

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

Final Report

Date of Report: August 29, 2020

Auditor Information

Name: Brian D. Bivens	Email: briandbivens@gmail.com
Company Name: Brian D. Bivens and Associates	
Mailing Address: P.O. Box 51787	City, State, Zip: Knoxville, TN 37950
Telephone: 865-789-1037	Date of Facility Visit: July 27-29, 2020

Agency Information

Name of Agency:		Governing Authority or Parent Agency (If Applicable):	
CoreCivic		N/A	
Physical Address: 5501 Virginia Way, Suite 110		City, State, Zip: Brentwood, Tennessee 37027	
Mailing Address: Same		City, State, Zip: Same	
The Agency Is:	Military	<input checked="" type="checkbox"/> Private for Profit	Private not for Profit
	Municipal	County	State
			Federal
Agency Website with PREA Information: https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea			

Agency Warden Executive Officer

Name: Damon T. Hininger, President and Warden Executive Officer	
Email: damon.hininger@corecivic.com	Telephone: 615-263-3000

Agency-Wide PREA Coordinator

Name: Eric S. Pierson, Senior Director, PREA Compliance and Programs	
Email: eric.pierson@corecivic.com	Telephone: 615-263-6915
PREA Coordinator Reports to: Steven Conry, Vice President, Operations Administration	Number of Compliance Managers who report to the PREA Coordinator 65 (Indirect)

Facility Information

Name of Facility: Lee Adjustment Center

Physical Address: 168 Lee Adjustment Center Drive

City, State, Zip: Beattyville, KY 41311

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

City, State, Zip: Same as above

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Type:

Prison

Jail

Facility Website with PREA Information: <https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea>

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

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

- American Correctional Association
- NCCHC
- CALEA
- Other (please name or describe)
- N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe: N/A

Warden/Warden/Sheriff/Director

Name: Daniel Akers, Warden

Email: Daniel.Akers@corecivic.com

Telephone: 606-464-2866

Facility PREA Compliance Manager

Name: James Briggs, Assistant Warden

Email: James.Briggs@corecivic.com

Telephone: 606-464-2866

Facility Health Service Administrator N/A

Name: Lisa Dickerson

Email: ldickerson@wellpath.us

Telephone: 606-464-2866

Facility Characteristics

Designated Facility Capacity:	866	
Current Population of Facility:	772	
Average daily population for the past 12 months :	846	
Has the facility been over capacity at any point in the past 12 months?	Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	Females <input checked="" type="checkbox"/> Males Both Females and Males	
Age range of population:	18-70	
Average length of stay or time under supervision :	Twelve Months	
Facility security levels/inmate custody levels :	Minimum, Medium, Close, and High	
Number of inmates admitted to facility during the past 12 months :	634	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>72 hours or more</i> :	633	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>30 days or more</i> :	633	
Does the facility hold youthful inmates?	Yes <input checked="" type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months : (N/A if the facility never holds youthful inmates)	N/A	
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	Yes <input checked="" type="checkbox"/> No	
<p>Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):</p>	<ul style="list-style-type: none"> Federal Bureau of Prisons U.S. Marshals Service U.S. Immigration and Customs Enforcement Bureau of Indian Affairs U.S. Military branch <input checked="" type="checkbox"/> State or Territorial correctional agency County correctional or detention agency Judicial district correctional or detention facility City or municipal correctional or detention facility Private corrections or detention provider Other - please name or describe: Click or tap here to enter text. N/A 	

Number of staff currently employed by the facility who may have contact with inmates:	164
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	139
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	3
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	34
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	47
Physical Plant	
<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	8 within the secure perimeter
<p>Number of inmate housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	4
Number of single cell housing units:	1 Restrictive Housing Unit
Number of multiple occupancy cell housing units:	1
Number of open bay/dorm housing units:	2
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	50
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	Yes No <input checked="" type="checkbox"/> N/A

Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	Yes <input checked="" type="checkbox"/> No
Medical and Mental Health Services and Forensic Medical Exams	
Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes No WellPath
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes No WellPath
Where are sexual assault forensic medical exams provided? Select all that apply.	<input checked="" type="checkbox"/> On-site <input type="checkbox"/> Local hospital/clinic Baptist Health Richmond <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)
Investigations	
Criminal Investigations	
Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	0
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input checked="" type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input type="checkbox"/> N/A
Administrative Investigations	
Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	8
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A

Audit Findings

Audit Narrative

The onsite PREA audit of the Lee Adjustment Center was conducted July 27-29, 2020, by Department of Justice Certified PREA Auditor Brian D. Bivens. The Lee Adjustment Center is located in Beattyville, Kentucky; which is in Lee County and is named after an early settler to the area, Samuel Beatty. The population was 1,307 at the 2010 census. Pre-audit preparation included a thorough review of all policies, procedures, training curriculums, Pre-Audit Questionnaire, and supporting documentation provided by the facility to demonstrate compliance to the PREA standards. The auditor, Accreditation Staff at Lee Adjustment Center and the CoreCivic agency-wide PREA Coordinator had ongoing communication for several weeks prior to the audit to prepare for the on-site visit.

The auditor wishes to extend his deepest appreciation to Warden Daniel Akers and his staff for their professionalism, hospitality, and kindness. Every effort was made to ensure the safety, staff and the auditor by enforcement of social distancing and mandatory masks for all persons inside the facility. The auditor also wishes to compliment the Lee Adjustment Center's Ralph Clifton for his outstanding work in organizing the files that were provided to the auditor in advance of the audit; Mr. Clifton is a great ambassador for CORECIVE and the Lee Adjustment Center. This enabled the audit to move forward very efficiently. The auditor also wishes to express gratitude for the CoreCivic's agency wide PREA Coordinator, Eric Pierson.

The on-site audit began with an entrance meeting being conducted on Monday July 27th, 2020 at 08:30 a.m. in the Conference Room. The following staff attended the entrance meeting:

Warden Daniel Akers

Daniel Blankenship, Chief of Security

Shannon Butrum, Kentucky Department of Corrections PREA Coordinator

Nikki Beckstrom, Kentucky Department of Corrections Inspector

Ralph Clifton, Chief of Unit Management

Mitchell Brandenburg, Quality Assurance Manager

Following the entrance meeting, the auditor conducted a comprehensive site review that began at approximately 0900 a.m. and continued throughout the onsite visit. During the site review the auditor reviewed camera placement, blind spots, staff placement and documentation to assist in determining standard compliance. While touring the facilities the auditor observed the notices of this PREA audit in all the buildings, as well as posters that called attention to the agency's Zero Tolerance Policy and how to report allegations of sexual abuse and sexual harassment. Posters were visible in both English and Spanish. Random staff and resident interviews were conducted in a private office and secure visitation area provided. The following staff accompanied the auditor on the site review:

Warden Daniel Akers

Allen Blankenship, Chief of Security

Shannon Butrum, Kentucky Department of Corrections PREA Coordinator

Nikki Beckstrom, Kentucky Department of Corrections Inspector

Ralph Clifton, Chief of Unit Management

All housing units, day rooms, resident program areas, work areas, and all other resident accessible areas were toured. Other accessible areas included the Kitchen, Laundry, Medical, Administrative Area, Central Control, Recreation Yard, Classrooms, and Vocational Facility adjacent to the complex, and Commissary. While touring several residents and staff were questioned about their knowledge of PREA standards, procedures for reporting, services available, and their responsibilities. All staff and residents informally interviewed during the tour acknowledged receiving training and procedures for reporting sexual abuse, sexual harassment, and/or retaliation for reporting. The auditor found the staff to be well versed in their duties as PREA 1st Responders.

The auditor interviewed a total of thirty one staff members, contractors and/or volunteers during the course of this audit. (See Chart Below) All staff interviewed was well versed in their respective areas of responsibility regarding PREA and affirmed compliance with the applicable PREA standards.

Staff/Contractor/Volunteer Interviews (31)

Interview Type	Number Interviewed	Additional Information
Volunteer	2	Religious Services
Contractor	4	1-Keefe, 2-WellPath, 1-Aramarck
Supervisor	2	Dayshift Captain, Nightshift Captain
1 st Responder	1	
Agency Head/Designee	1	Warden
Facility Head/Designee	1	Warden
Medical Staff	1	Health Services Administrator
Mental Health Staff	1	WellPath
PREA Coordinator	1	Agency Wide PREA Coordinator
PREA Manager	1	Ralph Clifton
Day Shift Random Staff	7	
Night Shift Random Staff	3	
PREA Investigator	1	
Screening Staff	1	Case Manager
Human Resources	1	
Training Staff	1	
Juvenile Staff	0	N/A
Segregation Staff	1	Sergeant
Intake Staff	1	

There is no SAFE or SANE staff at the facility; exams would be performed at Baptist Health Richmond. Staff interviewed was well versed in their responsibilities in reporting sexual abuse,

sexual harassment, staff negligence, and retaliation for reporting. The Kentucky Association of Sexual Abuse Programs - The Rising Center acts the external reporting agency. Inmates can simply utilize the inmate phone, and they are quickly connected to a Victim Advocate; this phone number is posted above all inmate phones in the facility including those on the recreation yard. All phone calls to the Kentucky Association of Sexual Abuse Programs - The Rising Center are confidential and are not recorded. The system was successful tested during the initial tour of the facility.

The facility supplied a list of resident names sorted by housing units, disabilities, and special designations, as well as a list of facility staff names to the auditor. From these lists the auditor selected, at random, a sampling of residents and staff to be interviewed during the on-site visit. The sampling size for residents included at least one resident from each housing unit. This decision was made to ensure all residents throughout the facility were receiving the same information and education related to all aspects of the PREA program instituted at this facility.

There were thirty inmates interviewed during the on-site visit. These residents consisted of: fifteen general population inmates and fifteen targeted.

Inmate Interviews (30)

Interview Type	Number Interviewed	Additional Information
General Population	15	
Juvenile	0	Juveniles are not housed at this facility
LEP	1	
Blind/Low Vision	1	
Deaf/Hearing Impaired	2	
Self-Identified as LBGTQ	3	
Physical/Mental Disability	3	
Screened as a Risk of Abusiveness	1	
Screened as a Risk Of Victimization	3	
Reported Sexual Abuse	1	

All of the inmates interviewed acknowledged receiving PREA training and written materials in languages that they could comprehend (posters, pamphlets, and resident handbooks) outlining the agencies zero tolerance policies towards sexual abuse, sexual harassment, and retaliation for reporting, as well as the procedures for reporting. There were four inmates did not remember if they had watched the PREA orientation video utilized for the more in depth training. Intake files did show all four inmates had signed a form acknowledging they had watched the video. Two of the thirty inmates reviewed stated they did not remember receiving a PREA brochure upon intake. The review of their intake files showed where each had signed for the brochure as a facility issued item. Inmates were given another brochure to ensure compliance. All thirty inmates interviewed felt if they had to file a PREA complaint the facility would respond appropriately to their complaint and that all PREA complaints were taken very serious by staff at this facility.

The auditor selected and carefully examined ten human resource files, ten staff training files, two contractor and two volunteer training files. The human resource and volunteer files were very well

organized and contained all the necessary background check information and signed statements regarding previous sexual misconduct described in the standards. The training records were also very complete and included written documentation that staff and volunteers received the required training and understood what was being trained. It was clear the facility’s training staff thoroughly covers all aspects of PREA during his training sessions.

The auditor also reviewed ten offender files and saw documentation of offender education, as well as documentation of the initial risk screenings, and screenings upon additional information being completed as required by the standard.

In the 12 months preceding the audit, the Lee Adjustment Center had received and investigated eleven PREA complaints regarding sexual harassment and/or sexual abuse. During the investigation each case was either determined to be unfounded, unsubstantiated or substantiated based on each merit, investigation findings and evidentially standards. All investigative files were reviewed during the on-site visit and appeared to document thoroughly the investigative process per agency policy. Policy was followed and documented for inmate notification, incident review and retaliations monitoring. Policy and procedure required that criminal investigative referrals were to be documented and proper referrals were made as warranted. Two criminal investigations have been referred by the State Police for prosecution; both are pending in the grand jury.

