

# PREA AUDIT: AUDITOR'S SUMMARY REPORT

## ADULT PRISONS & JAILS

NATIONAL  
PREA  
RESOURCE  
CENTER



**BJA**  
Bureau of Justice Assistance  
U.S. Department of Justice

[Following information to be populated automatically from pre-audit questionnaire]

<b>Name of facility:</b>	<b>Lee Adjustment Center</b>		
<b>Date report submitted:</b>	<b>February 14, 2015</b>		
<b>Auditor Information</b>	<b>Barbara Jo Denison</b>		
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<b>Date of facility visit:</b>	<b>February 2-4, 2015</b>		
<b>Facility Information</b>			
<b>Facility mailing address: (if different from above)</b>	<b>168 Lee Adjustment Center Drive, Beattyville, Kentucky 41311</b>		
<b>Telephone number:</b>	<b>606-464-2866</b>		
<b>The facility is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input type="checkbox"/> Federal
	<input checked="" type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
<b>Facility Type:</b>	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
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<b>Agency Information</b>			
<b>Name of agency:</b>	<b>Corrections Corporation of America</b>		
<b>Governing authority or parent agency: (if applicable)</b>	<b>NA</b>		
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## **AUDIT FINDINGS**

### **NARRATIVE:**

The PREA audit of the Lee Adjustment Center was conducted on February 2-4, 2014 by Barbara Jo Denison, Certified PREA Auditor. Prior to the audit, the facility provided the auditor with policies, procedures and supporting documentation related to each standard for review. Ongoing communication was held with the Assistant Warden/PREA Manager and the PREA Coordinator during this review period in preparation for the on-site visit. Prior to the audit the auditor was supplied with a list of inmates sorted by housing unit and a list of inmates with special designations, as well as a list of facility staff. From these lists inmates and staff were randomly selected to be interviewed during the audit. On the first day of the audit an entrance meeting was held at 8:15 a.m. with the following people in attendance: Daniel Akers, Warden; Donna Stivers, Assistant Warden/PREA Manager; Rob Gray, Chief of Security; Mitchell Brandenburg, Quality Assurance Manager; Lola Cox, Investigator; and Lisa Hollingsworth, Senior Director, PREA Programs and Compliance.

Following the entrance meeting, a tour of the facility was held from 8:30 a.m. – 12:30 p.m. The executive team and the Senior Director, PREA Programs and Compliance accompanied the auditor on the tour. All housing units and all areas where inmates program, work and are allowed access to were toured. While touring, 25 random inmates and 18 random staff were informally interviewed and questioned about their knowledge of PREA. It was noted during the tour that there were areas that needed increased privacy. It was recommended that two windows in the medical department and a window in the visitation area where strip searches are performed be partially covered for increased privacy. Also noted were blind spots in the commissary because of shelving that was too high to allow staff to have a visual on the inmate workers. A recommendation was made to rearrange the shelving and consider adding two mirrors. This was also the case in the property room. It was noted that because of the placement of the shelving in that area, there were blind spots. It was recommended to rearrange the shelving and consider adding two mirrors. Staff implemented corrective actions for all recommendations which were completed by the end of the audit, with the exception of the installation of mirrors in the commissary and the property room. Four mirrors were ordered and will be installed in those areas when received.

A total of 30 staff was formally interviewed in the course of the audit. This number includes one contract employee and one volunteer who was interviewed by telephone. This number also includes a supervisor and four correctional officers from each shift. The Agency Head Designee, CCA Executive Vice President and Chief Corrections Officer, was not in attendance during the audit, but he was interviewed by Rodney Bivens, Certified PREA Auditor on 7/7/14 and notes from that interview were shared with the auditor prior to the on-site visit. The PREA Coordinator was interviewed by this auditor at a previous audit. There is no SAFE or SANE staff at the facility; they are available by a Memorandum of

Understanding (MOU) with Baptist Health Richmond. Staff interviewed was well versed in their responsibilities in reporting sexual abuse and suspected sexual abuse. When questioned about evidence preservation, staff responses reflected agency policies and standard requirements.

A total of 36 inmates were formally interviewed. Included in this number were inmates who self-disclosed being gay, those identified from intake screening to be potentially vulnerable and possible predators and one hearing impaired inmate. There were no inmates with visual impairments, none that were non English speaking and no transgender or intersex inmates housed at the facility during the audit.

