

**PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS**

Date of report: February 11, 2016

Auditor Information			
Auditor name: Jeffery L. Newton			
Address: 12607 Bay Hill Drive, Chester, Virginia 23836			
Email: jeff@bighousellc.com			
Telephone number: 757-377-6789			
Date of facility visit: January 10-12, 2016			
Facility Information			
Facility name: Louisville Metropolitan Department of Corrections			
Facility physical address: 400 S. 6th Street, Louisville KY 40202			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 502-574-2167			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input checked="" type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Prison	<input checked="" type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Mark Bolton			
Number of staff assigned to the facility in the last 12 months: 420			
Designed facility capacity: 1793			
Current population of facility: 1805			
Facility security levels/inmate custody levels: minimum, medium and maximum			
Age range of the population: 18+			
Name of PREA Compliance Manager: Nicholas Angelini		Title: Lieutenant	
Email address: nicholas.angelini@!louisvilleky.gov		Telephone number: 502-574-8757	
Agency Information			
Name of agency: Louisville Metropolitan Department of Corrections			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 400 S. 6th Street, Louisville KY 40202			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 502-574-2167			
Agency Chief Executive Officer			
Name: Mark Bolton		Title: Director	
Email address: mark.bolton@louisvilleky.gov		Telephone number: 502-574-2167	
Agency-Wide PREA Coordinator			
Name: Nicholas Angelini		Title: Lieutenant	
Email address: nicholas.angelini@!louisvilleky.gov		Telephone number: 502-574-8757	

AUDIT FINDINGS

NARRATIVE

The audit of the Louisville Metropolitan Department of Corrections here after referred to as LMDC was conducted on January 10-12, 2016 by Jeffery L. Newton, Certified PREA auditor.

An entrance meeting was held January 10, 2016 with Agency-wide PREA Coordinator Lieutenant Nicholas Angelini, Policy Administrator Griffin, Assistant Administrator Durham, and Lieutenant Fugate. Following the entrance meeting I toured the LMDC main facility from 8:30 – 10:30. On January 11, 2016 I toured the LMDC Community Corrections Center

I requested an alpha listing of all inmates housed at both the main facility an the community corrections center and randomly selected at least one inmate from each housing unit. There were no hearing/vision impairment inmates, there were no identified transgender, intersex, or gender nonconforming inmates in the facility. I interviewed a number of non-English speaking and lesbian/gay inmates present in the facility. I interviewed a total of 42 inmates at the main facility and another 16 inmates at the community corrections center. I also asked for a shift roster of both facilities and selected supervisors and officers to be interviewed; I interviewed a total of five supervisors and twenty staff at the main facility and two supervisors and nine staff at the community corrections center.

One inmate forwarded communication in advance of the audit. The inmate was still in the facility at the time of the on-site visit. The inmate was interviewed during the course of the on-site visit. The inmate is not being housed in general population due to a medical problem. The inmate was not satisfied with the results of LMDC's response to his complaints and grievances. Further investigation into the inmates complaint indicated that LMDC complied with established policies and procedures.

There were 31 reported incidents of sexual assault/harassment allegation cases reported within the past year four inmate on inmate incidents were substantiated, two staff on inmate incidents were substantiated. The remaining incidents were either unsubstantiated or unfounded.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Louisville Metro Department of Corrections (LMDC) is 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.

The Main Jail is a full-service facility, which includes the Hall of Justice, comprises 43 dorms and 100 single cells, with over 1350 beds. The Community Corrections Center comprises 440 beds for minimum security inmates, male and female, and work release 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. Inmates in the special management unit, have access to legal materials, recreation, visitation, medication, correspondence and personal hygiene items. Furthermore, law enforcement entrance, pedestrian and vehicular sally ports, provides controlled access in the facility.

The offender population is comprised of inmates from Louisville and municipalities within the county.

Designed capacity: 1793 Average Daily Population: 1805

ACA Accredited: 2015 NCCHC Accredited: 2013

SUMMARY OF AUDIT FINDINGS

See detailed explanation for each standard.

Number of standards exceeded: 0

Number of standards met: 34

Number of standards not met: 7 (115.13, 115.16, 115.31, 115.33, 115.41, 115.67 & 115.81)

Number of standards not applicable: 2 (115.12 & 115.14)

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

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

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

Based on review of SOP 04-4.11 Sexual Abuse – Assault Prevention and Intervention. Based on interviews with the LMDC Command Staff, LMDC PREA Coordinator, LMDC PREA Compliance Manager, staff and inmates.