PREA Investigation Files from the past 12 months (11)

Date	Incident #	IOI / SOI	TYPE	Disposition	Referred for Prosecution
07/16/2019	LAC-2019-0716-01	SOI	Harassment	Unfounded	No
08/05/2019	LAC-2019-0805-01	SOI	Abuse	Unfounded	No
08/30/2019	LAC-2019-0830-01	IOI	Abuse	Unsubstantiated	No
09/12/2019	LAC-2019-0912-01	IOI	Harassment	Unfounded	No
10/26/2019	LAC-2019-1026-01	SOI	Abuse	Substantiated	Yes
11/05/2019	LAC-2019-1105-01	SOI	Abuse	Unfounded	No
11/12/2019	LAC-2019-1112-01	SOI	Harassment	Unfounded	No
12/13/2019	LAC-2019-1213-01	IOI	Abuse	Unsubstantiated	No
01/06/2020	LAC-2020-0106-01	SOI	Abuse	Unfounded	No
02/05/2020	LAC-2020-0205-01	SOI	Abuse	Unfounded	No
05/05/2020	LAC-2020-0505-01	SOI	Harassment	Unfounded	No
05/23/2020	LAC-2020-0523-01	SOI	Abuse	Substantiated	Yes

* EOI means Employee on Inmate and IOI means Inmate on Inmate

There were zero allegations made by inmates that occurred at other correctional facilities.

At the conclusion of the on-site visit, an exit meeting was held utilizing SKYPE to discuss the audit findings. The exit meeting was conducted on July 29th, 2020 at 1530. The following staff attended:

Warden Daniel Akers via SKYPE

Shannon Butrum, Kentucky Department of Corrections PREA Coordinator

Nikki Beckstrom, Kentucky Department of Corrections Inspector

Ralph Clifton, Chief of Unit Management

Marcie Fugate, Administrative Assistant

James Briggs, Assistant Warden

Mitchell Brenkenbury, Quality Assurance Manager

Jason Ellis, Managing Director CORECIVIC via SKYPE

Facility Characteristics

The Lee Adjustment Center is operated by CORECIVIC and is located at 168 Lee Adjustment Center Drive, Beattyville, Kentucky. The U.S. Corrections Corporation built the facility which opened in 1990 as a 500-bed minimum custody housing inmates from the Kentucky Department of Corrections. The facility made the necessary modifications and upgrades to increase the security level to medium in 1997. The facility has been operated by CORECIVIC since 1997. The Lee Adjustment Center has been accredited by the American Correctional Association since 1994.

In 2004, CORECIVIC entered into a contract to house Vermont Corrections inmates. The facility closed at the end of the contract with Vermont Department of Corrections. It was reopened in 2017 under a new contract with the Kentucky Department of Corrections. The facility is contracted to provide housing and institutional programming to 866 minimum, medium, close and high inmates for the Kentucky Department of Corrections. The facility is located on a 93-acre parcel of land. The facility is surrounded by a 12' high fence equipped with an electric stun system. Custody levels include minimum, medium, close and high. An armed Corrections Officers is assigned to monitor the perimeter 24 hours a day, 7 days a week. The facility is equipped with numerous cameras.

The facility consists of 8 buildings, including multiple open dormitory-style housing units, and one 50-bed single cell restrictive housing unit. Total square footage of the facility is approximately 336,000 ft. Areas include: the Administration Offices, Central Control, Medical and Dental Area, Kitchen, Restrictive Housing, Vocational/Educational Classrooms, Commissary Area, Inmate Property, Visitation, Facility Maintenance, Laundry, Mailroom, Staff Training Area, and inmate housing units (see chart below).

Name	Capacity	Gender	Custody Level
LNI	56	Males	General Population
LNJ	56	Males	General Population
NE	56	Males	General Population
NF	56	Males	General Population
NG	56	Males	General Population
NH	56	Males	General Population
SA	56	Males	General Population
SB	56	Males	General Population
SC	56	Males	General Population
SD	56	Males	General Population
WK	40	Males	General Population
WL	48	Males	General Population
WM	40	Males	General Population
WN	64	Males	General Population
WO	64	Males	General Population
RH A1	12	Males	Restrictive Housing
RH A2	12	Males	Restrictive Housing
RH B1	12	Males	Restrictive Housing
RH B2	12	Males	Restrictive Housing

Case Management Offices are adjacent to each housing unit. The gymnasium is located in a separate building and is adjacent to the outdoor athletic fields.

The prison offers cognitive-behavioral residential substance use programs. Other programs and pre-release counseling include; academic programs include GED, MRT, Religious Services, Threshold, and Inside Out Dads. Vocational training includes carpentry. Inmate work programs include Kitchen, Laundry, Grounds Crew, Commissary and Maintenance.

Eight full-time administrative investigators are responsible for investigating incidents that occur in the facility. All investigators have completed specialized PREA training through the Kentucky Department of Corrections. All contract employees from Keefe, Aramark and WellPath receive PREA training from their respective home office and from the training staff at the Lee Adjustment Center. All new corrections officers complete the Corrections Training Program prior to working with inmates. The program is 120 hours in length; including orientation, classroom and on-the-job training. It is a standardized course that ensures officers receive equal training. Each year therefore, corrections officers are required to complete 40 hours of in-service training. Training is conducted onsite in a building outside the secured perimeter.

The facility has an advanced camera system; there are approximately 170 cameras strategically placed throughout the facility. Video storage is approximately 90 days. Security mirrors are also utilized in various locations to enhance surveillance.

CoreCivic Purpose

Help government better the public good

CoreCivic Mission

We help government better the public good through:

CoreCivic Safety – We operate safe, secure facilities that provide high quality services and effective reentry programs that enhance public safety.

CoreCivic Community – We deliver proven and innovative practices in settings that help people obtain employment, successfully reintegrate into society and keep communities safe.

CoreCivic Properties – We offer innovative and flexible real estate solutions that provide value to government and the people they serve.

Summary of Audit Findings

The Lee Adjustment Center was found to meet or exceed all PREA standards during this audit. This facility has successfully must the necessary requirements for re-certification.

Standards Exceeded

Number of Standards Exceeded: 3

List of Standards Exceeded:

115.11 – Due to have only one facility and having a PREA Manager

115.15 – Due to have “Opposite Gender Must Announce” signs at every pod entrance and for having a “yellow light” that is turned on indicating a female presence for the deaf of hard of hearing inmates.

115.33 – The facility has an ADA Compliance Officer to assist inmates with physical disabilities.

Standards Met

Number of Standards Met: 42

List of Standards Met: 115.12, 115.13, 115.14, 115.16, 115.17, 115.18, 115.21, 115.22, 115.31, 115.32, 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

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met: [Click or tap here to enter text.](#)

PREVENTION PLANNING

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

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

115.11 (a)

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

115.11 (b)

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

115.11 (c)

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

Auditor Overall Compliance Determination

X Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based on the documentation provided: as well as, interview with the Agency-wide PREA Coordinator, and PREA Manager, it was determined the Lee Adjustment Center delineates compliance with Standard 115.11.

115.11 (a) The Lee Adjustment Center staff follows the Kentucky Corrections Policy and Procedure 14.7 Sexual Abuse Prevention and Intervention Programs and the agency's policy, 14-7-1 Sexual Abuse Prevention and Intervention Program which mandates a zero tolerance for all forms of sexual abuse and sexual harassment. This policy outlines the agency's approach to preventing, detecting, and responding to such conduct. The Lee Adjustment Center has built a culture of zero tolerance within the facility. This was evident during the onsite tour, interviews with inmates and staff. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.11 (B) and (C) The agency employs an upper-level, agency-wide PREA Coordinator. The Job Description for Senior Director, PREA Programs and Compliance, Job Code 10675, outlines the job duties of the agency's PREA Coordinator. Eric Pierson was appointed as the agency-wide PREA Coordinator by Damon Hininger, President and Warden Executive of CoreCivic on December 12, 2016. Mr. Pierson has over 30 years of experience in the field of Corrections. The agency provided the auditors with the organizational chart showing the PREA Coordinator position as an upper-level, agency-wide position, Mr. Pierson reports directly to the Vice President of CoreCivic. Mr. Pierson is very knowledgeable of the PREA standards and actively assists the facility with compliance. Mr. Pierson has the authority to develop, implement, and oversee PREA compliance. He is actively updating the facility as new Frequently Ask Questions (FAQ's) results are published on the PREA Resource Center website. The Lee Adjustment Center appointed Assistant Warden James Briggs the facility's PREA Manager in March 2020. Chief of Unit Management Mr. Ralph Clifton was acting PREA Manager prior to Assistant Warden Briggs' appointment.

During interviews with the PREA Coordinator and the PREA Compliance Manager, both indicated they had sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards as required. Therefore, the facility demonstrated compliance with this part of the standard during this audit. The Lee Adjustment Center exceeds this standard due to the fact it employs a PREA Compliance Coordinator and a PREA Compliance Manager for the one facility. Therefore, this standard was found to be in compliance during this audit.

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

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

115.12 (a)

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

115.12 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based on the documentation provided: as well as, interview with the Warden, PREA Coordinator and PREA Manager, it was determined the Lee Adjustment Center does not contract with other facilities to house inmates assigned to their custody. CORECIVIC is a private provider and does not contract with other agencies for the confinement of those in their custody. Therefore, this standard was found to be in compliance during this audit.

Standard 115.13: Supervision and monitoring

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

115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? Yes No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? Yes No NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? Yes No

115.13 (b)

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

115.13 (c)

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

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? Yes No

115.13 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based on staff interviews, review of documentation provided and review of the Lee Adjustment Center staffing analysis and policy 14-7-1 Sexual Abuse Prevention and Intervention Program (pages 5-7). The following delineates the audit findings regarding this standard:

115.13 (a) The facility has documented and made its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing as described and required by this standard. The established staffing plan uses the criteria found in the standard 115.13 (a) to include the physical layout of the facility, composition of the residents housed, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, and any other relevant factors identified. Video monitoring has been deployed to assist with the protection of offenders against sexual abuse at this facility. The staffing levels are monitored daily by review of shift rosters. There have not been any judicial findings of inadequacy in the past twelve months. The facility is equipped with an above average surveillance system with approximately 170 digital cameras. Thirty out of thirty inmates interviewed stated they felt safe in the facility. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.13 (b) The facility has procedures in place to ensure all deviations are covered by drafting employees and paying overtime or notification must be documented on shift roster and submitted to the PREA Manager outlining the reason(s) for the deviation. There has not been any deviation reported where the staffing plan had not been complied with in the past twelve months, as

confirmed by written documentation and during interview with the PREA Manager. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.13 (c) The Lee Adjustment Center Annual Staffing Plan Assessment Form is completed by the PREA Manager and forwarded to the PREA Coordinator and Warden for review. It is then forwarded to the Warden for signature and approval of any recommendations made which would include changes to policy and procedures, physical plant, video monitoring, or staffing levels. The last Lee Adjustment Center Annual Staffing Plan Assessment Form was completed on February 7, 2019. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.13 (d) Based on Lee Adjustment Center facility logs, staff interviews, and policy 14-7-1, Sexual Abuse Prevention and Intervention Program (pages 6 and 7). Intermediate-level or higher-level supervisors are required to conduct and are documenting Unannounced Rounds on both shifts as required. Random documentation review showed within a 72-hour period; more than dozen unannounced rounds were conducted in the facility. Such rounds are logged in the appropriate unit log book and daily post log. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.14: Youthful inmates

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

115.14 (a)

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

115.14 (b)

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

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].)
Yes No X NA

- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].)

Yes No X NA

- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].)

Yes No X NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based on the auditor observation, documentation provided, Classification Housing, work and Programs Plan, interviews with the Warden, PREA Coordinator, PREA Manager and staff interviews, the Lee Adjustment Center does not house youthful offenders. Therefore, the facility is found to be in compliance with this standard.