In the past twelve months there were nine staff-on-inmate allegations of sexual abuse; seven were determined to be unfounded and two unsubstantiated. There was one inmate-on-inmate allegation of sexual harassment that was found to be unsubstantiated. Investigative files of all allegations were reviewed with the investigator. In all cases the proper procedures were followed in the handling of the investigations. Documentation showed that all retaliation monitoring was done and inmates were notified of the outcome of the investigation as required by policy.

### **DESCRIPTION OF FACILITY CHARACTERISTICS:**

The Lee Adjustment Center is operated by Corrections Corporation of America (CCA) and is located at 168 Lee Adjustment Center Drive, Beattyville, Kentucky. The facility contracts currently with only the Vermont Department of Corrections and operates within the guidelines of policies and procedures of that state. The facility is an 842-bed medium security facility housing 363 inmates on the first day of the audit.

The U.S. Corrections Corporation built and opened the facility in 1990 as a 500-bed minimum security facility contracted to house Kentucky Department of Corrections inmates. The facility was upgraded to a medium security facility in 1997 and was acquired just prior to the upgrade by CCA which has operated it since that time.

In late 2003, CCA entered into a contract to house Vermont Corrections inmates beginning in 2004. In June 2010, the remaining Kentucky inmates were transferred out and the facility has housed Vermont inmates only since then.

The facility sits on approximately 98 acres of ground on a mountain top surrounded with a 12' high fence equipped with an electric stun fence. Multiple cameras monitor the perimeter and the compound from a central control center. An armed mobile patrol vehicle roves the outside of the perimeter 24 hours daily, seven days per week. The facility consists of eight buildings, including two open bay dormitory-style housing units, one single cell, double occupancy unit and one 50-bed, single cell segregation unit.

Medical care is provided 24 hours a day, seven days per week. A contract with Trinity Food Services provides the facility's food services.

The facility was first accredited by ACA in January 1994 and has achieved a score of 100% on several subsequent reaccreditations. The medical services of the facility are also accredited by the National Commission of Correctional Health Care (NCCHC).

The CCA mission is "Advancing corrections through innovative results that benefit and protect all we serve" and their vision is "To be the best full-service adult corrections system".

**SUMMARY OF AUDIT FINDINGS:**

Number of standards exceeded:	3
Number of standards met:	36
Number of standards not met:	0
Non-applicable:	4

**§115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**

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

Corrections Corporation of America (CCA) policy 14-2 is a written plan mandating zero tolerance towards all forms of sexual abuse and sexual harassment which outlines the agency's approach to preventing, detecting and responding to such conduct. On page 2 of the policy the responsibilities of the PREA Coordinator and PREA Manager can be found. In interview with the PREA Coordinator and the Assistant Warden/PREA Compliance Manager, both indicated that they have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.

**§115.12 - Contracting with other entities for the confinement of inmates**

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

Corrections Corporation of America is a private provider and does not contract with other agencies for the confinement of inmates; therefore this standard is not applicable.

**§115.13 – Supervision and Monitoring**

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

Based on policy 14-2.4, page 9, sections D & E, the agency has developed, documented and made its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and uses video monitoring to protect inmates against sexual abuse. The staffing levels are monitored daily by review of shift rosters by the Master Scheduler and the Chief of Security and three random shift rosters are reviewed by the ADO. The staffing plan

is reviewed annually by the Assistant Warden and forwarded to the PREA Coordinator and Warden for review. It is then forwarded to the Vice President of Facility Operations for signature and approval of any recommendations made which would include changes to policy and procedures, physical plant, video monitoring or staffing. The last Annual Staffing Plan Assessment was completed on 8/28/14. There have been no incidences where the staffing plan has not been complied within the past twelve months, as confirmed by interview with the Warden.

In review of page 9, section E, there is a policy in place and a practice of unannounced rounds being conducted and documented in the log book and shift supervisors' reports. Documentation reviewed showed unannounced rounds being documented in each building on both shifts. This practice was confirmed by interview of inmates, correctional staff and supervisors who all reported numerous rounds being conducted on a daily basis.

### **§115.14 – Youthful Inmates**

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

X Not Applicable

The Lee Adjustment Center is an adult male facility and does not house youthful inmates; therefore this standard is not applicable.