The Louisville Metropolitan Department of Corrections has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlines LMDC’s approach to preventing, detecting, and responding to such conduct.

LMDC employs and designates an upper-level, agency-wide LMDC PREA coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards as well as appointing a LMDC PREA Compliance Manager with sufficient time to oversee the facility’s efforts to comply with the PREA standards.

Standard 115.12 Contracting with other entities for the confinement of inmates

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

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

Based on interviews with the LMDC Command Staff, LMDC PREA Coordinator, and LMDC PREA Compliance Manager there are no contracts for the confinement of their inmates.

Standard 115.13 Supervision and monitoring

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

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

Based on interviews with the LMDC Deputy Director, LMDC PREA Coordinator, and LMDC PREA Compliance Manager.

Corrective Action Plan:

1. Facility Command Staff are currently working with a vendor to establish a staffing plan for a future facility.
2. Develop a staffing plan for the current facility in compliance with this standard
3. Monitor staffing plan and document deviations
4. Review supporting documentation in 90-120 days

Standard 115.14 Youthful inmates

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

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

Based on interviews with the LMDC Command Staff, LMDC PREA Coordinator, and LMDC PREA Compliance Manager no youthful inmates are housed at LMDC.

Standard 115.15 Limits to cross-gender viewing and searches

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

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

Based on SOP 03-3.09 Inmate Supervision and Observation, 03-2.18 Searches and 04-1.02 Transgender Classification, interviews with the LMDC PREA Compliance Manager, LMDC Command Staff, random staff and inmates.

The LMDC does not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances. The LMDC has policies and procedures that enable 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. Such policies and procedures require staff of the opposite gender to announce their presence when entering an inmate housing unit.

LMDC does not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the inmate's genital status is unknown, it is determined during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

LMDC does not train female correctional staff in how to conduct cross-gender pat-down searches as policy prohibits crossgender pat-down searches; however, searches of transgender and intersex inmates, when necessary, are conducted in a professional and respectful manner and in the least intrusive manner possible, consistent with security needs.

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

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

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

Based on review of SOP 04-1.01 Inmate Orientation, 04-4.11 Sexual Abuse – Assault Prevention and Intervention and interviews with the LMDC Command Staff, LMDC PREA Coordinator, staff and inmates. Procedures for interpreting services are available to all staff from a staff member that speaks the inmate's native language or thorough a Lanuage Line service. A number of inmates with limited English speaking ability were interviewed during the course of the on-site audit. On duty staff was able to provide adequate interpreting services to complete the interview.

LMDC takes appropriate steps to ensure inmates with disabilities (including, for example, inmates who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of LMDC's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In the unlikely event that a visually impaired individual is admitted to the facility, staff will read the required information to the offender to ensure they understand the rules of facility, have access to information about services and understand their rights related to PREA. A English/Spanish handbook is available. However, the PREA orientation video is not currently available in Spanish.

By policy, LMDC does 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.

Corrective Action Plan:

1. Interviews with non-english speaking inmates indicated that non-english speaking inmates are not provided adequate orientation to the facility.
2. Develop a process to ensure non-english speaking inmates are oriented and educated on PREA.
3. Review supporting documentation in 90-120 days

Standard 115.17 Hiring and promotion decisions

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

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

Based on review of SOP 01-3.05 Employee Selection Process and 04-4.11 Sexual Abuse – Assault Prevention and Intervention, interviews with the LMDC Facility Command Staff, LMDC PREA Coordinator, and LMDC PREA Compliance Manager. Review of personnel files, employment applications, documentation of five-year background screenings and background screenings for contractors.

LMDC does not hire or promote anyone who may have contact with inmates, and does not enlist the services of any contractor who may have contact with inmates, who has engaged in sexual abuse in any criminal justice facility, has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity described above.

LMDC considers any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates.

LMDC performs a criminal background records check before enlisting the services of any contractor who may have contact with inmates and performs a records check at least every five years of current employees and contractors who may have contact with inmates.

