed the PREA coordinator who is also a PREA investigator. He advised the auditor that the hard copy of this notification is made retained in the investigation file. A copy of the notification form was provided to the auditor for the 25 investigative files reviewed and contained the inmate's signature as acknowledgement of receipt of the information.

Based on this analysis, the auditor finds the facility in compliance with this provision.

115.73 (e). P&P 04-4.11 Sexual Abuse / Assault Prevention and Intervention was included in the PAQ. In the Investigations section, the facility provides for the inmate to be informed on the status of an investigation (p. 11). The policy states that the facility will inform the inmate in writing and document in the inmate's file whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

In the past 12 months, there were 58 notifications provided to inmates regarding the status of their allegation investigations. During the onsite phase of the audit and the post-onsite phase of the audit, the auditor reviewed 25 investigation files from the previous 12 months.

Notifications to the inmate who was the alleged victim was present in each of these files.

Based on this analysis, the auditor finds the facility in compliance with this provision.

115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. P&P 04-4.11 Sexual Abuse / Assault Prevention and Intervention (effective November 9, 2019). b. P&P 01-3.02 Employee Code of Ethics and Conduct (effective July 27, 2016). c. Investigation file d. Employee Disciplinary Action Notice (DAN) 2. Interviews: <ol style="list-style-type: none"> a. Specialized staff <ol style="list-style-type: none"> 1. PREA coordinator <p>Findings (by provision):</p> <p>115.76 (a). P&P 04-4.11 - Sexual Abuse / Assault Prevention and Intervention was included in the PAQ. This policy includes section Discipline. In this section, the policy states that staff will be disciplined in accordance with LMDC Policy 01-3.02 - Code of Ethics and Conduct (p. 11). P&P 01-3.02 - Code of Ethics and Conduct specifies that personnel shall not engage in sexual conduct with an inmate or former inmate (p.3). This policy further specifies that any violations of the Code of Ethics and Conduct shall be made part of the employee's personnel file, and shall be grounds for disciplinary action, up to and including termination.</p> <p>The auditor reviewed 25 investigations files for the previous 12 months. There was a substantiated investigation for sexual harassment against a staff member. This investigative file was reviewed and provided documentation of discipline administered against the staff member.</p> <p>Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.76 (b). P&P 04-4.11 - Sexual Abuse / Assault Prevention and Intervention was included in the PAQ. This policy includes section Discipline. In this section, the policy states that staff will be disciplined in accordance with LMDC Policy 01-3.02 - Code of Ethics and Conduct (p. 11). P&P 01-3.02 - Code of Ethics and Conduct specifies that personnel shall not engage in sexual conduct with an inmate or former inmate (p.3). This policy further specifies that any violations of the Code of Ethics and Conduct shall be made part of the employee's personnel file, and shall be grounds for disciplinary action, up to and including termination.</p> <p>The auditor reviewed 25 investigations files for the previous 12 months. There was a substantiated investigation for sexual harassment against a staff member. This investigative file was reviewed and provided documentation of discipline administered against the staff member.</p> <p>Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.76 (c). P&P 04-4.11 - Sexual Abuse / Assault Prevention and Intervention was included in the PAQ. This policy includes section Discipline. In this section, the policy states that staff will be disciplined in accordance with LMDC Policy 01-3.02 - Code of Ethics and Conduct (p. 11). P&P 01-3.02 - Code of Ethics and Conduct specifies that personnel shall not engage in sexual conduct with an inmate or former inmate (p.3). This policy further specifies that any violations of the Code of Ethics and Conduct shall be made part of the employee's personnel file, and shall be grounds for disciplinary action, up to and including termination. Additionally, this policy states, "Termination shall be the presumptive disciplinary sanction for staff who have engaged</p>

in sexual abuse.” (p. 4).

The auditor reviewed 25 investigations files for the previous 12 months. There was a substantiated investigation for sexual harassment against a staff member. This investigative file was reviewed and provided documentation of discipline administered against the staff member.

Based on this analysis, the auditor finds the facility in compliance with this provision.

115.76 (d). P&P 04-4.11 - Sexual Abuse / Assault Prevention and Intervention was included in the PAQ. This policy includes section Discipline. In this section, the policy states that staff will be disciplined in accordance with LMDC Policy 01-3.02 - Code of Ethics and Conduct (p. 11). P&P 01-3.02 - Code of Ethics and Conduct specifies that personnel shall not engage in sexual conduct with an inmate or former inmate (p.3). This policy further specifies that any violations of the Code of Ethics and Conduct shall be made part of the employee’s personnel file, and shall be grounds for disciplinary action, up to and including termination. Additionally, this policy states, “Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.” (p. 4).

The auditor reviewed 25 investigations files for the previous 12 months. There was a substantiated investigation for sexual harassment against a staff member. This investigative file was reviewed and provided documentation of discipline administered against the staff member. The auditor interviewed the PREA coordinator who advised that in the past 12 months, there have been no staff that have been reported to law enforcement or licensing boards following their termination or resignation prior to termination for violating agency sexual abuse or sexual harassment policies. The auditor also interview the human resources manager who confirmed that there have not been any terminations or resignations for substantiated cases of staff sexual abuse allegations.