### **§115.15 – Limits to Cross-Gender Viewing and Searches**

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

There have been no incidences of cross-gender strip searches or cross-gender visual body cavity searches in the past 12 months. Policy 14-2.4, pages 15 & 16, section K, outlines inmate searches including searches of transgender and intersex inmates. All staff receives training through Pre-Service and annually in In-Service training. Unit staff is required to document all cross-gender searches if they were to occur.

The facility has policies and procedures in place that enable inmates to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing their buttocks or genitalia. Females announce themselves when they enter the housing units and reminders of this practice are posted on the entry doors of all housing units. Inmates interviewed confirmed that this practice is being adhered to and indicated that they feel they have privacy when female staff is in their housing unit. The Pelco camera monitors were reviewed and showed that if female staff were to review these monitors, camera placement would allow for privacy.

## **§115.16 – Inmates with Disabilities and Inmates who are Limited English Proficient**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The agency takes appropriate steps to ensure that inmates with disabilities and inmates that are limited English proficient have an opportunity to participate and benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and harassment. Policy 14-2.4, page 14, section I, and the lesson plan *Safety and Security Issues Part 2* were used to verify compliance of this standard. PREA posters, the *Inmate Handbook* and the brochure 14-2AA, *Preventing Sexual Abuse and Misconduct*, given to inmates at orientation, and any other written material they receive are provided in both English and Spanish. The Language Line service is utilized to convey verbal information to inmates who are non-English speaking. A TTD is available for hearing impaired inmates. The agency prohibits the use of inmate interpreters, inmate readers or other types of inmate assistants. Provisions for inmates who are visually impaired will be made to provide them with information in a manner they can understand.

## **§115.17 – Hiring and Promotion Decisions**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

In review of policy 14-2.4, pages 5 & 6, section B, the agency does not hire or promote anyone who may have contact with inmates, and does not enlist the services of any contractor who may have contact with inmates, who has engaged in sexual abuse in 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 agency considers any incidents of sexual harassment in determining whether to hire or promote anyone or to enlist the services of any contractor, whether they may have contact with inmates or not.

In interview with the Human Resources Manager and review of random employee files, criminal background checks including NCIC checks and drivers' license checks for all applicants, including contractors and volunteers are performed by First Advantage, Chicago, IL, as an applicant, after being hired, if being considered for a promotion and every five years after date of hire. Prior to 2014 background checks were only being done before hiring. In 2014, background checks of all staff that had not had one within five years were completed. A Self Declaration of Sexual Abuse/Sexual Harassment (14-2H) is completed by all applicants, upon being hired and if being considered for a promotion.

## **§115.18 – Upgrades to Facilities and Technology**

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

Policy 14-2.4, page 30, section V, states that 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. Currently the facility has 127 cameras.

The agency has had upgrades to video monitor systems, electronic surveillance systems or other monitoring technology in the past 12 months in other facilities, but the standard was found to be not applicable since there have not been any new monitoring technology installed and the facility has not acquired a new facility or any expansion to the existing facility since August 20, 2012.

## **§115.21 – Evidence Protocol and Forensic Medical Examinations**

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

According to policy 14-2.4, pages 23 & 24, section O-4 and policy 13-79.4, page 2, section A-I & ii, and OP-040117, pages 2 & 3, section I-A & B and section II-A, the facility follows a uniform evidence protocol that maximizes the potential for usable physical evidence for administrative and criminal prosecutions. The facility Investigator is responsible for conducting administrative investigations and the Kentucky State Police are responsible for conducting criminal sexual abuse investigations.

Victims of sexual abuse would have access to forensic medical examinations. An MOU with the Kentucky River Community Care, Rising Center was finalized on 10/7/14 and provides for SANE exams to be performed at Baptist Health Richmond. In the past 12 months there were no inmates who required SANE exams.

The Rising Center provides emotional support for victims of sexual abuse and the facility Psychologist is the Victims Services Coordinator and is available to provide victims of sexual abuse support services.

## **§115.22 – Policies to Ensure Referrals of Allegations for Investigations**

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

Does Not Meet Standard (requires corrective action)

Policy 14-2.4, page 22, section O and policy 5.1, page 7, section d, outline the agency's policy and procedure for investigating and documenting incidents of sexual abuse. All allegations of sexual abuse are reported to the Kentucky State Police. The agency's policy regarding referral of allegations of sexual abuse and sexual harassment for criminal investigation are available on the CCA website.