Standard 115.18 Upgrades to facilities and technologies

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

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

recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Based on review of SOP 03-2.34 Wearable Video Cameras and 04-4.11 Sexual Abuse – Assault Prevention and Intervention, interviews with the LMDC Facility Command Staff, LMDC PREA Coordinator, and LMDC PREA Compliance Manager, the LMDC considers how such technology may enhance LMDC Facility's, ability to protect inmates from sexual abuse. In 2013 LMDC began the process of upgrading the facility camera system, with consideration given to ACA CORE Jail Standards, Kentucky Administrative Regulations and the Prison Rape Elimination Act. During this process LMDC began to tackle the task of storing video from the system with a more modern, reliable solution that would allow storage and access to the recordings for two years. During this upgrade, LMDC was also able to make significant improvements to overall facility security. The project was completed in four phases, starting with the first floor and booking floor cameras at the Main Jail Complex, moving on to the CCC Facility and then the Hall of Justice and finally back to the Main Jail Complex. Even with this multiphased project, a recommendation was made to add 36 cameras to various locations at both the Main Jail Complex, Hall of Justice and CCC Facility.

Standard 115.21 Evidence protocol and forensic medical examinations

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

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

Based on review of SOP 03-2.20 Crime Scene Incident and Scene Preservation, 04-4.11 Sexual Abuse – Assault Prevention and Intervention and interviews with the Facility Command Staff, LMDC PREA Coordinator, and LMDC PREA Compliance Manager. While LMDC does not have a formal MOU with the Louisville Metropolitan Police Department, it is evident from review of facility documentation that incidents appropriate for referral are referred for criminal investigation. LMDC does have a formal MOU The Center for Women and Families (CW&F) Louisville, Kentucky.

To the extent LMDC is responsible for investigating allegations of sexual abuse, LMDC follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions

LMDC offers all victims of sexual abuse access to forensic medical examinations, at the University of Louisville Hospital, Louisville, Kentucky without financial cost, where evidentiary or medically appropriate. Examinations are not performed by Sexual Assault Forensic Examiners (SAFE) or Sexual Assault Nurse Examiners (SANE) as this level of qualification is not available at the University of Louisville Hospital.

LMDC makes available to the victim a victim advocate from the The Center for Women and Families. As requested by the victim, a victim advocate, accompanies and supports the victim through the forensic medical examination process and investigatory interviews and are provide emotional support, crisis intervention, information, and referrals.

To the extent LMDC itself is not responsible for investigating allegations of sexual abuse, LMDC requests that the investigating agency follow the requirements listed above. The Louisville Metropolitan Police Department conducts all investigations once they are deemed criminal, based on preponderance of the evidence.

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

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

Based on review of SOP 04-4.11 Sexual Abuse – Assault Prevention and Intervention and interviews with the Facility Command Staff and LMDC PREA Coordinator, LMDC PREA Compliance Manager.

LMDC ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

LMDC has a policy that ensures 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. LMDC documents all such referrals for criminal investigation.

Standard 115.31 Employee training

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

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

Based on review of SOP 01-4.01 Training Guidelines, SOP 04-4.11 Sexual Abuse – Assault Prevention and Intervention, review of training curriculum and interviews with the LMDC Command Staff, LMDC PREA Coordinator, LMDC PREA Compliance Manager and interviews with random staff. LMDC trains all employees who have contact with inmates on:

- (1) Its zero-tolerance policy for sexual abuse and sexual harassment;
- (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
- (3) Inmates' right to be free from sexual abuse and sexual harassment;
- (4) The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment;

- (5) The dynamics of sexual abuse and sexual harassment in confinement;
- (6) The common reactions of sexual abuse and sexual harassment victims;
- (7) How to detect and respond to signs of threatened and actual sexual abuse;
- (8) How to avoid inappropriate relationships with inmates;
- (9) How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; and
- (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

Officers receive 4 hours of training during orientation (prior to having unsupervised contact with inmates) and received 2 hours annual training in 2015 to ensure all employees remain current on their responsibilities related to ensuring inmates rights related to PREA.

LMDC documents, through employee signature the employee’s understanding of training they have received.

Corrective Action Plan:

1. Implement a process to document employees sign acknowledgement of their understanding of PREA training.
2. Review supporting documentation in 90-120 days

Standard 115.32 Volunteer and contractor training

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

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

Based on review of SOP 01-4.01 Training Guidelines, SOP 04-4.01 Healthcare Services, SOP 04-4.11 Sexual Abuse – Assault Prevention and Intervention, review of training curriculum, volunteer and contractor training records and interviews of volunteers and contractors.