Based on this analysis, the auditor finds the facility in compliance with this provision.

115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. P&P 04-4.11 Sexual Abuse / Assault Prevention and Intervention (effective November 9, 2019). b. P&P 01-3.02 Employee Code of Ethics and Conduct (effective July 27, 2016). c. Investigation files 2. Interviews: <ol style="list-style-type: none"> a. Specialized staff b. PREA coordinator <p>Findings (by provision):</p> <p>115.77 (a). P&P 04-4.11 - Sexual Abuse / Assault Prevention and Intervention was included in the PAQ. This policy includes section Discipline. In this section, the policy states that contractors and volunteers will be disciplined in accordance with LMDC Policy 01-3.02 - Code of Ethics and Conduct (p. 11). P&P 01-3.02 - Code of Ethics and Conduct specifies that any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates. Any contractor or volunteer who commits any other violation of agency sexual abuse policy or sexual harassment policy may be prohibited from future contact with inmates (p. 4). During the onsite phase of the audit, the auditor interviewed the PREA coordinator. He confirmed that there have been no cases of misconduct by a volunteer or contractor during the previous 12 months. The auditor reviewed 25 investigation files for the previous 12 months and did not find any allegations made against a volunteer or contractor. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.77 (b). P&P 04-4.11 - Sexual Abuse / Assault Prevention and Intervention was included in the PAQ. This policy includes section Discipline. In this section, the policy states that contractors and volunteers will be disciplined in accordance with LMDC Policy 01-3.02 - Code of Ethics and Conduct (p. 11). P&P 01-3.02 - Code of Ethics and Conduct specifies that any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates. Any contractor or volunteer who commits any other violation of agency sexual abuse policy or sexual harassment policy may be prohibited from future contact with inmates (p. 4). During the onsite phase of the audit, the auditor interviewed the PREA coordinator. He confirmed that there have been no cases of misconduct by a volunteer or contractor during the previous 12 months. The auditor reviewed 25 investigation files for the previous 12 months and did not find any allegations made against a volunteer or contractor. The auditor also interviewed the agency head who stated that the facility would take immediate action to remove any volunteer or contractor from inmate contact and restrict access to the secure facility. Based on this analysis, the auditor finds the facility in compliance with this provision.</p>

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. P&P 04-4.11 - Sexual Abuse / Assault Prevention and Intervention (effective November 9, 2019). b. P&P 03-4.02 – Inmate Disciplinary Procedure (effective December 18, 2015). c. P&P 03-4.01 – Inmate Rules, Violations and Sanctions (effective December 29, 2015). d. Investigation files 2. Interviews: <ol style="list-style-type: none"> a. Specialized staff <ol style="list-style-type: none"> 1. Agency head 2. Medical and mental health staff <p>Findings (by provision):</p> <p>115.78 (a). P&P 04-4.11 - Sexual Abuse / Assault Prevention and Intervention was included in the PAQ. This policy outlines disciplinary action for inmates found guilty of sexual abuse or sexual harassment in the Discipline section (p.11). The policy states that inmates will be disciplined in accordance with LMDC Policy 03-4.01 – Inmate Rules, Violations and Sanctions. The auditor was also provided with P&P 03-4.02 Inmate Disciplinary Procedure and 03-4.01 – Inmate Rules, Violations and Sanctions. This policy states that inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finds that the inmate engaged in inmate on inmate sexual abuse or following a criminal finding of guilt for inmate on inmate sexual abuse (p. 6).</p> <p>During the onsite phase of the audit, the auditor reviewed the sexual abuse investigation files from the previous 12 months. The auditor identified 16 of 25 investigations where the investigation led to administrative disciplinary sanctions for an inmate. Two cases were being prosecuted and had not yet been adjudicated at the time of the audit.</p> <p>Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.78 (b). In the PAQ, the auditor was provided P&P 03-4.01 – Inmate Rules, Violations and Sanctions. This policy lists rule violations and outlines sanctions for each of the rule violations. According to the policy, the disciplinary officer shall impose sanctions in proportion to the seriousness of the offenses involved with consideration of the number of past inmate violations. This policy also provides that inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finds that the inmate engaged in inmate on inmate sexual abuse or following a criminal finding of guilt for inmate on inmate sexual abuse (p. 6).</p> <p>During the onsite phase of the audit, the confirmed through interview with the Agency head that administrative sentences for inmates are based on the policy, the nature of the incident, inmate history and prior sanctions imposed for similar offenses. The auditor reviewed inmate discipline on five investigations from the previous 12 months. The discipline issued was in agreement with the rule violation and the sanction listed in the policy.</p> <p>Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.78 (c). In the PAQ, the auditor was provided P&P 03-4.01 – Inmate Rules, Violations and Sanctions. This policy provides for the disciplinary officer to consider whether an inmate’s mental disabilities or mental illness contributed to his or her behavior when determining what</p>

type of sanction, if any, should be imposed (p. 6).