### **§115.31 – Employee Training**

X Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

CCA employees receive training on CCA's zero tolerance policy (14-2) for sexual abuse and sexual harassment at pre-service and annually. Employees sign an acknowledgement form that they have received and understood the training they received. Random reviews of employee files showed this documentation is maintained by the facility on the 4-2BB, Training Activity Report. The PREA in-service training curriculum was reviewed and verified that the training provided to employees is very comprehensive and meets all elements of this standard. If there are any policy revisions, staff are notified at least 30 days prior to the revisions becoming effective. Additionally, between trainings the facility has staff recall meetings, shift briefings and weekly unit staff meetings where the policy is reviewed and staff is informed of policy changes. In interview with staff, they were able to confirm receiving this training and knew their responsibilities for preventing and responding to allegation of sexual abuse.

### **§115.32 – Volunteer and Contractor Training**

X Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Policy 14-2.4, page 8, section C-2, outlines the training requirements for volunteers and contractors. The objectives of the training ensures that volunteers and contractors are notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and are informed on how to report such incidents. The agency maintains documentation confirming that volunteers and contractors understand the training they have received. A 14-2A, Policy Acknowledgement form is filed in the volunteer files that are maintained by the Chaplain and contractor 14-2A forms are maintained by the Human Resources Manager. The Food Services Manager, contracted by Trinity Food Services, confirmed receiving the training. Monthly training by Trinity often includes PREA topics and monthly meetings with food service staff which includes discussion and review of PREA information. On telephone interview with a volunteer, he confirmed that he received the training. Both the contractor and the volunteer understood their responsibilities under the agency's sexual abuse and sexual harassment policy. In the past 12 month period a total of 43 volunteers and 10 contractors have received this training.



### §115.33 – Inmate Education

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Policy 14-2.4, page 13 & 14, section I-1 & 2 and policy 17-101 were used to verify compliance to this standard. All incoming inmates receive an Inmate Handbook and a *Preventing Sexual Abuse and Misconduct (14-2AA)* brochure during the intake process which contains PREA information that outlines methods to report sexual abuse. More in depth information is provided during the orientation process and inmates sign a 17-101A form acknowledging completion of orientation. All information presented is provided in both English and Spanish and to inmates who have low vision or hearing or with limited reading skills in a manner they can understand. Monthly Town Hall meetings are held where PREA topics are discussed. The facility recently received a PREA video which will be shown in a Town Hall meeting with inmates initialing a roster indicating they attended the meeting and viewed the PREA video.

Posters regarding sexual abuse and sexual harassment prevention were displayed throughout the facility in both English and Spanish.

### §115.34 – Specialized Training: Investigations

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Based on policy 14-2.4, page 7, section C-1-b, the facility's Investigator receives specialized training in addition to the general education provided to all employees. The PowerPoint presentation of special training for investigators was reviewed and found to cover all requirements of the training as outlined in section (b) of this standard. The agency maintains documentation that the Investigator has received this training. Upon interview of the Investigator, she confirmed receiving this specialized training and was knowledgeable of her responsibilities in conducting sexual abuse investigations. The Investigator's training record showed she last received this training on 5/21/13. In addition to the Investigator receiving this training, the Quality Assurance Manager, the Warden and the Assistant Warden received this training on 11/13/14.

### §115.35 – Specialized training: Medical and mental health care

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The agency ensures that all medical and mental health staff has training on how to detect and assess signs of sexual abuse and 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 harassment. The facility maintains documentation that all medical and mental health practitioners have received this training. In interview with the Health Services Administrator and the Psychologist they acknowledged receiving this specialized training and knew their responsibilities as outlined in policy 14-2.4, page 7; section C-1-b-ii.

The facility medical staff does not conduct forensic examinations. SANE exams are conducted at Baptist Health Richmond.