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

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

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)
 Yes No NA

Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.) Yes No NA

115.15 (c)

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

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

115.15 (d)

- Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? Yes No

115.15 (e)

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

115.15 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based on Kentucky Corrections Policies and Procedures 9.8 Search Policy, training curriculums, Kentucky Department of Corrections Training Curriculum, staff interviews, training file reviews, and documentation provided; the following delineates the audit findings regarding this standard:

115.15 (a) Kentucky Corrections Policy 9.8 Searches (pages 7 and 8) outline offender searches including searches of transgender and intersex offenders. The review of training Kentucky Department of Corrections curriculums, and staff interviews revealed cross gender strip searches are prohibited except in exigent circumstances and must be documented when conducted. Attendance to training is documented on the "Training Activity Enrollment/Attendance Roster". There have been no documented cross-gender visual body cavity or strip searches reported in the past 12 months. This was reiterated during an interview with the PREA Manager. Thirty out of thirty offenders stated they had not been searched by a female staff member. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.15 (b) Kentucky Corrections Policy 9.8 Searches (pages 7 and 8), and Kentucky Department of Corrections "Body Search Techniques Lesson Plan" prohibits male employees from frisk/pat searches of female inmates/residents except in exigent circumstances. Lee Adjustment Center is a male only facility. This practice was confirmed during inmate interviews. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.15 (c) Kentucky Corrections Policy 9.8 Searches (page 3), and Kentucky Department of Corrections Training Curriculum prohibits frisk/pat searches of the female inmates by male staff and requires that all cross-gender searches in exigent circumstances be documented. If a search is completed under exigent circumstances, the search must be documented in the institutional strip search log book. There no reported searches completed under exigent circumstances in the past twelve months. Lee Adjustment Center is a male only facility. This practice was confirmed during inmate interviews. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.15 (d) Kentucky Corrections Policy 14.7 Searches (page 6), and Kentucky Department of Corrections training curriculum outlines that inmates shall be permitted to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks or genitalia. The inmates confirmed during interviews they have privacy when showering, using the toilets and while changing their clothes. Shower curtains are located in every housing unit. CoreCivic Policy 14-7-1, Sexual Abuse Prevention and Intervention Program (pages 13 and 14) also require staff of the opposite gender to announce their presence prior to entering the housing units. The facility also has a yellow light that is turned on to indicate a female is entering the housing unit. Attendance to Training is documented on the "Training/Activity Attendance

Roster”). Inmate and staff interviews revealed that opposite gender announcements were common practice at this facility and reminders of this requirement are posted on the entry doors of all housing units exceeding the requirements of this part of the standard during this audit.

115.15 (e) Based on Kentucky Corrections Policy 9.8 Searches (pages 1 and 2), CoreCivic Policy 14-7-1 Sexual Abuse Prevention and Intervention Program (page 13), Kentucky Department of Corrections training curriculum provided and staff interviews the facility prohibits staff from physically examining transgender or intersex inmates for the sole purpose of determining 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. Attendance to Training is documented on the “Training Activity Enrollment/Attendance Roster”. This was corroborated during interviews with three LGBTI inmates, medical and random staff. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.15 (f) Based on CoreCivic Policy 14-7-1, Sexual Abuse Prevention and Intervention Program (page 6), Kentucky Department of Corrections training curriculum provided, staff training file reviews, and staff interviews the facility trains security staff to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. Attendance to Training is documented on the “Training Activity Enrollment/Attendance Roster”. During interview with the three LGBTI inmates, it was confirmed that the inmates felt the staff conducts proper searches. There were also no complaints filed by the LGBTI inmate in the past 12 months related to searches. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

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

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

115.16 (a)

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

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

115.16 (b)

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

115.16 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based on Lee Adjustment Center practice, review of the lesson plans, and review of Language Line agreement, CoreCivic policy 14-7-1, Kentucky Department of Corrections Policy 14.7, invoices, as well as staff and inmate interviews and facility tour; the following delineates the audit findings regarding this standard:

115.16 (a) Kentucky Department of Corrections Policy 14.7 pages 5-6, states that the Lee Adjustment Center 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 its 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. PREA Brochure – "Understanding the Prison Rape Elimination Act (PREA) for Offenders", PREA postings, PREA education video, and the Inmate Handbook are provided in both English and Spanish. The facility has a TTY phone and VRI system. The TTY nor the VRI have been utilized in the past twelve months. The facility utilizes Language Line for interpreter services. During interviews with the inmates identified to meet the aspects of this standard, they all confirmed having received training and materials they could understand. The inmates and staff also confirmed that the Language Line is available when needed. The auditor was provided with invoices and payments for Language Line Services. There was one blind/low vision and two deaf/hearing impaired inmates interviewed during the onsite visit. Each stated demonstrated a clear understand of the agency's zero tolerance for sexual abuse and sexual harassment and how to report sexual abuse and sexual harassment; all three stated they felt safe in the facility. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.16 (b) Kentucky Department of Corrections Policy 14.7 pages 5-6 states that the Lee Adjustment Center takes reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient, including steps to provide interpreters who can interpret effectively

accurately and impartially. Language Line interpreter services and/or staff interpreters are used to translate at this facility. There was one Spanish speaking inmates interviewed (with the assistant of a staff interpreter) during the on-site visit and they confirmed during interviews receiving all written PREA information and viewing the Spanish version of the a PREA DVD. The inmates and staff to include the PREA Screening Staff also confirmed that interpretive services are available when needed. The facility has one TTY phone and VRI service. The TTY nor the VRI have been utilized in the past twelve months. Kentucky Department of Corrections Policy 14.7 pages 5-6 outlines these practices. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.16 (c) CoreCivic Policy 14-7-1 Sexual Abuse Prevention and Intervention Program (page 9) illustrates the facility 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. The auditor was provided with invoices and payments for Language Line Services. This was confirmed during interviews with First Responders, the PREA Manager and the PREA Investigator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

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

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.17 (b)

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

115.17 (c)

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based upon review of CoreCivic Policy14-7-1 Sexual Abuse Prevention and Intervention Program (pages 4 and 5), Human Resource staff interviews, and personnel file reviews; the following delineates the audit findings regarding this standard:

115.17 (a) CoreCivic Policy14-7-1 Sexual Abuse Prevention and Intervention Program policy pages 3 and 4 outlines that Lee Adjustment Center does not hire or promote anyone who may have contact with inmates, and does not enlist the services of any contractor or volunteer 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, 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. The facility completes a Self-Declaration of Sexual Abuse/Sexual Harassment Form on all applicants as well as a background check is completed on all new applicants confirming compliance. Ten out of ten Human Resource Files reviewed, confirmed this practice. This practice was confirmed during interviews with the facility's Human Recourse Staff and the Kentucky Department of Corrections. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.17 (b) CoreCivic Policy14-7-1 Sexual Abuse Prevention and Intervention Program policy pages 3 and 4 outlines that Lee Adjustment Center considers any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor or volunteer, who may have contact with inmates. Staff are required to sign the "Self-Declaration Form

for Sexual Abuse and Sexual Harassment". This was confirmed during review of two human resource files for volunteers and two Human Resource File reviews of contract employees. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.17 (c)-1 Lee Adjustment Center requires a criminal background records check be completed before hiring any new employee. Ten out of ten Human Resource files confirmed this practice. Background checks are documented on the "Criminal History Results Form – CPP. 3.6" and are completed by the Kentucky Department of Corrections. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

(c)-2 Lee Adjustment Center makes their best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any pending investigations of allegation of sexual abuse. This request is documented on PREA Questionnaire for Prior Institutional Employer 3-202B Form. Review of Human Resource files illustrated this practice. One applicant had previously worked at a prior institution; the Human Resource Staff had sent and received the prior documentation from the previous employer. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.17 (d) CoreCivic Policy 14-7-1 Sexual Abuse Prevention and Intervention Program policy page 4, outlines that Lee Adjustment Center requires a criminal background records check be completed before enlisting the services of any contractor or volunteer who may have contact with the inmates. four out of four volunteer/contract employee files reviewed confirmed this practice. Background checks are documented on the "Criminal History Results Form" and completed by the Lee Adjustment Center. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.17 (e) Lee Adjustment Center completes background checks every 5 years. The Lee Adjustment Center has only been reopened for 2 ½ years; therefore, the 5 year has not occurred at the date of the audit. CoreCivic policy 14-7-1 Sexual Abuse Prevention and Intervention Program (page 5) outlines the requirements. Background checks are documented on the "Criminal History Results Form (CR-3704). Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.17 (f) Lee Adjustment Center instills upon all employees a continuing affirmative duty to disclose any sexual misconduct as required by this standard. Lee Adjustment Center PREA "Self Declaration" form is completed by all applicants, upon being hired and if being considered for a promotion. Each subsequent year of employment, employees are required to complete the agency's Self-Declaration of Sexual Abuse/Sexual Harassment Form. File review showed that ten out of ten files contained a Self-Declaration Form. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.17 (g) CoreCivic policy 14-7-1 Sexual Abuse Prevention and Intervention Program (page 5) mandates that material omissions regarding sexual misconduct, and the provision of materially giving false information, are grounds for termination as required by this standard. The PREA Manager stated there had been a no termination under this circumstance in the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.17 (h) CoreCivic policy 14-7-1 Sexual Abuse Prevention and Intervention Program (page 5) requires that the agency shall provide information on substantiated allegations of sexual abuse or

sexual harassment involving a current or former employee upon receiving a request from an institutional employer for whom such employee has applied to work. The PREA Manager stated the agency has not received such a request in the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

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

115.18 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based upon review of Lee Adjustment Center physical plant, staff interviews and review of documentation provided; the following delineates the audit findings regarding this standard:

115.18 (a) CoreCivic policy 14-7-1 Sexual Abuse Prevention and Intervention Program (page 26) requires when designing or acquiring any new facility and in planning any substantial expansion or

modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse. Significant facility modifications must be documented on the "PREA Physical Plant Considerations Form".

During this audit cycle there have been no significant expansions or modifications to this facility. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.18 (b) CoreCivic policy 14-7-1 Sexual Abuse Prevention and Intervention Program (page 26) requires when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect inmates from sexual abuse. Significant facility modifications must be documented on the "PREA Physical Plant Considerations Form (7-1B).

During this audit cycle there has been minimal enhancements to the video technology at this facility. All identified blind spots were addressed and staff as well as inmates/detainees confirmed during interviews they felt safer with the changes in place. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

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

not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.21 (c)

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

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency *a/ways* makes a victim advocate from a rape crisis center available to victims.) Yes No NA
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.21 (e)

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

115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based upon review of Kentucky Department of Corrections Policy 14.7, CoreCivic Policy 14-7-1, Memorandum of Understanding with the Kentucky Association of Sexual Assault Programs –The Rising Center (KASAP), investigative staff interviews, and review of documentation provided; this delineates the audit findings regarding this standard:

115.21 (a), (b), and (g) Lee Adjustment Center complies with all elements of this standard. Documented in Kentucky Department of Corrections Policy 14.7; the agency follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings. Lee Adjustment Center utilizes the Kentucky State Police to investigate all potential PREA criminal allegations. The Kentucky State Police investigates all PREA complaints for potential criminal activity and maintains a close working relationship with the County Prosecutor and the Kentucky State Police investigator on each case. The Warden did appoint a lead Facility Investigator on 3-19-18; he has completed a 16-hour course on “Investigating Sexual Abuse in a Confinement Setting”. There are a total of 8 administrative investigations; all have completed the 16-hour course on “Investigating Sexual Abuse in a Confinement Setting” provided by the Kentucky Department of Corrections. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.21 (c) Lee Adjustment Center offers all victims of sexual abuse access to forensic medical examinations at Baptist Health Richmond (effective 03/25/2019) without financial cost, where evidentiary or medically appropriate. Such examinations are to be performed by Sexual Assault

Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) as required. During the past twelve months, there were no inmates who alleged sexual abuse that constituted the need for a SANE/SAFE exam. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.21 (d) The Lee Adjustment Center has entered into a Memorandum of Understanding with Kentucky Association of Sexual Assault Programs –The Rising Center (KASAP) (effective 07/02/19) which agrees to provide outside victim advocacies services to the inmates. The facility also has full-time contracted WellPath Mental Health Staff at the facility. The services of these victim advocates has been requested and utilized once by an alleged inmate victim during this audit cycle; the inmate was on housed at Lee Adjustment Center at the time of the onsite visit. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.21 (e) Lee Adjustment Center has entered into a Memorandum of Understanding with Kentucky Association of Sexual Assault Programs –The Rising Center (KASAP) (effective 07/02/19); which agrees to provide outside victim advocacies services to the inmates upon request. Kentucky Association of Sexual Assault Programs –The Rising Center (KASAP) upon request by the victim, will accompany and support the victim through the forensic medical examination process and investigatory interviews and provide emotional support, crisis intervention, information, and referrals as warranted. Interviews with multiple Lee Adjustment Center staff members including the PREA Manager, Medical Staff and Mental Health Staff confirmed this practice. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.21 (f) and (g) The Lee Adjustment Center is responsible for administrative investigations and criminal investigators with the Kentucky State Police shall conduct all criminal investigations covering all aspects of this standard. The Warden did appoint a lead Facility Investigator on 3-19-18; he has completed a 16-hour course on “Investigating Sexual Abuse in a Confinement Setting”. There are a total of 8 administrative investigations; all have completed the 16-hour course on “Investigating Sexual Abuse in a Confinement Setting” provided by the Kentucky Department of Corrections. This was confirmed during an interview with the PREA Coordinator and during review of all PREA investigation files from the past twelve months. CoreCivic Policy 14-7-1 (page 19) outlines this practice. Therefore, this part of the standard is not applicable to this facility.