The PREA coordinator confirmed that the facility would take into account the inmate's mental illness or mental disabilities before imposing any sanctions for sexual abuse or sexual harassment. The auditor also interview staff from mental health who advised that they are consulted when determining sanctions for inmates with mental health issues.

Based on this analysis, the auditor finds the facility in compliance with this provision.

115.78 (d). The facility does not offer therapy counseling or other interventions designed to address and correct the underlying reasons of motivations for abuse.

115.78 (e). In the PAQ, the auditor was provided P&P 03-4.01 – Inmate Rules, Violations and Sanctions. This policy includes Disciplinary Sanctions for Sexual Abuse / Sexual Harassment section regarding this provision. The policy states, “LMDC may discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact.” (p. 6).

The PREA coordinator was interviewed and stated that there have been no such incidents of sexual contact between staff and inmates. The auditor reviewed 25 of the sexual abuse allegations for the previous 12 months and there are no cases where the staff member did not consent to physical contact with the inmate.

Based on this analysis, the auditor finds the facility in compliance with this provision.

115.78 (f). In the PAQ, the auditor was provided P&P 03-4.01 – Inmate Rules, Violations and Sanctions. This policy includes Disciplinary Sanctions for Sexual Abuse / Sexual Harassment section regarding this provision. The policy states, “For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish sufficient evidence to substantiate the allegation.” (p. 6).

Based on this analysis, the auditor finds the facility in compliance with this provision.

115.78 (g). In the PAQ, the auditor was provided P&P 03-4.01 – Inmate Rules, Violations and Sanctions. This policy includes Disciplinary Sanctions for Sexual Abuse / Sexual Harassment section regarding this provision. The policy states, “LMDC may, in its discretion, prohibit all sexual activity between inmates and may discipline inmates for such activity. LMDC may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.” (p. 6). P&P 04-4.11 – Sexual Abuse / Assault Prevention and Intervention prohibits sexual conduct between inmates and staff, volunteers, contract personnel or other inmates, regardless of consensual status and activity of this nature is subject to administrative and criminal disciplinary sanctions (p. 3).

Based on this analysis, the auditor finds the facility in compliance with this provision.

115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. P&P 04-4.11 – Sexual Abuse / Assault Prevention and Intervention (effective November 9, 2019). b. Positive PREA Questions Report c. Staff Referral Form – Mental Health 2. Interviews: <ol style="list-style-type: none"> a. Specialized staff <ol style="list-style-type: none"> 1. Staff responsible for Risk Screening 2. Medical and Mental Health staff b. Targeted inmates <ol style="list-style-type: none"> 1. Inmates who disclose sexual victimization at risk screening 3. Site Review Observations: <ol style="list-style-type: none"> a. Computer systems b. Medical services <p>Findings (by provision):</p> <p>115.81 (a): In the PAQ, the facility provided P&P 04-4.11 – Sexual Abuse / Assault Prevention and Intervention. This policy states that if the risk assessment screening indicates that an inmate experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, LMDC shall ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within fourteen days of the intake screening (p.12). In the past 12 months, the facility reports that there have been 463 inmates who disclosed prior victimization during screening who were offered a follow-up meeting with a medical or mental health practitioner. The facility provided a report which is ran by mental health which identifies inmates who have answered in the affirmative to one or more of the PREA questions on the receiving screening during a selected date range. The facility also provided a staff referral form for mental health services for those inmates identified on the previous report. The auditor interviewed an inmate who had disclosed sexual victimization at risk screening. The inmate relayed to the auditor that they were asked at that time if they wanted to meet with a medical or mental health care practitioner. The inmate further advised the auditor that the meeting occurred in about a week. Documentation provided by the facility on the Positive Questions Report indicates the date the inmate was seen by a mental health practitioner. The auditor also interviewed a staff member during the onsite phase of the audit who is responsible for risk screening. This staff member advised that the inmate is immediately referred to medical and mental health when they answer affirmatively to the risk screening question that they have been previously sexually abused. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.81 (b). LMDC is a jail facility and this provision does not apply. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.81 (c). P&P 04-4.11 – Sexual Abuse / Assault Prevention and Intervention which was provided in the PAQ addresses prior sexual victimization in the requirement for follow up by mental health or medical (p.12). In the past 12 months, the facility reports that there have been 463 inmates who disclosed</p>

prior victimization during screening who were offered a follow-up meeting with a medical or mental health practitioner. The facility provided a report which is ran by mental health which identifies inmates who have answered in the affirmative to one or more of the PREA questions on the receiving screening during a selected date range. The facility also provided a staff referral form for mental health services for those inmates identified on the previous report. The auditor interviewed an inmate who had disclosed sexual victimization at risk screening. The inmate relayed to the auditor that they were asked at that time if they wanted to meet with a medical or mental health care practitioner. The inmate further advised the auditor that the meeting occurred in about a week. Documentation provided by the facility on the Positive Questions Report indicates the date the inmate was seen by a mental health practitioner. The auditor also interviewed a staff member during the onsite phase of the audit who is responsible for risk screening. This staff member advised that the inmate is immediately referred to medical and mental health when they answer affirmatively to the risk screening question that they have been previously sexually abused.