### **§115.41 – Screening for Risk of Victimization and Abusiveness**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Based on policy 14-2.4, page 12, section H-1 & 2, the agency policy requires facilities to screen upon admission for risk of sexual abuse victimization or sexual abusiveness toward other inmates. The 14-2B form is completed by the screener as part of the intake process. The screening tool contains all requirements of 115.41 (d) of this standard. The 14-2B form has recently been revised. Inmates may not be disciplined for refusing to answer any questions or for not disclosing complete information. Within 30 days of arrival, all inmates are reassessed and any time additional relevant information is received. Annual Reclassification meetings also include reassessment screenings.

Copies of all intake screening forms are forwarded to the Psychologist and the original forms are secured in inmate records with only designated staff allowed access to them.

### **§115.42 – Use of Screening Information**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The agency uses the information from the risk screening form to make housing bed, work, education and program assignments with the goal of separating inmates at high risk of being sexually victimized from inmates with those at high risk of being sexually abusive. On interview with the Warden, he explained how the facility utilizes information from the 14-2B form.

Guidelines on housing and program assignments and for the management of transgender and intersex inmates are outlined in policy 14-2.4, pages 13 & 14, section J.

The agency does not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units or wings solely on the basis of such identification. On interview with four inmates who self-disclosed they were gay and one bisexual inmate, they all reported that they have not been placed in any special housing unit because of their sexual orientation.

### **§115.43 – Protective Custody**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Based on policy 14-2.4, page 15; section J, inmates at high risk for sexual victimization shall not be placed in protective custody unless an assessment of all available alternatives has been made and it is determined there is no available alternative means of separation from likely abusers. Inmates shall be assigned to protective custody only until an alternative means of separation from likely abusers is arranged, for no longer than 30 days. If separation continues past 30 days, every 30 days the unit will conduct a review to determine if there is a continuing need for separation of the inmate from the general population. There have been no incidents of inmates who were screened at risk of sexual victimization that were placed in involuntary segregated housing in the past 12 months. On interview with the Warden and correctional staff who supervise inmates in restrictive housing, compliance to this standard was verified.

### **§115.51 – Inmate Reporting**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Policy 14-2.4, page 16, section L-1, page 17, section L-2, and page 18, section L-3, outline the procedures on inmate reporting. The CCA Code of Conduct provides a telephone number for staff to contact the Ethics and Compliance helpline for private reporting. The agency provides multiple ways for inmates to privately report sexual abuse and sexual harassment and retaliation by other inmates or staff for reporting sexual abuse and sexual harassment. Inmates are made aware of methods of reporting through the Inmate Handbook, pamphlets provided to them and continuously through posters on the walls, as well as ongoing education at Town Hall Meetings. There is an internal reporting line that goes to the Investigator's office and an external line that goes to the Rising Center.

The agency's policy mandates that staff accept all reports of sexual assault and sexual harassment made verbally, in writing, anonymously and from third parties. Staff and inmate interviews verified that they are aware that they can report verbally, in writing or through a report of a third party. Staff also verified that they have access to private reporting.

Corrections Corporation of America does not detain individuals solely for civil immigration purposes.

### **§115.52 – Exhaustion of Administrative Remedies**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Not Applicable

Lee Adjustment Center does not have an administrative process to address inmate grievances regarding sexual abuse. All PREA allegations are processed through the investigative process.

### **§115.53 – Inmate Access to Outside Confidential Support Services**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

As stated in policy 14-2.4, page 10, section F, inmates are provided with access to outside victim advocates for emotional support services related to sexual abuse. An MOU with the Rising Center provides inmates with confidential support services. The staff of the Rising Center toured the facility and was provided facility PREA training. The staff in return provided training and reviewed the services being provided through the MOU. This auditor contacted the Associate Director of the Rising Center prior to the audit and was told that they have not received any calls from the inmates at this facility.

Staff interviewed was aware they could privately report sexual abuse and sexual harassment of inmates by calling the CCA Ethics and Compliance Helpline.

### **§115.54 – Third-Party Reporting**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Based on policy 14-2.4, page 18, section L-4, the agency has a method to receive third party reports of sexual abuse and sexual harassment. Family members or other individuals may report verbally or in writing any time they have knowledge or suspect an inmate has been sexually abused, sexually harassed or requires protection. A third party can contact the National Sexual Assault Hotline, send a letter to the Warden or contact CCA's Ethics and Compliance Helpline. Inmates, when interviewed, were aware of this method of reporting. Information for outside parties to report allegations of abuse on behalf of an inmate are available on the CCA website. Inmates are made aware of this form of reporting in the Inmate Handbook. During the past 12 months there have been no reports of sexual abuse or sexual harassment made to the facility by a third party.