LMDC ensures all volunteers and contractors who have contact with inmates have been trained on their responsibilities under LMDC sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

Volunteers and contractors receive the same training as line staff. All volunteers and contractors who have contact with inmates are notified of LMDC’s, zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

LMDC has documentation confirming that volunteers and contractors understand the training they have received.

Standard 115.33 Inmate education

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

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

Based on review of SOP 01.01 Inmate Orientation, SOP 05-1.01 Program Services, SOP 04-4.11 Sexual Abuse – Assault Prevention and Intervention and interviews LMDC Facility Command Staff, LMDC PREA Coordinator, LMDC PREA Compliance Manager with random inmates and intake staff.

During the intake process, inmates receive information explaining LMDC’s, zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. Weekenders are processed through intake the same as other inmates.

LMDC provides a comprehensive education to inmates through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.

LMDC provides inmate education 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. There is documentation of inmate participation in these education sessions. In the unlikely event that a visually impaired individual is admitted to the facility, staff will read the required information to the offender to ensure they understand the rules of facility, have access to information about services and understand their rights related to PREA. A English/Spanish handbook is available.

Corrective Action Plan:

1. It was not clear that all individuals processed received comprehensive education within 30 days. While records indicate most inmates are provided the opportunity to view a comprehensive training video within 72 hours, a number of inmates interviewed could not recall viewing the video and records could not be found to document such opportunity. Establish a process to ensure all inmates receive comprehensive education within 30 days of incarceration. Monitor records for 90-120 days to ensure the process has become a custom and practice concerning educating inmates.
2. The standard discusses providing non-english speaking inmates with education. None of the non-english speaking inmates that were interviewed could recall PREA education. Establish a process to ensure all inmates receive comprehensive education within 30 days of incarceration. Monitor records for 90-120 days to ensure the process has become a custom and practice concerning educating inmates.
3. Ensure inmates acknowledge in writing receiving orientation and comprehensive PREA education.

Standard 115.34 Specialized training: Investigations

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

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

Based on review of SOP 01-4.01 Training Guidelines, SOP 04-4.11 Sexual Abuse – Assault Prevention and Intervention and review of the LMDC PREA Investigator training certificate from the **PREA and Victim Services: A Trauma-Informed Approach** training conducted by the LMDC train-the-trainer and interviews with supervisory staff trained to conduct PREA Investigations.

In addition to the general training provided to all employees, LMDC ensures that the in-house investigators have received training in conducting investigations in confinement settings.

Specialized training includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. LMDC maintains documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.

Standard 115.35 Specialized training: Medical and mental health care

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

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

Based on review of SOP 04-4.01 Healthcare Services, SOP 04-4.11 Sexual Abuse – Assault Prevention and Intervention and review of curriculum provided based on the following resources Sexual Assault in Jail and Juvenile Facilities: Promising Practices for Prevention and Response Final Report, June 2010 Preventing and Responding to Corrections-Based Sexual Abuse: A Guide for Community Corrections Professionals and review of training attendance rosters.

LMDC ensures that all full and part-time medical and mental health care practitioners who work regularly have been trained in how to: detect and assess signs of sexual abuse and sexual harassment; preserve physical evidence of sexual abuse; respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

LMDC maintains documentation that medical and mental health practitioners have received the training. Medical and mental health care practitioners also receive the training mandated for employees, contractors and volunteers.

Standard 115.41 Screening for risk of victimization and abusiveness

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

Based on review of SOP 04-1.02 Transgender Classification, 05-1.02 Classification Assessment, and SOP 04-4.11 Sexual Abuse – Assault Prevention and Intervention; LMDC uses an Objective Jail Classification process an Initial Custody & Classification questionnaire and Sexual Predation and Victimization Assessment. Based on interviews with random inmates, Classification Supervisor, Classification Officers and the LMDC PREA Coordinator.

All inmates are assessed during an intake screening and upon transfer to another facility for risk of being sexually abused by other inmates or sexually abusive toward other inmates.

Intake screenings take place within 72 hours of arrival at LMDC. LMDC uses an objective screening instrument.

The intake screening considers, 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;
- (2) The age of the inmate;
- (3) The physical build of the inmate;
- (4) Whether the inmate has previously been incarcerated;
- (5) Whether the inmate’s criminal history is exclusively nonviolent;
- (6) Whether the inmate has prior convictions for sex offenses against an adult or child;
- (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
- (8) Whether the inmate has previously experienced sexual victimization;
- (9) The inmate’s own perception of vulnerability; and
- (10) Whether the inmate is detained solely for civil immigration purposes.