Based on this analysis, the auditor finds the facility in compliance with this provision.

115.81 (d). In P&P 04-4.11 – Sexual Abuse / Assault Prevention and Intervention, the facility addresses this provision in the Medical and Mental Health Care – Medical and mental health screenings; history of sexual abuse section. The 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.” (p. 12).

During the onsite phase of the audit, the auditor talked with several staff members while performing the site review. Staff members were asked about the screening of inmates. Security staff were aware that inmates were screened for victimization and stated that they were unable to access that information in the computer. The auditor also interviewed classification staff who conduct the risk screening and they all advised that the screening information is limited to those staff with the user profile to access those computer screens.

Based on this analysis, the auditor finds the facility in compliance with this provision.

115.81 (e). In P&P 04-4.11 – Sexual Abuse / Assault Prevention and Intervention, the facility addresses this provision in the Medical and Mental Health Care – Medical and mental health screenings; history of sexual abuse section. The policy states, “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.” (p. 12).

During the onsite phase of the audit, the auditor interviewed a nursing supervisor and mental health staff. These staff all stated that all medical and mental health staff obtain informed consent from inmates. They all understand the requirement to disclose to inmates the needs of the facility and the reasoning behind such disclosures.

Based on this analysis, the auditor finds the facility in compliance with this provision.

115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. P&P 04-4.11 – Sexual Abuse / Assault Prevention and Intervention – effective November 9, 2019 b. Positive PREA Questions Report 2. Interviews: <ol style="list-style-type: none"> a. Specialized staff <ol style="list-style-type: none"> 1. Medical and mental health staff 2. Security staff and non-security staff first responders b. Targeted inmates <ol style="list-style-type: none"> 1. Inmates who reported a sexual abuse <p>Findings (by provision):</p> <p>115.82 (a). In P&P 04-4.11 – Sexual Abuse / Assault Prevention and Intervention, the facility addresses this provision in the Emergency Medical and Mental Health Services section. The policy states, “Inmate victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, as determined by medical and mental health practitioners according to their professional judgement.” (p. 12).</p> <p>During the onsite phase of the audit, the auditor interviewed medical and mental health staff who provided information regarding the services available for sexual abuse victims. Because forensic exams are provided at the hospital, the policy for health care providers is to make every effort to avoid the loss of evidence. This includes not removing clothing of the inmate victim or placing their hands on the inmate victim unless there is a need to assess for injury. Each inmate, however, immediately evaluated for the need to receive emergent medical care. The auditor reviewed 25 investigations from the previous 12 months. Each record included a notation that the inmate victim was seen by medical and cleared for any potential injury. Notes also show a referral to the mental health practitioner.</p> <p>Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.82 (b). In P&P 04-4.11 – Sexual Abuse / Assault Prevention and Intervention, the facility addresses this provision in the Official Response Following an Allegation – First Responder Duties section. This policy provided that security staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners (p. 10).</p> <p>The auditor interviewed security and non-security staff during the onsite phase of the audit. These staff were questioned regarding the steps to take upon discovering or learning of a sexual assault on an inmate. Each staff member confirmed that the inmate would be evaluated by medical as soon as possible. The auditor also reviewed 25 investigations of sexual abuse / sexual assault and each file contained documentation that medical and mental health staff were immediately notified.</p> <p>Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.82 (c). P&P 04-4.11 – Sexual Abuse / Assault Prevention and Intervention provides a coordinated response plan for the agency to respond to allegations of sexual abuse and sexual assault. The plan includes a section entitled “Ongoing Medical and Mental Health Care” (p. 13). This section provides that LMDC shall offer victims of sexual abuse while incarcerated</p>

timely information about and timely access to pregnancy tests and tests for sexually transmitted infections as medically appropriate.

The auditor interviewed 25 investigative files and there was documentation of medical care being given. The specifics of the medical care is not contained in the investigative file, however, medical staff who were interviewed advised that the requirements of this provision are provided. Five inmates who reported sexual abuse were also interviewed by the auditor who all confirmed that they were offered medical care which included these requirements. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.82 (d). P&P 04-4.11 – Sexual Abuse / Assault Prevention and Intervention was provided to the auditor in the PAQ. This policy requires that all inmates who are victims of sexual abuse or sexual assault in the facility will be provided medical and mental health services at no cost to the victim (p. 13). The policy does not require that the victim participate in the investigation. Through the interviews with the PREA coordinator, the auditor learned that all inmates will receive these services at no cost. Five inmates who reported sexual abuse were interviewed by the auditor and all of these inmates indicated that they did not have to pay for any treatment related to the incident of sexual abuse.