### **§115.61 – Staff and Agency Reporting Duties**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Policy 14-2.4, pages 17 and 18, section L-2, was reviewed to verify compliance to this standard. The policy requires that all staff are to report immediately any knowledge or information regarding an incident of sexual abuse or sexual harassment. Any retaliation or suspected retaliation against staff or inmates must also be immediately reported. In the past 12 months there have been no reports of retaliation against staff or inmates. The facility reports all allegations of sexual abuse and sexual harassment, including third party and anonymous reports, to the facility Investigator. Random interviews with staff revealed that staff is very aware of their responsibilities to report incidents of sexual abuse or harassment and know not to reveal any information about a sexual abuse incident to anyone other than to the extent necessary.

The Lee Adjustment Center houses adult male inmates, all of whom according to their classified level of care, are not considered to be vulnerable adults under the State Vulnerable Persons Statute.

### **§115.62 – Agency Protection Duties**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate. Policy 14-2.1, page 1, paragraph 2, and policy 13-50.4, section A, page 1 and section x.i, page 3 & 4 outline the agency's procedures related to the agency's efforts to protect inmates at risk for sexual abuse or sexual harassment. In interview with the Warden, there were no times during the past 12 months that it was necessary for the agency to take immediate action in regards to an inmate being in substantial risk of sexual abuse. Correctional staff interviewed was also aware of their responsibilities if they felt an inmate was at risk for sexual abuse.

### **§115.63 – Reporting to Other Confinement Facilities**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Policy 14.2.4, section M-3, pages 19 & 20, requires when a sexual abuse allegation that an inmate was sexually abused while confined to another facility, the Warden of the facility that received the allegation shall immediately notify the facility head or appropriate office of the facility where the alleged abuse took place as soon as possible, but no later than 72 hours after receiving the allegation. In interview with the Warden he reported that an inmate alleged abuse at a Vermont facility in 1997 or 1998. Proper notifications were made to that facility. There have been no reports of allegations of sexual abuse received from other facilities that were alleged to have occurred at Lee Adjustment Center.

### **§115.64 – Staff First Responder Duties**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Policy 14-2.4, pages 18 & 19, section M-1 & 2-a, outlines the procedures for first responders to allegations of sexual abuse and sexual harassment whether that person is a security or non-security staff member. Random interviews with security and non-security staff revealed that they knew the policy and practice to follow. They reported that they knew that the alleged victim and abuser must be separated and how to preserve the crime scene and the physical evidence. Of the nine allegations of sexual abuse received in the past twelve months, seven were responded to by non-security staff and two by security staff.

### **§115.65 – Coordinated Response**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Policy 14-2.4, pages 18 & 19, section M-1-3 as well as policy 13-79, sections A and C were used to verify that there is a plan to coordinate actions taken in response to an incident of sexual abuse. Interviews with specialized staff confirmed that they are knowledgeable of the plan and the necessary actions to be taken. A Sexual Abuse Response Team (S.A.R.T.) is established at the facility which includes the Warden, PREA Manager, Chief of Security, HSA, Investigator and the Quality Assurance Manager. All members of the S.A.R.T. know their role in their response to sexual abuse allegations.

### **§115.66 – Preservation of ability to protect inmates from contact with abusers**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Policy 14-2.4, page 26, section R-2-d, was used to verify compliance to this standard. Employees are subject to disciplinary sanctions up to termination for violating CCA's policies on sexual abuse and sexual harassment. When the Agency Head was interviewed he reported that 7% of CCA facilities are unionized and 93% are not. The Lee Adjustment Center has not entered into any collective bargaining agreements. There are no restrictions to keep the agency from not disciplining employees up to and including termination.

### **§115.67 – Agency protection against retaliation**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The agency has policies in place to ensure that there is no retaliation against any inmate or staff member who report sexual abuse or sexual harassment. Policy 14-2.4, page 11, section G-3, details provisions for 30/60/90-day monitoring of staff and inmates. Monitoring will continue beyond 90 days if warranted. The Investigator is responsible for monitoring for retaliation with the Quality Assurance Manager as her back-up. When interviewed and in review of 14-D, PREA Monitoring for Retaliation reports, monitoring is being completed as required by policy with no incidents of retaliation occurring in the past 12 months.