The initial screening considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to LMDC in assessing inmates for risk of being sexually abusive.

Within 30 days from the inmate’s arrival at LMDC a reassessment of the inmate’s risk of victimization or abusiveness based upon any additional, relevant information received by LMDC since the intake screening.

An inmate’s risk level is 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.

Inmates are not disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked.

LMDC implements appropriate controls on the dissemination within LMDC 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.

Corrective Action Plan:

1. Monitor 90-120 days to demonstrate the assessment and new procedures have become a custom and practice concerning screening inmates.
2. The standard discusses reassessment for risk of being a predator or victim within 30 days. Documented coordination needs to occur between mental health, classification and the PREA Investigators.
3. Document referral to mental health and feedback to classification as to the results of the referral.
4. Form MDT (Mental Health, Classification, PREA Inv) – may include PREA Coordinator
5. Add language to policy to clarify these changes to include control access to the risk assessment.

Standard 115.42 Use of screening information

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

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

Based on review of SOP 04-1.02 Transgender Classification, 05-1.02 Classification Assessment, and SOP 04-4.11 Sexual Abuse – Assault Prevention and Intervention and interviews with the Classification Supervisor, Classification Staff and the LMDC PREA Coordinator.

LMDC uses information from the risk screening to decide housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.

LMDC makes individualized determinations about how to ensure the safety of each inmate.

In deciding housing and programming for a transgender or intersex inmate LMDC considers on a case-by-case basis whether the placement would ensure the inmate’s health and safety, and whether the placement would present management or security problems.

Placement and programming assignments for each transgender or intersex inmate is reassessed at least twice each year to review any threats to safety experienced by the inmate.

A transgender or intersex inmate’s own views with respect to his or her own safety are to be given serious consideration. The showers are designed in such a way that allows privacy for all inmates.

LMDC does not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status. However, staff interviewed do not recall ever processing a transgender or intersex inmate.

Standard 115.43 Protective custody

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

- Does Not Meet Standard (requires corrective action)

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

Based on review of SOP SOP 04-1.02 Transgender Classification, 05-1.02 Classification Assessment, and SOP 04-4.11 Sexual Abuse – Assault Prevention and Intervention and interviews with the Classification Supervisor, Classification Staff and the LMDC PREA Coordinator. Only one inmate was placed in involuntary segregation in the last 12 months and the placement was for less than 30 days.

Inmates at high risk for sexual victimization are not 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.

Inmates placed in segregated housing for this purpose have access to programs, privileges, education, and work opportunities to the extent possible. If LMDC restricts access to programs, privileges, education, or work opportunities, LMDC documents the opportunities that have been limited, the duration of the limitation; and the reasons for such limitations.

LMDC assigns such inmates to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment would not ordinarily exceed a period of 30 days. If involuntary segregated housing assignment is made LMDC clearly documents the basis for LNDC’s, concern for the inmate’s safety; and the reason why no alternative means of separation can be arranged. Every 30 days a review will be performed to determine whether there is a continuing need for separation from the general population.

Standard 115.51 Inmate reporting

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

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

Based on review of SOP 01-3.02 Employee Code of Ethics and Conduct, SOP 03-5.02 Grievance Procedures, SOP 04-4.11 Sexual Abuse – Assault Prevention and Intervention, and Inmate Handbook. The inmates have a hotline they can call. Based on interviews with random staff and inmates.

LMDC provides multiple internal ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Inmate request forms have how to report sexual abuse and the hotline number posted in close proximity to phones in the inmate housing units as a constant reminder.

LMDC provides at least one way for inmates to report abuse or harassment to the Louisville Metropolitan Police Department an entity that is not part of LMDC and that is able to receive and immediately forward inmate reports

of sexual abuse and sexual harassment to agency officials, allowing the inmate to remain anonymous upon request.

Staff accepts reports made verbally, in writing, anonymously, and from third parties and promptly documents any verbal reports.

Standard 115.52 Exhaustion of administrative remedies

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

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

Based on review of SOP 03-5.02 Grievance Procedures and interviews with random staff and inmates. LMDC did not report any documented inmate grievances concerning sexual harassment or abuse, retaliation by inmates or other staff or staff neglect or violation of responsibilities during the previous 12 months.

Standard 115.53 Inmate access to outside confidential support services

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

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

Based on Memorandum of Understanding with the The Center for Women and Families and interviews with random inmates.