Based on this analysis, the auditor finds the facility in compliance with this provision.

115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. P&P 04-4.11 – Sexual Abuse / Assault Prevention and Intervention – effective November 9, 2019 b. Investigative files 2. Interviews: <ol style="list-style-type: none"> a. Specialized staff <ol style="list-style-type: none"> 1. Medical and mental health staff b. Targeted inmates <ol style="list-style-type: none"> 1. Inmates who reported a sexual abuse <p>Findings (by provision):</p> <p>115.83 (a). The facility provided P&P 04-4.11 – Sexual Abuse / Assault Prevention and Intervention in the PAQ. This policy states that all inmates are screened for sexual victimization and assessed by medical or mental health staff and, as appropriate, provided treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup or juvenile facility (p. 13).</p> <p>During the onsite phase of the audit, the auditor confirmed through interviews with the medical staff which included a nursing supervisor that inmates who report prior victimization are provided services, treatment and counseling medical and mental health staff.</p> <p>The auditor reviewed 25 investigative files from the previous 12 months. Each of these investigation files included notation of medical and mental health being provided.</p> <p>Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.83 (b). The facility provided P&P 04-4.11 – Sexual Abuse / Assault Prevention and Intervention in the PAQ. This policy states “the evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement, other facilities, or their release from custody.” (p. 13).</p> <p>The auditor interviewed the nursing supervisor during the onsite phase of the audit. This staff member confirmed that the facility works with community healthcare providers for follow-up and treatment of inmates upon release. The auditor also interviewed five inmates who reported a sexual abuse, of those interviewed, two stated that they were given follow-up services. The other three stated that they were not given any follow-up services, however, the investigative files indicted that they were given follow-up services.</p> <p>Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.83 (c). The policies in the PAQ do not specifically address the language in this provision. The auditor was told by medical and mental health staff who were interviewed in the onsite phase of the audit, that the facility does provide the community level of care, but it is not supported by the policies provided to the auditor.</p> <p>During the onsite phase of the audit, the medical and mental health staff all relayed to the auditor that all inmates do receive care and services that are consistent with what is available outside the facility. The facility did provide P&P 04-4.11 – Sexual Abuse – Assault Prevention and Intervention, which states that LMDC shall offer referrals for continued care, when necessary (p. 13).</p>

Based on this analysis, the auditor finds the facility in compliance with this provision.

115.83 (d). P&P 04-4.11 – Sexual Abuse / Assault Prevention and Intervention was provided in the PAQ. This policy states in the Ongoing Medical and Mental Health Care section, “Inmate victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.” (p. 13).

The auditor interviewed the nursing supervisor during the onsite phase of the audit, who confirmed this policy. Five inmates who reported a sexual abuse were interviewed, with two being female. One of these inmates reported a sexual harassment and the other who reported abuse does not remember being offered a pregnancy test, although she did receive a forensic exam at the University of Louisville Hospital.

Based on this analysis, the auditor finds the facility in compliance with this provision.

115.83 (e). P&P 04-4.11 – Sexual Abuse / Assault Prevention and Intervention was provided in the PAQ. There is not specific language in this policy that is included in this provision, however, in the Ongoing Medical and Mental Health Care section, the policy states that the evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and when necessary, referrals for continued care following their transfer to, or placement in, other facilities or their release from custody (p. 13).

During the onsite phase of the audit, the auditor interviewed medical staff and each staff member relayed to the auditor that these services would be provided as soon as medical staff were aware. The auditor also interviewed five inmates who reported sexual abuse. Three of these inmates were male so this standard is not-applicable. The other two female inmates were not pregnant so this standard is not-applicable.

Based on this analysis, the auditor finds the facility in compliance with this provision.

115.83 (f). P&P 04-4.11 – Sexual Abuse / Assault Prevention and Intervention was provided in the PAQ. This policy requires that inmate victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate (p. 13).

During the onsite phase of the audit, the auditor interviewed medical staff who stated that any inmate victim would be offered tests for sexually transmitted infections. Interviews were conducted by the auditor of inmates who reported sexual abuse. Two of these inmates reported abuse at a previous facility years ago. Three of the inmates interviewed stated that they were offered tests for sexually transmitted infections.

Based on this analysis, the auditor finds the facility in compliance with this provision.

115.83 (g). P&P 04-4.11 – Sexual Abuse / Assault Prevention and Intervention was provided in the PAQ. In the Ongoing Medical and Mental Health Care section, the policy states “Treatment services shall be 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.” (p. 13).

The auditor confirmed with the nursing supervisor during the onsite phase of the audit and the PREA coordinator that no inmate would ever be charged for these services. The five inmates interviewed who reported sexual abuse stated that they were not charged for any treatment they have received.

Based on this analysis, the auditor finds the facility in compliance with this provision.