115.21 (h) The Lee Adjustment Center is exempt from this section of the standard because of the Memorandum of Understanding with the Kentucky Association of Sexual Assault Programs –The Rising Center (KASAP); which provides victim advocacy services for inmates at the Lee Adjustment Center.

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

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

115.22 (b)

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

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).) Yes No NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based upon review of CoreCivic policy 14-7-1 Sexual Abuse Prevention and Intervention Program (pages 19-20) investigative staff interviews, and review of documentation provided; the following delineates the audit findings regarding this standard:

115.22 (a) Kentucky Department of Corrections Policy 14.7 Sexual Abuse Prevention and Intervention Program (pages 2 and 3) and CoreCivic Policy 14-7-1 Sexual Abuse Prevention and Intervention Program (pages 19-20) states that the Lee Adjustment Center is required to investigate ALL PREA complaints received at this facility. Lee Adjustment Center utilizes the Kentucky State

Police to investigate all alleged PREA criminal incidents. All potential criminal activity is referred to the Kentucky State Police. The Warden did appoint a lead Facility Investigator on 03-19-18; he has completed 16-hours of specialized training that was taught by the Kentucky Department of Corrections. There were eight cases of sexual abuse referred and investigated during this audit cycle. Six cases have been closed and two are pending grand jury indictments. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.22 (b) All PREA allegations are investigated by the Lee Adjustment Center for potential criminal activity. If it is determined that the allegation involves potential criminal activity, it is referred to the Kentucky State Police PREA Investigator of the eight criminal investigation and prosecution as warranted. Lee Adjustment Center utilizes the Kentucky State Police to investigate all alleged PREA criminal incidents. This was confirmed during an interview with the PREA Coordinator. This policy is published on the agency website <https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea> as required. All PREA allegations are recorded in KOMS (Kentucky Offender Management System). Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.22 (c) The Lee Adjustment Center refers all criminal allegations for investigation to the designated Kentucky State Police investigator. This was confirmed during an interview with the PREA Coordinator. The requirements of this part of the standard are outlined in the policy that is posted on the website <https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea>. All PREA allegations are recorded in KOMS (Kentucky Offender Management System). Therefore, the facility demonstrated compliance with this part of the standard during this audit.

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No

- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? Yes No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?
 Yes No

115.31 (b)

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

115.31 (c)

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

115.31 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based on the review of the Kentucky Department of Corrections Policy 14.7 (pages 4-5) staff interviews, random staff training file review and review of documentation provided Kentucky Department of Corrections PREA Lesson Plan, sign-in sheets, signed acknowledgement forms, training curriculums and employee handouts); the following delineates the audit findings regarding this standard:

115.31 (a) Kentucky Department of Corrections Policy 14.7 (pages 4-5) requires Lee Adjustment Center train all their 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.

Ten out of ten staff interviews showed staff have a clear understanding of the agency's PREA policy and their role in preventing, detecting and responding to sexual abuse and sexual harassment. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.31 (b) The training is tailored to male inmates at Lee Adjustment Center; the facility does not house female inmates. The lesson plan is titled, "PREA". This was confirmed after reviewing the training lesson plan and an interview with the Training Officer. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.31 (c) The Training Staff provided a report containing all staff that had been PREA trained which confirmed the requirements needed to meet the standard and proved that all current staff was trained within one year of the effective date of the PREA standards. All staff receive annual

refresher PREA training during in-service according to policy 14.7 which meets the requirements of this standard. Staff signs the Training Acknowledgment form indicating they have received and understood the PREA Training. Review of ten employee training files illustrated that all ten were found to be in compliance with the policy. Therefore, the facility meets this part of the standard during this audit.

115.31 (d) Lee Adjustment Center documents, through employee signature on CoreCivic Training Acknowledgment Form (14-7-1A) and the PREA Policy Acknowledgment and/or Training Acknowledgment, that all employees understand the training they have received. Ten out of ten training file reviews confirmed this practice. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? Yes No

115.32 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based upon review of Kentucky Department of Corrections Policy 14.7, volunteer and contractor interviews, random training file review and review of documentation provided Kentucky Department of Corrections PREA Lesson Plan, sign-in sheets, signed acknowledgement forms, training curriculums, orientation packet and handouts; the following delineates the audit findings regarding this standard:

115.32 (a) Lee Adjustment Center ensures all volunteers and contractors who have contact with inmates have been trained on their responsibilities under Lee Adjustment Center's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. Kentucky Department of Corrections PREA Lesson Plan outlines the training given to all volunteers and contractors. Interviews with two contractors and two volunteers confirmed they had been properly trained. Signature on the CoreCivic PREA Policy Acknowledgment and/or Training Acknowledgement Form acknowledges each volunteer and contractor has received and understands the PREA training provided. Volunteers and contractors also sign the "Training Activity Enrollment/Attendance Roster Form). Contract employees from Keefe, Aramark and WellPath also receive annual PREA training from their corporate headquarters. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.32 (b) The level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with inmates, but all volunteers and contractors who have contact with inmates are notified of CoreCivic's zero-tolerance policy regarding sexual abuse and sexual harassment and their requirements to report such incidents. Review of training records also confirmed the training. Contract employees from Keefe, Aramark and WellPath also receive annual PREA training from their corporate headquarters. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.32 (c) Lee Adjustment Center documents through signature on the CoreCivic PREA Policy Acknowledgment and/or Training Acknowledgement Form, that volunteers and contractors understand the training they have received. Volunteers and contractors also sign the "Training Activity Enrollment/Attendance Roster Form. Review of training records for two contractors and two volunteers confirmed their training had been properly documented. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.33: Inmate education

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

115.33 (a)

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

115.33 (b)

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

115.33 (c)

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

115.33 (d)

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

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based on review of the Kentucky Department of Corrections Policy 14.7 (pages 5-6) section D, the Inmate Handbook, Kentucky Department of Corrections Brochure – Understanding the Prison Elimination Act (PREA) for Offenders, Facility Orientation, PREA Posters, and the PREA video; as well as interviews with random inmates and staff. The following delineates the audit findings regarding this standard:

115.33 (a) During the intake process, inmates receive information explaining Lee Adjustment Center's zero-tolerance policy (CoreCivic policy 14.7 Sexual Abuse, Prevention and Response) regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. Inmate sign the Orientation Checklist CR-2110, that they have received the Kentucky Department of Corrections Brochure – Understanding the Prison Elimination Act (PREA) for Offenders which is available in both English and Spanish. Information included clauses on autonomy and mandatory reporting guidelines in the state of Kentucky. This was confirmed during an interview with the Screening Staff. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.33 (b) Within 30 days of intake, Lee Adjustment Center provides comprehensive education to the inmates, administered by video, regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. The additional education is provided in the form of a video (both English and Spanish). The video "PREA- What you need to know" was created by the PREA Resource Center and Just Detention International. This practice is outlined in the CoreCivic policy 14-7-1 Sexual Abuse Prevention and Intervention Program (page 11). Intake file review that ten out of ten inmates signed stated they had seen the video. Twenty three out of thirty inmates interviewed indicated they remembered the video. File review showed that the remaining seven inmates signed, stated they had seen the PREA educational video. The video is shown every two weeks by the staff. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.33 (c) Kentucky Department of Corrections Policy 14.7 mandates that Lee Adjustment Center provides such education within one year of the effective date of the PREA standards to all its

inmates, and provides education to inmates upon transfer as required by this standard. This was confirmed during an interview with the PREA Manager. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.33 (d) Kentucky Department of Corrections Policy 14.7 mandates that Lee Adjustment Center 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. The facility has an agreement with Language Line Services. PREA handouts, PREA postings, PREA education video, and the inmate handbook are provided in both English and Spanish. The facility has a working TTY phone and VRI service. There was one blind/low vision and two deaf/hard of hearing inmates incarcerated at the time of the onsite visit. All three inmates were interviewed and stated they understood the agency's zero tolerance for sexual abuse and sexual harassment and knew how to report sexual abuse and sexual harassment. One limited English proficient inmate had documentation in his intake file showing they all had received a PREA Brochure, properly screened and watched the PREA education video. The LEP inmate stated he felt safe in the facility and new about the agency's zero tolerance for sexual abuse and sexual harassment and knew how to report sexual abuse and sexual harassment. The facility also has a designated ADA Coordinator; this person is responsible for all ADA issues/complaints. Therefore, the facility exceeds compliance with this part of the standard during this audit.

115.33 (e) There was documentation provided of inmates participation in PREA educational sessions as required by this part of the standard. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.33 (f) Lee Adjustment Center does provide the inmates with posters, pamphlets, and an inmate handbook in English and Spanish outlining the zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. Inmates/detainees are given the "Preventing Sexual Abuse Brochure. The agency has PREA Posters located in all common areas of the facility. Records review showed that the one LEP inmate received education information in a Spanish format; the LEP inmate stated he felt safe in the facility. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

115.34 (b)

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

115.34 (c)

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

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based on review of the Lee Adjustment Center practices as well as the Memorandum of Understanding provided, Kentucky Department of Corrections Policy 14.7, Investigators training file

review and investigative staff interviews. The following delineates the audit findings regarding this standard:

115.34 (a) In addition to the general training provided to all employees Lee Adjustment Center ensures that the PREA Administrative Investigator received training in conducting investigations in confinement settings. This was confirmed during a review of the Investigation's training records. The Lee Adjustment Center has a Memorandum of Understanding with the Kentucky State Police to conduct all criminal investigations. The Memorandum of Understanding requires the Kentucky State Police Investigator to have specialized training for sexual assault in a confinement setting. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.34 (b) 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. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.34 (c) Lee Adjustment Center maintains documentation that Kentucky State Police investigators have completed the required specialized training in conducting sexual abuse investigations. The Lee Adjustment Center has a Memorandum of Understanding with the Kentucky State Police to conduct all criminal investigations. The Memorandum of Understanding requires the Kentucky State Police Investigator to have specialized training for sexual assault in a confinement setting. The auditor found the facility PREA Administrative Investigator to be very knowledgeable and well versed in the PREA standards as they pertain to investigations and evidentially standards. The facility lead PREA Administrative Investigator has completed 16-hour specialized training of Sexual Assault in a Confinement setting through the Kentucky Department of Corrections. The facility has a total of 8 Administrative Investigators; all have completed the 16-hour specialized training of Sexual Assault in a Confinement setting through the Kentucky Department of Corrections. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.35 (b)

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

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.) Yes No NA
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based on review of Kentucky Department of Corrections Policy 14.7, the Lee Adjustment Center practices, as well as the PREA Specialized Medical/Mental Health training records, training file review and staff interviews; the following delineates the audit findings regarding this standard:

115.35 (a) CoreCivic and WellPath provides PREA Specialized Medical/Mental Health training video, curriculum provided, training file Lee Adjustment Center review and staff interviews revealed the agency has provided specialized training to all its medical and mental health staff on how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how to report allegations of sexual abuse and sexual harassment. Review of two training records and interviews with two WellPath Medical Staff members confirmed this practice. Employees completing the training sign the "Training/Activity Attendance Roster" form. Interviews with two WellPath employees reveals they were both very knowledgeable in the PREA standards. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.35 (b) The medical staff at this facility does not conduct forensic exams. This was confirmed during interviews with the Warden and the PREA Manager. Lee Adjustment Center has a Memorandum of Understanding with Baptist Health Richmond for SANE/SAFE examinations. Therefore, this part of the standard is not applicable to this facility.