LMDC provides inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, for the The Center for Women and Families. LMDC enables reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible.

LMDC informs 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.

Standard 115.54 Third-party reporting

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

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

LMDC has a method to receive third-party reports of sexual abuse/harassment and distributes publicly, information on how to report sexual abuse and sexual harassment on behalf of an inmate. The information is publicly posted in the lobby and available on the agency web page <https://louisvilleky.gov/government/corrections/prison-rape-elimination-act>

Standard 115.61 Staff and agency reporting duties

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

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

Based on review of SOP 01-3.02 Employee Code of Ethics and Conduct, 04-4.04 Inmate Access to Healthcare Services, 04-4.11 Sexual Abuse – Assault Prevention and Intervention and interviews with random line, supervisory staff and interviews with the LMDC Command Staff, LMDC PREA Coordinator, LMDC PREA Compliance Manager and medical/mental health staff.

LMDC requires 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 LMDC; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Apart from reporting to designated supervisors or officials, staff do not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions.

Standard 115.62 Agency protection duties

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

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

Based on review of SOP 04-4.11 Sexual Abuse – Assault Prevention and Intervention and interviews with random line and supervisory staff, the LMDC Command Staff, LMDC PREA Coordinator, and LMDC PREA Compliance Manager.

Immediate action is taken to protect inmates when LMDC learns that an inmate is subject to a substantial risk of imminent sexual abuse

Standard 115.63 Reporting to other confinement facilities

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

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

Based review of SOP 04-4.11 Sexual Abuse – Assault Prevention and Intervention and interviews with the LMDC Command Staff, LMDC PREA Coordinator, and LMDC PREA Compliance Manager.

Upon receiving an allegation that an inmate was sexually abused while confined at another facility, the LMDC will notify the head of correctional facility or appropriate office of the correctional facility where the alleged abuse occurred. Such notification will be provided as soon as possible, but no later than 72 hours after receiving the allegation; all actions will be thoroughly documented. LMDC has adequately documented making notification to a previous facility if any allegations are received from new inmates concerning being sexually abused while confined at another facility.

Standard 115.64 Staff first responder duties

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

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

corrective actions taken by the facility.

Based review of the SOP 03-2.20 Crime Scene Incident and Scene Preservation, 04-4.11 Sexual Abuse – Assault Prevention and Intervention and interviews with random line and supervisory staff who are first responders.

Upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond separates the alleged victim and abuser; preserves and protects any crime scene until appropriate steps can be taken to collect any evidence; and if the abuse occurred within a time period that still allows for the collection of physical evidence, 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; and if the abuse occurred within a time period that still allows for the collection of physical evidence, 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 first staff responder is not a security staff member, the responder requests that the alleged victim not take any actions that could destroy physical evidence, and then notifies security staff.

Standard 115.65 Coordinated response

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

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

Based review of SOP 04-4.11 Sexual Abuse – Assault Prevention and Intervention and interviews with random line and supervisory staff who are first responders.

LMDC has a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

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

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

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

Based on interview with LMDC Command Staff, LMDC does have collective bargaining agreements. The collective bargaining agreements do not include any language that would hinder compliance with any PREA standard.

Standard 115.67 Agency protection against retaliation

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

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

Based on review of SOP 04-4.11 Sexual Abuse – Assault Prevention and Intervention and interviews with the LMDC Command Staff, LMDC PREA Coordinator, and LMDC PREA Compliance Manager.

LMDC has a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperates with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff, and designate the LMDC PREA Coordinator with monitoring retaliation. By policy the LMDC PREA Coordinator monitors weekly for 90 days.

LMDC has 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 that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

By policy, for or at least 90 days following a report of sexual abuse, the LMDC monitors the conduct and treatment of inmates or staff who reported the sexual abuse and 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, and are act promptly to remedy any such retaliation. There are periodic status checks performed. Items LMDC monitor include any inmate disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. LMDC continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

If any other individual who cooperates with an investigation expresses a fear of retaliation, LMDC takes appropriate measures to protect that individual against retaliation.

Corrective Action Plan:

1. Develop a documented process for retaliation reviews.
2. Monitor documentation for at least 90-120 days to ensure the process has become a custom and practice.

Standard 115.68 Post-allegation protective custody

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

- Does Not Meet Standard (requires corrective action)

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

Based on review of SOP 05-1.02 Classification Assessment and interviews with LMDC Command Staff, LMDC PREA Coordinator, and LMDC PREA Compliance Manager there were no inmates in segregation for risk of sexual victimization during the audit.