### **§115.68 – Post-Allegation Protective Custody**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The agency prohibits inmates who have alleged sexual abuse to be placed in involuntary segregated housing. If segregated housing was used, the same provisions as outlined in policy 10-1.4, page 11, section G-3 would apply. Interview with the Warden and segregation staff revealed that involuntary segregation has not been used for this purpose in the past 12 months. The Warden stated that if separation was required to protect the inmate, he would be placed in one of the medical unit cells for no longer than 72 hours.

### **§115.71 – Criminal and Administrative Agency Investigations**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The agency and facility have policies governing administrative and criminal investigations of sexual abuse. The Kentucky State Police investigates all criminal offenses including sexual abuse investigations. Policy 14-2.4, page 22, section O, outlines procedures for administrative and criminal investigations. The facility Investigator conducts investigations immediately when notified of an allegation of abuse and notifies the State Police of all allegations of sexual abuse. The Kentucky State Police conducts criminal investigations pursuant to the requirements of this standard. The facility remains informed of the progress of the investigation through communication between the Investigator and State Police handling the case. There were no sexual abuse allegations referred for prosecution in the past year. The Investigator, when interviewed, was well versed in her responsibility of handing administrative investigations as required by this standard.

## **§115.72 – Evidentiary Standard for Administrative Investigations**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

According to policy 14-2.4, page 24, section O-5, the agency shall impose no standard higher than the preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. When the Investigator was asked what standard of evidence was used in determining if an allegation is substantiated, she confirmed the agency's policy.

## **§115.73 – Reporting to Inmate**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Policy 14-2.4, page 24 & 25, section Q, was used to verify compliance to this standard. The policy indicates that the intent of the standard requirements if the allegation proves to be substantiated, unsubstantiated or unfounded providing proper notification to the inmates per this standard. In review of investigative packets for allegations of sexual abuse and sexual harassment, notifications (form 14-2E) are being completed and presented to the inmates informing them of the outcome of the investigation of their allegation of abuse.

## **§115.76 – Disciplinary sanctions for staff**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse policy as outlined in policy 14-2.4, page 26, section R-2. Policy 3-3, page 3, section E requires staff to sign a Code of Conduct Acknowledgement form when first hired and annually. Any staff member who violates the Code of Conduct is subject to corrective action up to and including termination. In the past 12 months, no staff have been disciplined or terminated for violating the agency's sexual abuse or sexual harassment policy.

## **§115.77 – Corrective action for contractors and volunteers**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)



As stated in policy 14-2.4, page 26, section R-3, volunteers and contractors will be prohibited from contact with inmates and will be reported to the law enforcement agency if they violate the agency's sexual abuse and sexual harassment policy. In interview with the Warden, there have been no incidences of sexual abuse or sexual harassment by contractors or volunteers in the past 12 months. If it were to occur, appropriate remedial actions would be taken.

### **§115.78 – Disciplinary sanctions for inmates**

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

Policy 14-2.4, page 25, section R, was used to verify compliance to this standard as well as Vermont policy 410.01, *Facility Rules and Inmate Discipline*, which outlines conduct for inmates and sanctions imposed for misconduct. Inmates will face disciplinary sanctions through the disciplinary process if they violate the agency's zero-tolerance policy which prohibits inmate-on-inmate sexual abuse. Inmates who engage in sexual misconduct with staff are disciplined if it is found that the staff member did not consent to such contact. OP-060125, section 4, pages 9 & 10 outlines the responsibilities of mental health if an inmate with certain mental health classifications commits an offense of any kind before going through the disciplinary process. In the past 12 months there have been no incidents of disciplinary sanctions imposed on inmates for violation of sexually-related misconduct. In interview with the Psychologist, counseling would be offered to the offending inmate as well as the victim.