115.35 (c) The agency maintains documentation that all medical and mental health practitioners have received specialized training. The training is an online course from WellPath entitled; PREA Specialty Training for medical and Mental Health Staff. Review of two training records and interviews with two WellPath staff members confirmed this practice. Employees completing the training sign the "Training/Activity Attendance Roster" form. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.35 (d) Medical and mental health care practitioners with WellPath also receive the annual training mandated for all employees, contractors, and volunteers. Employees completing the training sign the "Training/Activity Attendance Roster" form. Review of two training records and interviews with two WellPath staff members confirmed this practice. Interviews with two WellPath employees reveals they were both very knowledgeable in the PREA standards. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?
 Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? Yes No

115.41 (e)

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

115.41 (f)

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

115.41 (g)

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

- Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?
 Yes No

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based on Kentucky Department of Corrections Policy 14.7 (pages 5-6) Sexual Abuse Prevention and Intervention Program, inmate and staff interviews, inmate file reviews, and a review of the Kentucky Department of Corrections Sexual Abuse Screening Tool; the following delineates the audit findings regarding this standard:

115.41 (a) Kentucky Department of Corrections Policy 14.7, Sexual Abuse Prevention and Intervention Program (page 6) mandates that Lee Adjustment Center ensures that all inmates are assessed during intake and upon transfer to another facility for risk of being sexually abused by other inmates or sexually abusive toward other inmates. Ten out of ten Intake files confirmed this practice. Inmates sign a form, indicating they have received the facility's brochure on PREA. The brochure (Kentucky Department of Corrections –Understanding the Prison Rape Elimination Act for Offenders outlines basic information on the topics of sexual assault and sexual harassment, the agency's zero tolerance, reporting procedures and the victim advocacy support available. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.41 (b) The Lee Adjustment Center provided documentation proving compliance with the standard that all inmates are screened for their risk of being sexually abused by other inmates or being sexually abusive toward other inmates normally upon intake but no later than 72 hours of arrival at the facility. This process is documented on the Kentucky Department of Corrections Sexual Abuse Screening Tool. Ten out of ten Intake files confirmed this practice. Thirty out of thirty

inmates remembered being screened upon intake. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.41 (c) Based on the documentation provided and inmate file reviews the facility utilizes an objective screening instrument that covers all aspects of this standard. Ten out of ten Intake files confirmed this practice. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.41 (d) The Kentucky Department of Corrections intake screening instrument Sexual Abuse Screening Tool 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.

Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.41 (e) The initial screening considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.41 (f) Kentucky Department of Corrections Policy 14.7, Sexual Abuse Prevention and Intervention Program (page 6) mandates within 30 days from the inmate's arrival, the Lee Adjustment Center will reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by Lee Adjustment Center since the intake screening. The Case Managers completes a follow-up interview with each inmate within 30 days to determine if additional information is available. This process is documented on the Kentucky Department of Corrections Sexual Abuse Screening Tool. Ten out of ten Intake files confirmed this practice. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.41 (g) Kentucky Department of Corrections Policy 14.7, Sexual Abuse Prevention and Intervention Program (page 6) mandates Lee Adjustment Center will reassess an inmate's risk level 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. A review of rescreening showed there was a clear handoff from the Screening Staff and Mental Health, when circumstances warranted a reassessment. Three such rescreenings were reviewed during the onsite visit. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.41 (h) Kentucky Department of Corrections Policy 14.7, Sexual Abuse Prevention and Intervention Program (page 6) mandates Lee Adjustment Center does not discipline inmates for

refusing to answer screening questions or not disclosing complete information. This was confirmed during an interview with the PREA Manager. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.41 (i) Lee Adjustment Center implements appropriate controls on the dissemination 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. Based on policy review, interview with the Assistant Warden and interviews with the staff responsible for completing the screening, all information gathered on the screening instrument is restricted to staff making housing, work and program assignments. Staff responsible for inmate movements do have access to see who listed as potential aggressor and/or a victim. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.42: Use of screening information

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

115.42 (a)

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

115.42 (b)

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

115.42 (c)

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

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

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

bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or inmates pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based on Kentucky Department of Corrections policy 14.7, Sexual Abuse Prevention and Intervention Program (page 11), Kentucky Department of Corrections policy 14.8, LBGTI Offenders, inmate and staff interviews, file review, and a review of the Lee Adjustment Center PREA Screening Tool; the following delineates the audit findings regarding this standard:

115.42 (a) Kentucky Department of Corrections policy 14.7 (page 6), states that Lee Adjustment Center 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. This was confirmed during a review of policy and during an interview with the PREA Manager and the Kentucky Department of Corrections Agency Wide PREA Coordinator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.42 (b) Kentucky Department of Corrections policy 14.8 (pages 2-3), LBGTI Offenders - requires Lee Adjustment Center makes individualized determinations about how to ensure the safety of each inmate. This was confirmed during a review of policy and during an interview with the PREA Manager. Offenders must complete a system orientation process at Roederer Correctional Complex. A case-by-case decision for transgender housing and programming is made by a multi-disciplinary group called TLOC (Therapeutic Level of Care). Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.42 (c) Kentucky Department of Corrections policy 14.8 (pages 2-3), LBGTI Offenders illustrates how Lee Adjustment Center outlines the procedures to be followed in deciding whether to assign a transgender inmate to a facility for male or female inmates, and the process for making housing and programming assignments, on case-by-case basis as required by this standard. Lee Adjustment Center is a male only facility. During an interview with the Kentucky Department of Corrections agency wide PREA Coordinator, case-by-case housing and programming decisions are made at the Kentucky Department of Corrections facility. TLOC (Therapeutic Level of Care) notes were provided

to the auditor documenting the process at the Roederer Correctional Complex (KDOC Intake Facility). Based on interview with the three self-identified transgender inmates housed at this facility the inmate confirmed feeling safe at the facility and felt staff considered the inmate's safety when making housing and programming assignments. There were no intersex inmates housed at the facility at the time of the onsite visit. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.42 (d) Kentucky Department of Corrections policy 14.7 (page 6), Sexual Abuse Prevention and Intervention Program documents Lee Adjustment Center procedures for placement and programming assignments of each transgender or intersex inmate being reassessed at least twice per year to review any threats to safety experienced by the inmate as required by this standard. Based on interviews with the three self-reported transgender inmates housed at this facility the inmate confirmed feeling safe at the facility and felt staff considered the inmate's safety when making housing and programming assignments. The inmates also confirmed their case managers always inquire about the inmate's safety. Documentation provided revealed that a review was conducted and documented every six months as required. There were no intersex inmates housed at the facility at the time of the onsite visit. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.42 (e) Kentucky Department of Corrections policy 14.8 (pages 2-3), LGBTI Offenders indicates Lee Adjustment Center requires that a transgender and intersex inmate's own views regarding their own safety be given serious consideration. Based on interview with three self-identified LGBTI inmates housed at this facility, all three inmates confirmed feeling safe at the facility. Lee Adjustment Center utilizes Kentucky Department of Corrections software, KOMS to document and secure housing information. During an interview with the Kentucky Department of Corrections agency wide PREA Coordinator, case-by-case housing and programming decisions are made at the Kentucky Department of Corrections facility. TLOC (Therapeutic Level of Care) notes were provided to the auditor documenting the process at the Roederer Correctional Complex (KDOC Intake Facility). There were no intersex inmates housed at the facility at the time of the onsite visit. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.42 (f) Kentucky Department of Corrections policy 14.8 (page 3), requires that Lee Adjustment Center transgender and intersex inmates be given the opportunity to shower separately from other inmates. The three self-identified LGBTI inmates confirmed during interview with this auditor being given the opportunity to shower separately. Such actions are documented in the appropriate log book. There were no intersex inmates housed at the facility at the time of the onsite visit. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.42 (g) Kentucky Department of Corrections policy 14.8 (page 3), stipulates that Lee Adjustment Center 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, unless such placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such inmates. This was confirmed by the auditor's observation during the onsite visit, interview with three self-identified transgender inmates an interview with the PREA Manager. There were no intersex inmates housed at the facility at the time of the onsite visit. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.43: Protective Custody

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

115.43 (a)

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

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? Yes No
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA

115.43 (c)

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

115.43 (d)

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

115.43 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based on Kentucky Department of Corrections policy 14.7 (page 8), Sexual Abuse Prevention and Intervention Program, staff interviews, inmate interviews, and documentation review; the following delineates the audit findings regarding this standard:

115.43 (a) Kentucky Department of Corrections policy 14.7 (page 8), states that inmates/detainees 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. These policies outline the procedures to ensure compliance with this standard. Staff and inmate interviews revealed one incidents of involuntary segregated housing being used for this purpose during the past 12 months at this facility. The offender was moved after only 4 days. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.43 (b) Kentucky Department of Corrections policy 14.7 (page 8), stipulate that inmates/detainees placed in segregated housing for this purpose have access to programs, privileges, education, and work opportunities to the extent possible. If Lee Adjustment Center restricts access to programs, privileges, education, or work opportunities, Lee Adjustment Center documents the opportunities that have been limited, the duration of the limitation; and the reasons

for such limitations. In the past 12 months, there was one example and the offender was moved to regular housing after 4 days. This was confirmed during an interview with the PREA Manager. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.43 (c) Lee Adjustment Center assigns such inmates to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment does not ordinarily exceed a period of 30 days. Staff and inmate interviews revealed one incident of involuntary segregated housing being used for this purpose during the past 12 months at this facility. The offender was moved after only 4 days. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

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

115.51 (b)

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

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based on Kentucky Department of Corrections policy 14.7 (page 5), Sexual Abuse Prevention and Intervention Program, the Inmate Handbook, PREA Brochures, and posters provided to inmates were utilized to verify compliance with this standard. The following delineates the audit findings regarding this standard:

115.51 (a) Lee Adjustment Center provides multiple internal ways for inmates to report incidents of abuse or harassment: they include;

- Call the facility's twenty four (24) hour toll-free notification number
- Verbally telling any employee, including the facility Chaplain
- File a grievance

Posters are located in each housing unit and in all common areas both in English and Spanish outlining the multiple processes in which inmate can report sexual abuse and/or sexual harassment. The auditor successfully tested the phone system during the facility tour. PREA Hotlines numbers are posted above the inmate telephones, including those on the outdoor recreation yard. The auditor successfully tested the phone system during the facility tour. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.51 (b) Lee Adjustment Center provides at least one way for inmates to report abuse or harassment to a public or private entity or office that is not part of Lee Adjustment Center, and that is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials, allowing the inmate to remain anonymous upon request. The Lee Adjustment

Center has by Memorandum of Understanding provided the address and phone number for Kentucky Association of Sexual Assault Programs – Rising Center to the inmates satisfying the requirements of this standard. The auditor successfully tested the phone system during the facility tour. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.51 (c) Kentucky Department of Corrections policy 14.7 (page 5), requires all staff to accept reports made verbally, in writing, anonymously and from third parties. All allegations shall be promptly documented in an incident report and reported to the supervisor. All staff, volunteers and contractors have been trained in the mandatory reporting laws in the State of Kentucky; all confirmed this practice during interviews. This philosophy was collaborated during review of the agency’s PREA investigation files and interviews with staff, volunteers and contract employees. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.51 (d) Lee Adjustment Center staff may privately report sexual abuse and sexual harassment to the Warden, Chain of Command, or the PREA external telephone number. Posters are located in all housing units, indicating how to report sexual abuse. All staff interviewed staff they were aware of how to privately report sexual abuse and sexual harassment inside the Lee Adjustment Center. This information includes the telephone number and address of the Kentucky Association of Sexual Assault Programs- Rising Center. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

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

115.52 (b)

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

115.52 (c)

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

115.52 (d)

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

115.52 (e)

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

115.52 (f)

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

115.52 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

115.52 (a) Kentucky Department of Corrections policy 14.6, Inmate Grievance, the agency investigates any report of sexual abuse and takes appropriate actions whether or not such information is received in the form of a grievance. During the past 12 months, Lee Adjustment Center has not received a grievance concerning sexual abuse. Interview with the PREA Manager confirms this process. The agency is found to be in compliance with this section of the standard.

115.52 (b) The agency does not impose a time limit on when an offenders/detainee may submit a grievance regarding an allegation of sexual abuse. Interview with the PREA Manager confirms this practice. Therefore, the agency complies with this section of the standard.