Any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse receive all the same rights and privileges as general population inmates.

Standard 115.71 Criminal and administrative agency investigations

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

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

Based on review of SOP 01-3.02 Employee Code of Ethics and Conduct, 01-8.01 Professional Standards Unit, 03-4.02 Inmate Disciplinary Procedure, 04-4.11 Sexual Abuse – Assault Prevention and Intervention and interviews with the LMDC Command Staff, LMDC PREA Coordinator, LMDC PREA Compliance Manager and LMDC PREA Investigators. At the time the audit a number of completed administrative report were available for review.

The LMDC conducts investigations promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.

Where sexual abuse is alleged, LMDC uses investigators who have received special training in sexual abuse investigations.

Investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; interview alleged victims, suspected perpetrators, and witnesses; and review prior complaints and reports of sexual abuse involving the suspected perpetrator.

When the quality of evidence appears to support criminal prosecution, LMDC conducts compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. All criminal prosecution cases are referred to the Louisville Metropolitan Police Department.

The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and is not determined by the person’s status as inmate or staff. No agency requires an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

Administrative investigations include efforts to determine whether staff actions or failures to act contributed to the abuse; and are documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

Criminal investigations are documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

Substantiated allegations of conduct that appears to be criminal are referred for prosecution to the Louisville Metropolitan Police Department.

LMDC retains all written reports for as long as the alleged abuser is incarcerated or employed by LMDC plus five years.

The departure of the alleged abuser or victim from the employment or control of LMDC or agency does not provide a basis for terminating an investigation.

Standard 115.72 Evidentiary standard for administrative investigations

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

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

Based on review of SOP 01-8.01 Professional Standards Unit and interviews with the LMDC Command Staff, LMDC PREA Coordinator, LMDC PREA Compliance Manager and LMDC Professional Standards Unit Supervisor.

LMDC imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Standard 115.73 Reporting to inmates

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

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

Based on review of SOP 04-4.11 Sexual Abuse – Assault Prevention and Intervention and interviews with the LMDC Command Staff, LMDC PREA Coordinator, LMDC PREA Compliance Manager and LMDC PREA Investigators.

Following an investigation into an inmate’s allegation that they suffered sexual abuse in an LMDC facility, LMDC informs the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

If LMDC did not conduct the investigation, it will request the relevant information from the investigative agency (currently LMPD) in order to inform the inmate.

Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, LMDC subsequently informs the inmate (unless LMDC has determined that the allegation is unfounded) whenever the staff member is no longer posted within the inmate's unit; the staff member is no longer employed at LMDC or LMDC learns that the staff member has been indicted on a charge related to sexual abuse within LMDC; or LMDC learns that the staff member has been convicted on a charge related to sexual abuse within LMDC.

Following an inmate's allegation that they had been sexually abused by another inmate, LMDC subsequently informs the alleged victim whenever LMDC learns that the alleged abuser has been indicted on a charge related to sexual abuse within LMDC or LMDC learns that the alleged abuser has been convicted on a charge related to sexual abuse within LMDC. All such notifications or attempted notifications are documented.

An agency's obligation to report under this standard are terminated if the inmate is released from LMDC's custody.

Standard 115.76 Disciplinary sanctions for staff

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

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

Based on review of SOP 01-3.02 Employee Code of Ethics and Conduct and interviews with the and interviews with the LMDC Command Staff, LMDC PREA Coordinator, LMDC PREA Compliance Manager and LMDC PREA Investigators.

Staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

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

All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

Standard 115.77 Corrective action for contractors and volunteers

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

- Does Not Meet Standard (requires corrective action)

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

Based on review of SOP 01-3.02 Employee Code of Ethics and Conduct and interviews with the LMDC Command Staff, LMDC PREA Coordinator, LMDC PREA Compliance Manager and LMDC PREA Investigators.

Any contractor or volunteer who engages in sexual abuse is prohibited from contact with inmates and are reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

LMDC takes appropriate remedial measures, and considers whether to prohibit further contact with inmates, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

Standard 115.78 Disciplinary sanctions for inmates

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

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

Based on review of SOP 3-4.04 Inmate Rule Violations and Sanctions and interviews with the LMDC Command Staff, LMDC PREA Coordinator, LMDC PREA Compliance Manager, LMDC PREA Investigators and mental health staff.