### **§115.81 – Medical and mental health screenings; history of sexual abuse**

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

Upon intake, any inmate reporting any prior victimization or any inmate who previously perpetrated sexual abuse is seen by mental health staff. Policy 14-2.4, page 10, section E-2-a and page 18, section L-2-e, as well as policy 13-61, pages 4, 5, 7 provides for immediate evaluation by mental health staff of inmates who report sexual assault and a physical exam will be performed in all cases of sexual assault. The staff responsible for intake screening, the Psychologist and the Health Services Administrator that were interviewed verified this process was in place. Immediate notification to Psychologist if warranted by intake screening and the inmate is seen immediately. All other inmates are seen by mental health staff for a Mental Health Evaluation within 14 days of arrival to the facility per policy 13-50. Informed consent is obtained from inmate before reporting about prior sexual victimization that did not occur in an institutional setting. There have been no incidents in the past 12 months that required reporting about prior sexual victimization that did not occur in an institutional setting. Policy 13.74.4, section F, stipulates a Release of Protected health Information (13-74B) must be signed and filed in the inmate's medical record for information related to prior non-institutional sexual abuse.

### **§115.82 – Access to emergency medical and mental health services**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Policy 14-2.4, page 12, section G-3-d, policy 13-79.1, pages 3 & 4 and policy 13-34.1, page 2, section A-1 & 3, page 7, section 1-c & d and page 8, section 2-c, mandate that inmates who are victims of sexual abuse have immediate access to medical and mental health services and crisis intervention services. Security staff escorts the alleged victim to the medical department immediately for a physical examination. Interview with the Health Services Administrator confirmed this practice and that the requirements of this standard are adhered to. Inmates in need of SANE services are referred Baptist Health Richmond with no cost to the inmate for these services. An agreement with the Lee County Ambulance Service renewed on 12/16/13, provides emergency transport. In the past 12 months there have been no sexual abuse cases requiring emergency medical services.

### **§115.83 – Ongoing medical and mental health care for sexual abuse victims and abusers**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Policy 14-2.4, page 12, section H-1, policy 13.70, page 3 & 4, section 1 & 2, policy 13-79.4, page 3, section b, I & ii, page 4, section 2 a & b and page 5, section 2-3 and interview with the Health Services Administrator were used to verify compliance to this standard. The facility offers medical and mental health evaluation and treatment to all inmates who have been victimized by sexual abuse. An agreement with Baptist Health Richmond provides S.A.N.E. services to inmates of the facility. Emergency transports are provided by the Lee County Ambulance Service. Victims will be offered prophylactic treatment and follow-up for sexually transmitted diseases, counseling and testing and are referred to the mental health staff for crisis intervention as necessary. Services are provided at no cost to the inmate.

### **§115.86 – Sexual abuse incident reviews**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Policy 14-2.4, pages 21 & 22, section IV and on interview the Warden, the PREA Manager, the Quality Assurance Manager, the Chief of Security, the Investigator and the Psychologist, who are all members of the Incident Review Team, the facility is required to conduct a sexual abuse incident review for every sexual abuse investigation. In review of secondary documentation, all

requirements of 115.86 (d) are considered in the review and recommendations for improvements are made. In the past 12 months all allegations of sexual abuse were followed by an incident review.

### **§115.87 – Data Collection**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Based on policy 14-2.4, page 27, section T-1 & 2, information on allegations of sexual abuse is electronically recorded by each facility in the Incident Reporting Database System (IRD). The PREA Coordinator obtains information on all incidents from each facility and annually this information is aggregated. Upon request or no later than June 30<sup>th</sup>, the agency provides this information for the previous calendar year to DOJ.

### **§115.88 – Data Review for Corrective Action**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Based on policy 14-2.4, pages 27 & 28, section T-3, and on interview with the PREA Coordinator, the agency reviews all of the data collected from all its facilities and aggregates that data annually to assess and improve the effectiveness of its sexual abuse program and practices. The PREA Coordinator prepares an annual report that provides some general comments with plans to enhance this information in future reports. Information that needs to be redacted is not included in this annual report that she forwards to the Chief Corrections Officer for approval. This information is available to the public on the CCA website and can be accessed at <http://www.cca.com/security-operations/PREA>.

### **§§115.89 – Data Storage, Publication, and Destruction**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

According to policy 14-2.4, page 27, section T-2-C, the agency ensures that the data collected is securely retained. According to the agency's retention schedule, the entire PREA packet including aggregated sexual abuse data is retained for 10 years.

**AUDITOR CERTIFICATION:**

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

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Barbara Jo Denison  
Auditor Signature

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February 14, 2015  
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