115.83 (h). LMDC is a jail facility and this provision does not apply.

Based on this analysis, the auditor finds the facility in compliance with this provision.

115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. P&P 04-4.11 – Sexual Abuse / Assault Prevention and Intervention (effective November 9, 2019). b. Investigation files 2. Interviews: <ol style="list-style-type: none"> a. Specialized staff a. Agency head b. PREA compliance manager c. Incident Review Team <p>Findings (by provision):</p> <p>115.86 (a). P&P 04-4.11 – Sexual Abuse / Assault Prevention and Intervention was provided in the PAQ. In the Incident Review section, the policy provides for an incident review to be completed within 30 days of the completion of every sexual abuse or sexual harassment investigation, unless the allegation was unfounded (p. 13). The PREA coordinator provided the auditor copies of the PREA Incident Review Meeting The PREA coordinator provided the auditor copies of the PREA Incident Review Meeting minutes for five meetings which were held in 2019. The meetings included reviews of the sexual abuse investigations. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.86 (b). P&P 04-4.11 – Sexual Abuse / Assault Prevention and Intervention was provided in the PAQ. In the Incident Reviews section, the policy provides for an incident review to be completed within 30 days of the completion of every sexual abuse or sexual harassment investigation, unless the allegation was unfounded (p. 13). The PREA coordinator provided the auditor copies of the PREA Incident Review Meeting The PREA coordinator provided the auditor copies of the PREA Incident Review Meeting minutes for five meetings which were held in 2019. The meetings included reviews of the sexual abuse investigations. Each of the Incident Review Meetings were conducted within 30 days of the conclusion of the investigation. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.86 (c). P&P 04-4.11 – Sexual Abuse / Assault Prevention and Intervention was provided in the PAQ. In the Incident Reviews section, the policy provides that LMDC’s PREA Review Team shall include: the PREA coordinator, PREA compliance manager, Upper-level management, PSU, Front-line supervisors, medical, mental health and LMPD Sex Crimes Unit (p. 13). During the onsite phase of the audit, the auditor interviewed the agency head and a security captain. Both confirmed that the facility takes all incidents of sexual abuse seriously and conducts the incident review at the conclusion of every investigation. They are often asked to attend the review meetings. The auditor reviewed 25 investigations of sexual abuse from the previous 12 months. Each file showed a completed sexual abuse incident review meeting document. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.86 (d). P&P 04-4.11 – Sexual Abuse / Assault Prevention and Intervention was provided in the PAQ. In the Incident Reviews section, the policy provides for the review team to consider</p>

five specific points: whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse; whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, or was motivated or otherwise caused by other group dynamics at the LMDC; examine the area in LMDC where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; assess the adequacy of staffing levels in that area during different shifts; assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and prepare a report of its finds, including but not necessarily limited to the previous mentioned points, and any recommendations for improvement. (p. 13). The facility provided the auditor copies of incident review meeting reports. Each report indicated that the review team considered the merits of the investigation and made recommendations, however the five points included in the policy and in the provision requirements are not specifically notated.

The auditor was provided with copies of Incident Review Team meetings for five meetings during the past 12 months. These meeting minutes did consider monitoring technology, recommendations for operational improvements, review of the investigation itself, training needs, staffing improvement and recommendations for prevention of false allegations, recommendations for better documentation of disciplinary violations and better communication with disciplinary hearing officers, and reviews of inmates' sexual predator status. The auditor interviewed, while onsite, the agency head, the PREA compliance manager and members of the Incident Review team. All of these staff members indicated to the auditor that the team considers the five points of the provision in their reviews of each sexual abuse investigation. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.86 (e). P&P 04-4.11 – Sexual Abuse / Assault Prevention and Intervention was provided in the PAQ. In the Incident Reviews section, the policy provides for the Incident Review Team to implement the recommendations for improvement or document its reasons for not doing so (p. 14).

The auditor reviewed five Incident Review Team meeting minutes for the previous 12 months which included recommendations for improvement. Training records were shown to the auditor during the onsite phase of the audit and the PREA coordinator pointed out improvements in the camera system throughout the facility which were implemented as a result of recommendations from the Incident Review Team meetings.

Based on this analysis, the auditor finds the facility in compliance with this provision.