Inmates are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse.

Sanctions are 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.

The disciplinary process considers whether an inmate’s mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

LMDC assesses whether to offer therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, on a case-by-case basis.

LMDC disciplines an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

A report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred are not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

LMDC prohibits all sexual activity between inmates and may discipline inmates for such activity.

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

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

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

Based on review of SOP 04-4.01 Healthcare Services, 04-4.10 Medical Records – Confidentiality, 04-4.11 Sexual Abuse – Assault Prevention and Intervention and interviews with staff responsible for risk screening and medical/mental health staff

If the screening indicates that an inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, 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; however, this process was not adequately documented to demonstrate a custom and practice.

If the screening indicates that an inmate has previously perpetrated sexual abuse/prior sexual victimization, whether it occurred in an institutional setting or in the community, staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.

Any information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.

Medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting.

Corrective Action Plan:

1. Without data for at least 90-120 days to prove that you’ve actually done the assessment it’s difficult to determine if you have a custom and practice concerning screening inmates.
2. Feedback provided to Classification

Standard 115.82 Access to emergency medical and mental health services

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

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

recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Based on review of SOP 03-2.20 Crime Scene Incident and Scene Preservation, 04-4.04 Inmate Access to Healthcare Services, 04-4.11 Sexual Abuse – Assault Prevention and Intervention and interviews with staff responsible for risk screening and medical/mental health staff

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.

If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders take preliminary steps to protect the victim and are immediately notify the appropriate medical and mental health practitioners.

Inmate victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

Treatment services are 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.

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

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

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

Based on review of 04-4.04 Inmate Access to Healthcare Services, 40-4.11 Sexual Abuse – Assault Prevention and Intervention and interviews with staff responsible for risk screening and medical/mental health staff

LMDC offers medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in the jail.

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.

LMDC provides such victims with medical and mental health services consistent with the community level of care.

Inmate victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests. If pregnancy results, victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

Inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

Treatment services are 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.

Standard 115.86 Sexual abuse incident reviews

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

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

Based on review of SOP 01-1.19 Communication Among Staff and With Inmates, 04-4.11 Sexual Abuse – Assault Prevention and Intervention and interviews with the LMDC Facility Command Staff, LMDC PREA Coordinator, LMDC PREA Compliance Manager, LMDC PREA Investigators. Documentation of Critical Incident Reviews is maintained by LMDC.

LMDC conducts 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. This review occurs within 30 days of the conclusion of the investigation. The review team includes upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.

The review team considers 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, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at LMDC and they 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.

Standard 115.87 Data collection

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

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

Based on review of SOP 04-4.11 Sexual Abuse – Assault Prevention and Intervention and interviews with the LMDC Facility Command Staff, LMDC PREA Coordinator, and LMDC PREA Compliance Manager.

LMDC collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions, and aggregates the incident-based sexual abuse data at least annually.

The incident-based data collected is based on the most recent version of the Survey of Sexual Violence conducted by the Department of Justice; LMDC responded to the annual survey in 2013.

LMDC maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

If required, LMDC will provide all such data from the previous calendar year to the Department of Justice no later than June 30. No requests have been made.

Standard 115.88 Data review for corrective action

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

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

Based on review of SOP 04-4.04 Inmate Access the Healthcare Services, 04-4.11 Sexual Abuse – Assault Prevention and Intervention and interviews with the and interviews with the LMDC Facility Command Staff, LMDC PREA Coordinator, and LMDC PREA Compliance Manager.

LMDC reviews data collected to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings and corrective.

Such reports includes a comparison of the current year's data and corrective actions with those from prior years (when available) and provide an assessment of LMDC's progress in addressing sexual abuse.

LMDC's, report is approved by LMDC Director and made readily available to the public through its website <https://louisvilleky.gov/government/corrections/prison-rape-elimination-act>

Standard 115.89 Data storage, publication, and destruction

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

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

Based on review of SOP 04-4.11 Sexual Abuse – Assault Prevention and Intervention and interviews with the and interviews with the LMDC Facility Command Staff, LMDC PREA Coordinator, and LMDC PREA Compliance Manager.

LMDC makes 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

<https://louisvilleky.gov/government/corrections/prison-rape-elimination-act>

All reports are securely retained and maintained for at least 10 years after the date of the initial collection unless Federal, State, or local law requires.

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.



February 11, 2016

Auditor Signature

Date