115.52 (c) The Kentucky Department of Corrections policy 14.6, Inmate Grievance, states the agency will ensure that an offenders/detainees alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint. During the past 12 months, Lee Adjustment Center has not received a grievance concerning sexual abuse. Additionally, such grievances will not be referred to the staff member who is the subject of the complaint. Therefore, the agency is in compliance.

115.52 (d) According to policy Kentucky Department of Corrections 14.6, the agency will investigate the matter and render a determination within 90 days. An extension of up to 70 days to issue a determination may be taken if the facts and circumstances require, and the complainant is notified in writing of the extension and the date that a determination will be made. At any level of the administrative process, including the final level, if the complainant does not receive a response within the time allotted for reply, including any properly noticed extension, the offenders/detainees complainant may consider the absence of a response to be a denial at this level. During the past 12 months, Lee Adjustment Center has not received a grievance concerning sexual abuse. Interview with the PREA Manager reiterates this process; therefore the agency is found to be in compliance with section of the standard.

115.52 (e) Kentucky Department of Corrections policy 14.6, states third parties including fellow offenders/detainees, staff members, family members, attorneys and outside advocates, shall be permitted to assist offenders/detainees in filing requests for administrative remedies related to allegations of sexual abuse and shall also be permitted to file such requests on behalf of offenders/detainees. If the offenders/detainees declines to have the request processed on his or her behalf, the agency shall document the offenders/detainees' decision. During the past 12 months, Lee Adjustment Center has not received a grievance concerning sexual abuse. The PREA Manager confirmed this process. Therefore, the agency complies with this section of the standard.

115.52 (f) The Lee Adjustment Center policy states when an offenders/detainees is subject to a substantial risk of imminent threat of sexual abuse, the offenders/detainees may file a grievance through the grievance process on the kiosk system and the grievance will be considered an emergency grievance. The initial response to the grievance must be made within 48 hours and the final determination must be made within 5 calendar days, except in circumstances of county holidays and significant events. The agency's immediate focus must be to take action to prevent the potential sexual abuse. Corrective and protective action must be pursued promptly. Policy 14.6 inmate Grievance mandates that staff must treat the information as confidential, only to be revealed

to their supervisors in the chain-of-command to ensure prompt action is taken. During the past 12 months, Lee Adjustment Center has not received a grievance concerning sexual abuse. Interview with the PREA Manager confirms this practice; therefore the agency complies with this standard.

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

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

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based on Lee Adjustment Center practices, staff interviews, inmate interviews, MOU with the Kentucky Association of Sexual Assault Programs –Rising Center and documentation review; the following delineates the audit findings regarding this standard:

115.53 (a) The agency has entered into a Memorandum of Understanding with the Kentucky Association of Sexual Assault Programs – Rising Center which agrees to provide confidential outside victim advocacies services to the inmates at Lee Adjustment Center. The mailing address and telephone number for this agency are made available to all inmates at the facility. Lee Adjustment Center enables reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible. The auditor successfully tested the phone system. The person who answered the call, took the auditor through the process if an actual inmate had contacted them for assistance. The KASAP representative stated they could utilize Language Line if they received a call from a limited English Proficient inmate. The services of these victim advocates have been requested and utilized once by an alleged inmate during this audit cycle, verified by phone call. The services have not been requested by a LEP offender from the facility. Inmates/Detainees are given this information upon intake on the Orientation Checklist; with covers autonomy and Mandatory Reporting guidelines. Kentucky Department of Corrections policy 14.7 Sexual Abuse Prevention and Intervention Program policy outlines this process. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.53 (b) Lee Adjustment Center 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. All calls to the Kentucky Association of Sexual Assault Programs – Rising Center are not recorded. This was confirmed by the PREA Manager. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.53 (c) Lee Adjustment Center maintains a Memorandum of Understanding with the Kentucky Association of Sexual Assault Programs – Rising Center. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.54: Third-party reporting

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

115.54 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based on the review of Kentucky Department of Corrections policy 14.7, Inmate Handbook, Lee Adjustment Center practices as well as a review of the agency website outlining third party reporting; the following delineates the audit findings regarding this standard:

115.54 (a) Kentucky Department of Corrections policy 14.7, Sexual Abuse Prevention and Intervention Program (pages 5-6) and the Inmate Handbook page 2, illustrates that Lee Adjustment Center provides multiple methods for receiving third-party reports of sexual abuse and sexual harassment on the agency's website at: [http://corrections.ky.gov/about/pages/prison-rape-elimination-act-\(PREA\).aspx](http://corrections.ky.gov/about/pages/prison-rape-elimination-act-(PREA).aspx). Methods include; mailing a letter to the warden, mailing a letter to CoreCivic, mailing a letter to the Kentucky Association of Sexual Assault Programs- Rising Center, Kentucky Department of Corrections, or call the facility directly. The information available on the website explains how to report sexual abuse and sexual harassment on behalf of an inmate. The facility takes all reports seriously no matter how they are received and investigates each reported incident. Review of PREA investigation files revealed that two investigations were started and completed based on third party reports. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.61 (b)

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

115.61 (c)

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

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based on Kentucky Department of Corrections policy 14.7 Sexual Abuse Prevention and Intervention Program (pages 4-8), staff interviews, and documentation provided, the following delineates the audit findings regarding this standard:

115.61 (a) Kentucky Department of Corrections policy 14.7 Sexual Abuse Prevention and Intervention Program (page 15), 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 Lee Adjustment Center; 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. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.61 (b) Kentucky Department of Corrections policy 14.7 Sexual Abuse Prevention and Intervention Program stipulates that Lee Adjustment Center requires 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. This was reiterated during an interview with the PREA Manager. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.61 (c) Lee Adjustment Center requires medical and mental health practitioners to report sexual abuse immediately to the security staff supervisor. Medical and mental health practitioners are required to inform the inmates of their duty to report, and the limitations of confidentiality, at the initiation of services. This was confirmed during interviews with two contracted WellPath Medical staff; each confirmed their knowledge of mandatory reporting laws in the state of Kentucky. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.61 (d) If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, Lee Adjustment Center reports the allegation to the designated state or local services agency. This was confirmed by the PREA Manager. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.61 (e) Lee Adjustment Center reports all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the PREA investigator as required. File review of eleven PREA investigations confirmed this practice. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based on Kentucky Department of Corrections policy 14.7 Sexual Abuse, Prevention and Response, staff interviews, and documentation provided; the following delineates the audit findings regarding this standard:

115.62 (a) Kentucky Department of Corrections policy 14.7 Sexual Abuse Prevention and Intervention Program Policy and staff training requires all staff to take immediate action and staff acknowledged during their interviews the requirement of all staff to protect inmates when it is learned that an inmate at the Lee Adjustment Center is subject to a substantial risk of imminent sexual abuse. The review of eleven PREA investigation files clearly illustrated that everyone from line staff, intermediate supervisors and the SART team play specific roles in dealing with PREA allegations. Lee Adjustment Center maintains an update "keep separate" list at all times; this list is made available to all staff charged with the duty of housing movements. Information is stored in the Kentucky Offender Management System (KOMS). Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based on Kentucky Department of Corrections policy 14.7 (page 10), Sexual Abuse, Prevention and Response, staff interviews, and documentation provided; the following delineates the audit findings regarding this standard:

115.63 (a) Kentucky Department of Corrections policy 14.7 (page 10), Sexual Abuse Prevention and Intervention Program mandates that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of Lee Adjustment Center that received the allegation notifies the head of the facility or appropriate office where the alleged abuse occurred. This process is documented on memorandum. This process was corroborated during interviews with the PREA Manager and the PREA Investigator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.63 (b) and (c) Such notification is provided as soon as possible, but no later than 72 hours after receiving the allegation, and all actions are thoroughly documented. Documentation reviewed revealed that one such notification have occurred during the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.63 (d) Kentucky Department of Corrections policy 14.7 (page 10), Sexual Abuse Prevention and Intervention Program (page 10) mandates that upon receiving a call from an outside facility that an inmate had been sexually abused while in the custody of the Lee Adjustment Center. The allegation is referred immediately to the PREA Investigator to be investigated. This was confirmed during interviews with the PREA Coordinator and the PREA investigator. The PREA Investigator stated he has not received any notification from another agency in the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.64: Staff first responder duties

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

115.64 (a)

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

115.64 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based on Kentucky Department of Corrections policy 14.7 (pages 8-9), Sexual Abuse Prevention and Intervention Program, staff interviews, and documentation provided; the following delineates the audit findings regarding this standard:

115.64 (a) Kentucky Department of Corrections policy 14.7 (pages 8-9), Sexual Abuse Prevention and Intervention Program outlines the responsibilities of all staff members receiving an allegation of sexual abuse to follow these guidelines:

- (1) Separate the alleged victim and abuser;
- (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;
- (3) 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
- (4) 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.

Lee Adjustment Center employees are required to keep a PREA First Responder Card on their person while on duty. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.64 (b) Kentucky Department of Corrections policy 14.7 (page 9), Sexual Abuse Prevention and Intervention Program mandates when the first staff responder is not a security staff member, they shall advise the alleged victim not to take any actions that could destroy physical evidence, and then notify security staff immediately. Lee Adjustment Center employees are required to keep a PREA First Responder Card on their person while on duty. The auditor confirmed compliance based on interviews with and training records of two volunteers and two contract employees. Ten out of ten random staff interviews confirmed staff are training on their role and responsibility of a first responder. One first responder was also interviewed; it was clear he understand the process as it is outlined in Kentucky Department of Corrections 14.7 policy. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.65: Coordinated response

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

115.65 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based on Kentucky Department of Corrections policy 14.7 Sexual Abuse, Prevention and Response, policy 8.3 Critical Incident Management, Sexual Assault Action Plan, staff interviews, and documentation provided, the following delineates the audit findings regarding this standard:

115.65 (a) Kentucky Department of Corrections policy 14.7 Sexual Abuse, Prevention and Response and policy 8.3 Critical Incident Management delineates that Lee Adjustment Center has a very comprehensive written 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. The Sexual Assault Action Plan clearly defines the roles and responsibilities of each person involved and the procedures to be followed in detail. Interviews with SART members confirmed their knowledge of the response plan. Employees are issued a First Responder Card; which outlines the initial response to an alleged sexual assault. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

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

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

115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining

agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based on interviews with agency head and the PREA Coordinator, collective bargaining agreement, and documentation provided. The following delineates the audit findings regarding this standard:

115.66 (a) Employees are subject to disciplinary sanctions up to termination for violating Lee Adjustment Center policies on sexual abuse and sexual harassment. The Lee Adjustment Center has not entered into any collective bargaining agreements during this audit cycle. This was confirmed during an interview with the agency head and PREA Coordinator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

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

115.67 (b)

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

115.67 (c)

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

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based on Kentucky Department of Corrections policy 14.7 (page 13) Sexual Abuse, Prevention and Response, staff interviews, inmate interviews, PREA Retaliation Monitoring Report, and documentation provided; the following delineates the audit findings regarding this standard:

115.67 (a) Kentucky Department of Corrections policy 14.7 (page 13) Sexual Abuse Prevention and Intervention Program (page 6) policy to protect all inmates and staff at Lee Adjustment Center who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff, and designates which staff members or departments are charged with monitoring retaliation. Monitoring is documented on PREA Retaliation Monitoring Report. There were four PREA situations that required retaliation monitoring during the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.67 (b) Lee Adjustment Center has multiple protection measures, such as housing changes or transfers for inmates, 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. Monitoring is documented on Protection Against Retaliation Form. There were four PREA situations that required retaliation monitoring during the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.67 (c) Kentucky Department of Corrections policy 14.7 Sexual Abuse Prevention and Intervention Program (page 13) calls for at least 90 days following a report of sexual abuse, Lee Adjustment Center 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 act promptly to remedy any such

retaliation. There is periodic status checks performed and documented. Lee Adjustment Center's monitoring includes any inmate disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. Such monitoring continues beyond 90 days if the initial monitoring indicates a continuing need. Monitoring is documented on Protection against Retaliation Form. There were four PREA situations that required retaliation monitoring during the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.67 (d), (e), (f) If any other individual who cooperates with an investigation expresses a fear of retaliation, Lee Adjustment Center takes appropriate measures to protect that individual against retaliation. Lee Adjustment Center's obligation to monitor shall terminate if the agency determines that the allegation is unfounded. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based on Kentucky Department of Corrections policy 14.7 (page 13) Sexual Abuse Prevention and Intervention Program, staff interviews, inmate interviews, and documentation provided; the following delineates the audit findings regarding this standard:

115.68 (a) Kentucky Department of Corrections policy 14.7 (page 13) Sexual Abuse Prevention and Intervention Program (page 8) states that Lee Adjustment Center prohibits offenders who have alleged sexual abuse to be placed in involuntary segregated housing. Interviews with the PREA Manager and segregation staff revealed that involuntary segregation has not been used for this purpose in the past 12 months. The PREA Manager stated that if separation was required to protect

the offender, they would be placed in segregation for no longer than 72 hours. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

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

115.71 (b)

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

115.71 (c)

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

115.71 (d)

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

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? Yes No

- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.71 (f)

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

115.71 (g)

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

115.71 (h)

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

115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? Yes No

115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? Yes No

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based upon review of the Kentucky Department of Corrections policy 14.7 (pages 10-11) Sexual Abuse Prevention and Intervention Program, 1-15 CoreCivic Records Retention Schedule, investigative staff interviews, training certificates, investigative reports, as well as interviews with the PREA Coordinator, and the PREA Compliance Manager, the following delineates the audit findings regarding this standard:

115.71 (a) Kentucky State Police PREA investigators conduct an investigation immediately when notified of an allegation of sexual abuse and sexual harassment. Lee Adjustment Center has a Memorandum of Understanding with the Kentucky State Police to investigate all criminal PREA allegations. The investigative files were reviewed and it appeared that the investigations were conducted promptly, documented thoroughly, and objectively for all allegations, including third-party, and anonymous reports. Review of eleven PREA investigation files confirmed this practice. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.71 (b) Based on training curriculums provided, investigators training file review, and investigative staff interviews, it was evident the facility provided, in addition to the general training received by all employees, specialized training to all its investigators. This 16-hour Kentucky Department of Corrections 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 or prosecution referral. Review of eleven PREA investigation files confirmed this practice. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.71 (c) Kentucky State Police PREA 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. Review of eleven PREA investigation files confirmed this practice. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.71 (d) Kentucky Department of Corrections policy 14.7 (page 10) Sexual Abuse Prevention and Intervention Program (page 20) stipulates, when the quality of evidence appears to support criminal prosecution, Lee Adjustment Center refers the case to the Kentucky State Police PREA Investigator for the criminal investigation. Review of eleven PREA investigation files confirmed this practice. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.71 (e) 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. The inmate who alleges sexual abuse is not required to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. Review of eleven PREA investigation files confirmed this practice. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.71 (f) Lee Adjustment Center 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. Review of eleven PREA investigation files confirmed this practice. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.71 (g) Lee Adjustment Center criminal investigations are documented by the Kentucky State Police PREA Investigator in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. Review of eleven PREA investigation files confirmed this practice. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.71 (h) Lee Adjustment Center refers all allegations to the Kentucky State Police PREA Investigator for investigation and prosecution when warranted. Lee Adjustment Center has a Memorandum of Understanding with the Kentucky State Police to investigate all criminal PREA allegations. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.71 (i) Lee Adjustment Center retains all written reports for as long as the alleged abuser is incarcerated or employed by Lee Adjustment Center, plus five years. This is stipulated in the CoreCivic Records Retention Schedule, 1-15. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.71 (j) The departure of the alleged abuser or victim from employment or control of the Lee Adjustment Center or agency does not provide a basis for terminating an investigation. Review of eleven PREA investigation files confirmed this practice. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.71 (k) The Kentucky State Police PREA Investigator conducts criminal sexual abuse investigations pursuant to the requirements of this standard. Lee Adjustment Center Memorandum of Understanding with the Kentucky State Police outlines the requirements of the criminal investigation and complies with all aspects of this standard. Review of eleven PREA investigation files confirmed this practice. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.71 (l) Lee Adjustment Center refers all criminal cases to the Kentucky State Police PREA Investigator and cooperates with their investigators during the entire investigation. The facility remains informed of the progress of the investigation through communication between the facility investigator and the Kentucky State Police PREA Investigator agent handling the case. Review of eleven PREA investigation files confirmed this practice. Currently there are two investigation

referred and pending in the Grand Jury. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

PREA Investigation Files from the past 12 months (11)

Date	Incident #	IOI / SOI	TYPE	Disposition	Referred for Prosecution
08/05/2019	LAC-2019-0805-01	SOI	Abuse	Unfounded	No
08/30/2019	LAC-2019-0830-01	IOI	Abuse	Unsubstantiated	No
09/12/2019	LAC-2019-0912-01	IOI	Harassment	Unfounded	No
10/26/2019	LAC-2019-1026-01	SOI	Abuse	Substantiated	Yes
11/05/2019	LAC-2019-1105-01	SOI	Abuse	Unfounded	No
11/12/2019	LAC-2019-1112-01	SOI	Harassment	Unfounded	No
12/13/2019	LAC-2019-1213-01	IOI	Abuse	Unsubstantiated	No
01/06/2020	LAC-2020-0106-01	SOI	Abuse	Unfounded	No
02/05/2020	LAC-2020-0205-01	SOI	Abuse	Unfounded	No
05/05/2020	LAC-2020-0505-01	SOI	Harassment	Unfounded	No
05/23/2020	LAC-2020-0523-01	SOI	Abuse	Substantiated	Yes

* EOI means Employee on Inmate and IOI means Inmate on Inmate

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based upon review of Kentucky Department of Corrections policy 14.7 (page 8) Sexual Abuse Prevention and Intervention Program and investigative staff interviews; the following delineates the audit findings regarding this standard:

Kentucky Department of Corrections policy 14.7 (page 8) Sexual Abuse Prevention and Intervention Program requires Lee Adjustment Center imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. This was reiterated during an interview with the PREA Investigator and evident during PREA Investigation File reviews. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

PREA Investigation Files from the past 12 months (11)

Date	Incident #	IOI / SOI	TYPE	Disposition	Referred for Prosecution
08/05/2019	LAC-2019-0805-01	SOI	Abuse	Unfounded	No
08/30/2019	LAC-2019-0830-01	IOI	Abuse	Unsubstantiated	No
09/12/2019	LAC-2019-0912-01	IOI	Harassment	Unfounded	No
10/26/2019	LAC-2019-1026-01	SOI	Abuse	Substantiated	Yes
11/05/2019	LAC-2019-1105-01	SOI	Abuse	Unfounded	No
11/12/2019	LAC-2019-1112-01	SOI	Harassment	Unfounded	No
12/13/2019	LAC-2019-1213-01	IOI	Abuse	Unsubstantiated	No
01/06/2020	LAC-2020-0106-01	SOI	Abuse	Unfounded	No
02/05/2020	LAC-2020-0205-01	SOI	Abuse	Unfounded	No
05/05/2020	LAC-2020-0505-01	SOI	Harassment	Unfounded	No
05/23/2020	LAC-2020-0523-01	SOI	Abuse	Substantiated	Yes

* EOI means Employee on Inmate and IOI means Inmate on Inmate

Standard 115.73: Reporting to inmates

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

115.73 (a)

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? Yes No

115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.73 (c)

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

115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? Yes No
- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? Yes No

115.73 (e)

- Does the agency document all such notifications or attempted notifications? Yes No

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based on Kentucky Department of Corrections policy 14.7 (page 11) Sexual Abuse Prevention and Intervention Program, Inmate/Detainee PREA Allegation Status Notification documentation provided, and staff interviews; the following delineates the audit findings regarding this standard:

115.73 (a) Based on Kentucky Department of Corrections policy 14.7 (page 13) Sexual Abuse Prevention and Intervention Program (page 11), it was confirmed that following an investigation into an inmate's allegation he/she suffered sexual abuse in the facility, the inmate was to be informed whether the allegation had been determined to be substantiated, unsubstantiated, or unfounded. The documentation provided confirmed the inmates were provided this notification on the Lee Adjustment Center Inmate/Detainee PREA Allegation Status Notification Form. The inmates are required to sign the form documenting acknowledgement of this notification as required. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.73 (b) The agency does request all relevant information from the criminal investigation conducted by the Kentucky State Police in order to inform the inmate as required by this standard. Lee Adjustment Center Memorandum of Understanding with the Kentucky State Police outlines the requirements of the criminal investigation and complies with all aspects of this standard. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.73 (c) Based on Lee Adjustment Center practice and documentation provided, it was confirmed that following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency shall subsequently inform the inmate (unless the agency has determined that the allegation is unfounded) whenever:

- (1) The staff member is no longer posted within the inmate's unit;
- (2) The staff member is no longer employed at the facility;
- (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the Lee Adjustment Center; or
- (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the Lee Adjustment Center

The documentation provided confirmed the inmates were provided this notification on the Lee Adjustment Center Offender Notification Form. The inmates are required to sign the form documenting acknowledgement of this notification as required. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.73 (d) Based on Kentucky Department of Corrections policy 14.7 (page 11) Sexual Abuse Prevention and Intervention Program, following an inmate’s allegation they had been sexually abused by another inmate, Lee Adjustment Center subsequently informs the alleged victim whenever the facility learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or Lee Adjustment Center learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. The documentation provided confirmed the inmates were provided this notification on the Lee Adjustment Center Offender Notification Form. The inmates are required to sign the form documenting acknowledgement of this notification as required. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.73 (e) All such notifications or attempted notifications are documented on the Lee Adjustment Center Offender Notification Form. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.73 (f) Based on Kentucky Department of Corrections policy 14.7 (page 11) Sexual Abuse Prevention and Intervention Program, outlines the agency’s obligation to report under this standard terminates if the inmate is released from Lee Adjustment Center’s custody. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

PREA Investigation Files from the past 12 months (11)

Date	Incident #	IOI / SOI	TYPE	Disposition	Referred for Prosecution
08/05/2019	LAC-2019-0805-01	SOI	Abuse	Unfounded	No
08/30/2019	LAC-2019-0830-01	IOI	Abuse	Unsubstantiated	No
09/12/2019	LAC-2019-0912-01	IOI	Harassment	Unfounded	No
10/26/2019	LAC-2019-1026-01	SOI	Abuse	Substantiated	Yes
11/05/2019	LAC-2019-1105-01	SOI	Abuse	Unfounded	No
11/12/2019	LAC-2019-1112-01	SOI	Harassment	Unfounded	No
12/13/2019	LAC-2019-1213-01	IOI	Abuse	Unsubstantiated	No
01/06/2020	LAC-2020-0106-01	SOI	Abuse	Unfounded	No
02/05/2020	LAC-2020-0205-01	SOI	Abuse	Unfounded	No
05/05/2020	LAC-2020-0505-01	SOI	Harassment	Unfounded	No
05/23/2020	LAC-2020-0523-01	SOI	Abuse	Substantiated	Yes

* EOI means Employee on Inmate and IOI means Inmate on Inmate

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? Yes No

115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based upon review of Based on CoreCivic 3-1-1 Code of Ethics, documentation provided, and PREA Coordinator interview; the following delineates the audit findings regarding this standard:

115.76 (a) and (b) CoreCivic 3-1-1 Code of Ethics stipulates that 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. The PREA Manager advised there was one employee terminated during the past twelve months due to the outcome of a PREA investigation. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.76 (c) CoreCivic 3-1-1 Code of Ethics states that 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. The PREA Manager advised there was one employee terminated during the past twelve months due to the outcome of a PREA investigation. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.76 (d) CoreCivic 3-1-1 Code of Ethics mandates that 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, unless the activity was clearly not criminal, and to any relevant licensing bodies. The PREA Manager advised there was one employee terminated during the past twelve months due to the outcome of a PREA investigation. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based upon review of Kentucky Department of Corrections policy 14.7 (page 4) Sexual Abuse Prevention and Intervention Program, documentation provided, agency head, and PREA Coordinator interviews; the following delineates the audit findings regarding this standard:

115.77 (a) Kentucky Department of Corrections policy 14.7 Sexual Abuse Prevention and Intervention Program (page 4) states any contractor or volunteer who engages in sexual abuse is prohibited from contact with inmates and are reported to law enforcement, unless the activity was clearly not criminal, and to relevant licensing bodies. During the past twelve months, there has been one PREA substantiated incident at Lee Adjustment Center involving a contractor or volunteer. The person was terminated and referred for prosecution by the Kentucky State Police. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.77 (b) Lee Adjustment Center 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. During the past twelve months, there has been one PREA substantiated incident at Lee Adjustment Center involving a contractor or volunteer. The person was terminated and referred for prosecution by the Kentucky State Police. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? Yes No