115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents: (Policies, directives, forms, files, records, etc.)</p> <p>a. P&P 04-4.11 – Sexual Abuse / Assault Prevention and Intervention (effective November 9, 2019).</p> <p>b. Annual Reports</p> <p>c. LMDC PREA Numbers 2017-18</p> <p>Findings (by provision):</p> <p>115.87 (a). P&P 04-4.11 – Sexual Abuse / Assault Prevention and Intervention was provided in the PAQ. The policy includes a section entitled Data Collection Storage and Review. This section outlines the facility guidelines for collection of data from the facility’s sexual abuse and sexual harassment allegations (p. 14). The data collection is through a standardized instrument and set of definitions.</p> <p>The auditor was provided copies of the facility’s annual reports from 2014 and 2018 which are available on the LMDC public website. The set of definitions utilized for the data collection and listed in the report are in line with the definitions listed on the Survey of Sexual Violence conducted by the Department of Justice (DOJ).</p> <p>Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.87 (b). P&P 04-4.11 – Sexual Abuse / Assault Prevention and Intervention was provided in the PAQ. This policy provides in the Data Collection and Review section that LMDC shall aggregate the incident-based sexual abuse data at least annually (p. 14).</p> <p>The agency collects data regarding the sexual abuse incidents in the facility and aggregates it for an annual report. This report is published on the LMDC public website.</p> <p>Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.87 (c). P&P 04-4.11 – Sexual Abuse / Assault Prevention and Intervention was provided in the PAQ. The facility provided the auditor copies of the facility’s annual reports from 2016, 2017 and 2018. The reports all contain data necessary to complete the DOJ Survey of Sexual Violence report.</p> <p>Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.87 (d). P&P 04-4.11 – Sexual Abuse / Assault Prevention and Intervention was provided in the PAQ. This policy provides that the LMDC shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. (p. 14).</p> <p>Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.87 (e). The agency does not contract with any outside facilities for the housing of inmates. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.87 (f). The agency completes the Survey of Sexual Violence (SSV) when the request is received from the Department of Justice.</p> <p>Based on this analysis, the auditor finds the facility in compliance with this provision.</p>

115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. P&P 04-4.11 – Sexual Abuse / Assault Prevention and Intervention (effective November 9, 2019). b. Annual Reports 2. Interviews: <ol style="list-style-type: none"> a. Specialized staff <ol style="list-style-type: none"> 1. Agency Head 2. PREA coordinator 3. PREA compliance manager <p>Findings (by provision):</p> <p>115.88 (a). P&P 04-4.11 – Sexual Abuse / Assault Prevention and Intervention was provided in the PAQ. In the Data Collection Storage and Review section, the policy outlines the agency’s annual data collection and review of the data (p. 14). The policy states that LMDC shall ensure that data collected are security retained.</p> <p>The PREA coordinator was interviewed and stated that the agency retains a hard copy of the data collected and retained. The agency head was interviewed by the auditor and he stated that the data that is collected is used to further develop the focus on areas of sexual abuse occurrence. Officer supervision is used to review any trends that develop and identify predators as well as identify those inmates who are more vulnerable to abuse. The PREA compliance manager was also interviewed and he stated that data collected is used to identify trends as well as predators, hot spots, etc. The LMDC 2018 PREA annual report was also provided to the auditor which was reviewed and contained information related to this provision. Based on the analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.88 (b). The auditor reviewed copies of the agency’s annual reports for 2016, 2017, and 2018 and confirmed that the reports contain information related to this provision. Each report included a comparison of the current year’s sexual abuse incident data and corrective actions with those from prior years.</p> <p>Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.88 (c). The auditor reviewed the agency’s website and found the agency’s annual report posted on the page dedicated to the Prison Rape Elimination Act.</p> <p>The auditor interviewed the agency head who confirmed that he approves the agency’s annual reports.</p> <p>Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.88 (d). The auditor reviewed several annual reports and did not identify any information that personally identified any inmate. The PREA coordinator confirmed that any reports written and posted to their website would only contain unidentified information regarding aggregated sexual abuse data.</p> <p>Based on this analysis, the auditor finds the facility in compliance with this provision.</p>

115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. P&P 04-4.11 – Sexual Abuse / Assault Prevention and Intervention (effective November 9, 2019). b. Investigative files 2. Interviews: <ol style="list-style-type: none"> a. Specialized staff <ol style="list-style-type: none"> 1. PREA coordinator <p>Findings (by provision):</p> <p>115.89 (a). P&P 04-4.11 – Sexual Abuse / Assault Prevention and Intervention was provided in the PAQ. This policy states that the LMDC shall ensure that data collected are securely retained (p. 14).</p> <p>During the onsite phase of the audit, the auditor interviewed the PREA coordinator. He provided the auditor access to his office, where the sexual abuse data is secured and maintained for at least 10 years. The auditor located files from as far back as 2012, when the agency began filing investigations based on the PREA standards.</p> <p>Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.89 (b). P&P 04-4.11 – Sexual Abuse / Assault Prevention and Intervention was provided in the PAQ. This policy states that the LMDC shall make all aggregated sexual abuse data, from facilities under its direct control, readily available to the public at least annually through its website removing personal identifiers (p. 14).</p> <p>The auditor reviewed the agency’s website and found the agency’s annual report posted on the page dedicated to the Prison Rape Elimination Act.</p> <p>Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.89 (c). The auditor reviewed several annual reports and did not identify any information that personally identified any inmate. The PREA coordinator confirmed that any reports written and posted to their website would only contain unidentified information regarding aggregated sexual abuse data.</p> <p>Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.89 (d). P&P 04-4.11 – Sexual Abuse / Assault Prevention and Intervention was provided in the PAQ. This policy states that the LMDC shall maintain sexual abuse data collected for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise (p. 14).</p> <p>During the onsite phase of the audit, the auditor interviewed the PREA coordinator. He provided the auditor access to his office, where the sexual abuse data is secured and maintained for at least 10 years.</p> <p>Based on this analysis, the auditor finds the facility in compliance with this provision.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	reviewed

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	reviewed

Appendix: Provision Findings

115.11 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes

115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	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

115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	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

115.12 (a)	Contracting with other entities for the confinement of inmates	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	na

115.12 (b)	Contracting with other entities for the confinement of inmates	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure 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.)	na

115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for	yes

	video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes

115.13 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	na

115.13 (c)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes

115.13 (d)	Supervision and monitoring	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes

115.14 (a)	Youthful inmates	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na

115.14 (b)	Youthful inmates	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na

115.14 (c)	Youthful inmates	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na

115.15 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes

115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	yes

115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	yes

115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes

115.15 (e)	Limits to cross-gender viewing and searches	
	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
	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

115.15 (f)	Limits to cross-gender viewing and searches	
	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
	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

115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all	yes

	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?	
	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
	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
	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
	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
	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
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	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
	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
	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
	Does the agency ensure that written materials are provided in formats or	yes

	through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	
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115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes

115.17 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes

115.17 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes

115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes

115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes

115.17 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes

115.17 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes

115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes

115.17 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes

115.18 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na

115.18 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes

115.21 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	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

115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes

115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	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
	Has the agency documented its efforts to secure services from rape crisis centers?	yes

115.21 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes

115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	na

115.21 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	yes

115.22 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.22 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes

115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	yes

115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	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
	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
	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
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	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
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	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
	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

115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	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

115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	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
	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

115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes

115.32 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes

115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how 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

115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes

115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes

115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	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
	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

115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes
	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes

115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes

115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes

115.33 (f)	Inmate education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes

115.34 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes

115.34 (b)	Specialized training: Investigations	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes

115.34 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes

115.35 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	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
	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
	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

115.35 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na

115.35 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	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

115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes

115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes

115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	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
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?	yes

115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes

115.41 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	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

115.41 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes

115.41 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates?	yes

115.42 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	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
	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
	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
	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

115.42 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes

115.42 (c)	Use of screening information	
	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
	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

115.42 (d)	Use of screening information	
	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

115.42 (e)	Use of screening information	
	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

115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes

115.42 (g)	Use of screening information	
	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
	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
	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.)	na

115.43 (a)	Protective Custody	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	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

115.43 (b)	Protective Custody	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	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
	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
	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
	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
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes

115.43 (c)	Protective Custody	
	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes

115.43 (d)	Protective Custody	
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	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

115.43 (e)	Protective Custody	
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes

115.51 (a)	Inmate reporting	
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes

115.51 (b)	Inmate reporting	
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	yes

115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes

115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes

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

115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes

115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes

115.52 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes

115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes

115.52 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes

115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes

115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	na
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes

115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes

115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes

115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes

115.61 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes

115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a 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

115.61 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes

115.61 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes

115.61 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

115.62 (a)	Agency protection duties	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes

115.63 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes

115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes

115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes

115.64 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes

115.65 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes

115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	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 limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes

115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes

115.67 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	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
	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
	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
	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
	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
	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
	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
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes

115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes

115.67 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes

115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes

115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
	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

115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes

115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes

115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes

115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes

115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes

115.71 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes

115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes

115.71 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes

115.71 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes

115.71 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	yes

115.72 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes

115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

115.73 (b)	Reporting to inmates	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes

115.73 (c)	Reporting to inmates	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes

115.73 (d)	Reporting to inmates	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	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

115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes

115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes

115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

115.76 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes

115.76 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes

115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes

115.77 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes

115.78 (a)	Disciplinary sanctions for inmates	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes

115.78 (b)	Disciplinary sanctions for inmates	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes

115.78 (c)	Disciplinary sanctions for inmates	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes

115.78 (d)	Disciplinary sanctions for inmates	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes

115.78 (e)	Disciplinary sanctions for inmates	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

115.78 (f)	Disciplinary sanctions for inmates	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes

115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does 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

115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes

115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	na

115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes

115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes

115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	yes

115.82 (a)	Access to emergency medical and mental health services	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes

115.82 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

115.82 (c)	Access to emergency medical and mental health services	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes

115.82 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes

115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes

115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes

115.83 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes

115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes

115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes

115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes

115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes

115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	na

115.86 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes

115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes

115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

115.86 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	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
	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
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	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

115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.87 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes

115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

115.87 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes

115.87 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes

115.87 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	na

115.87 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na

115.88 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	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
	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

115.88 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes

115.88 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes

115.88 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes

115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes

115.89 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes

115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes

115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes

115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes

115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na

115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes

115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes

115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes

115.401 (n)	Frequency and scope of audits	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes

115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	na