115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? Yes No

115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? Yes No

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? Yes No

115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? Yes No

115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? Yes No

115.78 (g)

- If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based upon review Kentucky Department of Corrections policy 14.7 Sexual Abuse, Prevention and Response, Kentucky Department of Corrections Policy 15-2 Inmate Rules and Discipline, documentation provided, agency head, and PREA Coordinator interviews; the following delineates the audit findings regarding this standard:

115.78 (a) Kentucky Department of Corrections policy 14.7 Sexual Abuse Prevention and Intervention Program policy (page 12) states that inmates/detainees 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 (detainee on detainee) or following a criminal finding of guilt for inmate-on-inmate sexual abuse. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.78 (b) Sanctions are commensurate with the nature and circumstances of the abuse committed, the inmate's or detainee's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.78 (c) CoreCivic Policy 15-2 Inmate Rules and Discipline states that 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. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.78 (d) The Mental Health Staff offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, Lee Adjustment Center does not require the offending inmate to participate in such interventions as a condition of access to programming or other benefits. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.78 (e) Lee Adjustment Center disciplines an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact. This was confirmed during an interview with a Facility Investigator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.78 (f) Policy states a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred does not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.78 (f) Lee Adjustment Center prohibits all sexual activity between inmates and may discipline inmates for such activity. This was confirmed during an interview with the Disciplinary Chairperson. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)
 Yes No NA

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) Yes No NA

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? Yes No

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?
 Yes No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based on medical and mental health staff interviews and documentation provided; the following delineates the audit findings regarding this standard:

115.81 (a) Kentucky Department of Corrections policy 14.7 Sexual Abuse Prevention and Intervention Program policy mandates if the screening indicates the inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, the PREA Screening staff at the Lee Adjustment Center ensures the inmate is offered a follow-up meeting with the medical and/or mental health staff within 14 days of the intake screening as required by this part of the standard. The Screening Staff will documents the referral to the contracted WellPath Mental Health Staff. Medical records review produced two such referrals. Interviews with a Screener and two WellPath employees confirmed this practice. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.81 (b) Kentucky Department of Corrections policy 14.7 Sexual Abuse Prevention and Intervention Program policy mandates if the screening indicates an inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, the Screening Staff at the Lee Adjustment Center ensures the mate is offered a follow-up meeting with mental health staff within 14 days of the intake screening as required by this part of the standard. The Screening Staff will documents the referral to the contracted WellPath Mental Health Staff. Medical records review produced two such referrals. Interviews with a Screener and two WellPath employees confirmed this practice. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.81 (d) Lee Adjustment Center requires that any information related to sexual victimization or abusiveness that occurred in the facility 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. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.81 (e) Lee Adjustment Center requires contracted WellPath Medical and Mental Health Staff to obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in the facility, unless the inmate is under the age of 18. This was confirmed during an interview with the WellPath Health Services Administrator. During the past twelve months, there has not been a situation where consent from an inmate under the age of 18 has occurred. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
 Yes No

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? Yes No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? Yes No

115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?
 Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based on CoreCivic medical and mental health staff interviews, Kentucky Department of Corrections policy 14.7 Sexual Abuse Prevention and Intervention Program policy (pages 9-10), MOU, and documentation provided; the following delineates the audit findings regarding this standard:

115.82 (a) Kentucky Department of Corrections policy 14.7 Sexual Abuse Prevention and Intervention Program policy (page 16), states that Lee Adjustment Center has a Memorandum of Understanding with the Baptist Health Richmond to treat inmate victims of sexual abuse. The facility also has medical and mental health staff at the facility ensuring inmates 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. This was confirmed during an interview with the WellPath Health Services Administrator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.82 (b) Lee Adjustment Center has procedures to follow when 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 shall immediately notify the appropriate medical and mental health practitioners. Victims are taken to Baptist Health Richmond. This was confirmed during an interview with the WellPath Health Services Administrator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.82 (c) Lee Adjustment Center ensures 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. This is done in cooperation with Baptist Health Richmond and the Kentucky Association of Sexual Assault Programs –Rising Center. This was confirmed during an interview with the WellPath Health Services Administrator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.82 (d) Kentucky Department of Corrections policy 14.7 Sexual Assault Response (page 10) states that Lee Adjustment Center requires that all treatment services provided to the victim are without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The CoreCivic bares all cost. This was confirmed during an interview with the WellPath Health Services Administrator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

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

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

115.83 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? Yes No

115.83 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? Yes No

115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based on CoreCivic medical and mental health staff interviews, Kentucky Department of Corrections policy 14.7 Sexual Abuse Prevention and Intervention Program policy, and documentation provided; the following delineates the audit findings regarding this standard:

115.83 (a) Kentucky Department of Corrections policy 14.7 (page 6) requires Lee Adjustment Center to offer medical and mental health evaluations and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any facility. This was confirmed during an interview with the Health Services Administrator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.83 (b) Kentucky Department of Corrections policy 14.7 (page 6) requires Lee Adjustment Center that the evaluations 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. Follow-up care is done in cooperation between Baptist Health Richmond, CoreCivic, Kentucky Association of Sexual Assault Programs. This was confirmed during interviews with the Health Services Administrator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.83 (c) Lee Adjustment Center requires that medical and mental health staff provide all victims with medical and mental health services consistent with the community level of care. Follow-up care is done in cooperation between Baptist Health Richmond, CoreCivic, and the Kentucky Association of Sexual Assault Programs. This was confirmed during interviews with the Lee Adjustment Center Health Services Administrator and the PREA Manager for Lee Adjustment Center. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.83 (d and e) Lee Adjustment Center is an all male facility. Therefore, the facility is exempt with this part of the standard during this audit.

115.83 (f) Lee Adjustment Center requires that medical and mental health staff provide inmate victims of sexual abuse while incarcerated tests for sexually transmitted infections as medically appropriate. Follow-up care is done in cooperation between Baptist Health Richmond, CoreCivic and Kentucky Association of Sexual Assault Programs – Rising Center. This was confirmed during interviews with the Health Services Administrator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.83 (g) Lee Adjustment Center requires that medical and mental health staff provide treatment services 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. Follow-up care is done in cooperation between Baptist Health Richmond, CoreCivic, and Kentucky Association of Sexual Assault Programs – Rising Center. This was confirmed during interviews with the Health Services Administrator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.83 (h) Lee Adjustment Center shall 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 WellPath mental health practitioner. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? Yes No

115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? Yes No

115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No

- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based on interviews with the PREA Coordinator, the PREA Manager, Kentucky Department of Corrections policy 14.7 (page 12), Sexual Abuse Prevention and Intervention Program policy, Sexual Abuse or Assault Incident Review Form, and documentation provided; the following delineates the audit findings regarding this standard:

115.86 (a) Kentucky Department of Corrections policy 14.7 (page 12) Sexual Abuse Prevention and Intervention Program policy mandates that Lee Adjustment Center 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 was confirmed during file review and during interviews with SART members. During the past twelve months, there were eleven PREA Investigations; each (excluding those with the disposition of Unfounded) were followed by an incident review within 30 days. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.86 (b) Lee Adjustment Center ensures that these reviews occur within 30 days of the conclusion of the investigation and documents the review on the Sexual Abuse or Assault Incident Review Form. During the past twelve months, there were eleven PREA investigations; each (excluding those with the disposition of Unfounded) were followed by an incident review within 30 days. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.86 (c) The review team consist of upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. Interviews with the Health Services Administrator, Mental Health staff and the PREA manager confirmed this practice. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.86 (d) 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 the facility; and they examine the area in Lee Adjustment Center 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. The agency has deployed an excellent PREA after action review form which addresses all elements of the standard. During the past twelve months, there were eleven PREA investigations: each (excluding those with the disposition of Unfounded) were followed by an incident review within 30 days. Therefore, this meets this portion of the standard.

115.86 (e) Lee Adjustment Center shall implement the recommendations for improvement, or shall document its reasons for not doing so. Each of the fifteen 30-Day reviews clearly marked recommendations as deemed appropriate by the SART team. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.87: Data collection

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

115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? Yes No

115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? Yes No

115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? Yes No

115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?
 Yes No

115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) Yes No NA

115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)
 Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based on interviews with the PREA Coordinator, the PREA Manager, agency website, Kentucky Department of Corrections policy 14.7 (pages 12-13) Sexual Abuse Prevention and Intervention Program policy, and documentation provided; the following delineates the audit findings regarding this standard:

115.87 (a), (b) and (c) Lee Adjustment Center 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. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Kentucky Department of Corrections policy 14.7 Sexual Abuse Prevention and Intervention Program policy (pages 12-13) mandates that the incident-based data collected is based on the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.87 (d) Kentucky Department of Corrections policy 14.7 (page 13) Sexual Abuse Prevention and Intervention Program policy stipulates that Lee Adjustment Center maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.87 (e) Lee Adjustment Center does not contract its inmates to other facilities. Therefore, the facility is exempt from this part of the standard during this audit.

115.87 (f) Upon request, Lee Adjustment Center provides all such data from the previous calendar year to the Department of Justice no later than June 30 when required. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.88: Data review for corrective action

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

115.88 (a)

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

115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse? Yes No

115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? Yes No

115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based on interviews with the PREA Coordinator, the PREA Manager, website, Kentucky Department of Corrections policy 14.7 Sexual Abuse Prevention and Intervention Program policy, and documentation provided; the following delineates the audit findings regarding this standard:

115.88 (a) Kentucky Department of Corrections policy 14.7 Sexual Abuse Prevention and Intervention Program policy specifies that Lee Adjustment Center 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 actions for each facility, as well as Lee Adjustment Center as a whole. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.88 (b) Such reports includes a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of Lee Adjustment Center's progress in addressing sexual abuse. This was confirmed during an interview with the PREA Manager. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.88 (c) Lee Adjustment Center's report is approved by the Warden and made readily available to the public through its website [http://corrections.ky.gov/about/pages/prison-rape-elimination-act-\(PREA\).aspx](http://corrections.ky.gov/about/pages/prison-rape-elimination-act-(PREA).aspx). Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.88 (d) Kentucky Department of Corrections policy 14.7 Sexual Abuse Prevention and Intervention Program policy states that Lee Adjustment Center may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of the facility, but must indicate the nature of the material redacted. This was confirmed during an interview with the PREA Manager. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
 Yes No

115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? Yes No

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based on interviews with the PREA Coordinator, the PREA Manager, and documentation provided; the following delineates the audit findings regarding this standard:

115.89 (a) through (d): Kentucky Department of Corrections policy 14.7 Sexual Abuse Prevention and Intervention Program policy mandates Lee Adjustment Center PREA Manager to make all aggregated sexual abuse data, readily available to the public at least annually through the agency website [http://corrections.ky.gov/about/pages/prison-rape-elimination-act-\(PREA\).aspx](http://corrections.ky.gov/about/pages/prison-rape-elimination-act-(PREA).aspx). 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 otherwise. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

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

115.401 (b)

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

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? Yes No

115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

115.401 (a) and (b) The Lee Adjustment Center did have a PREA audit during the first audit cycle. The facility closed for two and half years and reopened in 2017. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.401 (h) The auditor has full access to all location/areas of the Lee Adjustment Center. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.401 (i) The auditor did obtain all necessary copies of audit items. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.401 (m) The auditor was allowed to interview inmates in a private setting. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.401 (n) The auditor did not receive any correspondence from any Lee Adjustment Center inmates/detainees. Audit notices were observed in every housing unit; as well as all common areas. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.403: Audit contents and findings

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

115.403 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

115.403 Lee Adjustment Center has had a PREA audit in 2017; the final report is posted on the agency's website [http://corrections.ky.gov/about/pages/prison-rape-elimination-act-\(PREA\).aspx](http://corrections.ky.gov/about/pages/prison-rape-elimination-act-(PREA).aspx). Therefore, the facility demonstrated compliance with this part of the standard during this audit.

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.

DOJ Certified Auditor:

Brian D. Bivens

August 29, 2020

Auditor Signature

Date