

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

**Date of report:** September 30, 2016

<b>Auditor Information</b>			
<b>Auditor name:</b> Bryan K. Henson			
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<b>Telephone number:</b> 270 994-1825			
<b>Date of facility visit:</b> July 11-12, 2016			
<b>Facility Information</b>			
<b>Facility name:</b> Daviess County Detention Center			
<b>Facility physical address:</b> 3337 Hwy 144, Owensboro, KY 42303			
<b>Facility mailing address:</b> <i>(if different from above)</i>			
<b>Facility telephone number:</b> 270 685-8466			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input checked="" type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input type="checkbox"/> Prison	<input checked="" type="checkbox"/> Jail	
<b>Name of facility's Chief Executive Officer:</b> David Osborne			
<b>Number of staff assigned to the facility in the last 12 months:</b> 13			
<b>Designed facility capacity:</b> 699			
<b>Current population of facility:</b> 775			
<b>Facility security levels/inmate custody levels:</b> Community, Minimum, Medium, Maximum			
<b>Age range of the population:</b> 18-71			
<b>Name of PREA Compliance Manager:</b> James Wyatt		<b>Title:</b> PREA Coordinator, Sgt.	
<b>Email address:</b> jwyatt@daviesscojail.org		<b>Telephone number:</b> 270 685-8466 ext 262	
<b>Agency Information</b>			
<b>Name of agency:</b> Daviess County Detention Center			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> Same			
<b>Physical address:</b> Same as Facility Above			
<b>Mailing address:</b> <i>(if different from above)</i> Same			
<b>Telephone number:</b> Same as above			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> David Osborne		<b>Title:</b> Jailer	
<b>Email address:</b> dosborne@daviesscojail.org		<b>Telephone number:</b> 270 685-8466 ext 205	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> James Wyatt		<b>Title:</b> Same	
<b>Email address:</b> Same		<b>Telephone number:</b> Same	

## AUDIT FINDINGS

### NARRATIVE

The site visit for the PREA Audit of the Daviess County Detention Center was conducted on July 11<sup>th</sup> -12<sup>th</sup>, 2016. The audit was conducted by Bryan Henson, DOJ Certified PREA Auditor. During the Pre-audit phase, much of the file review was conducted prior to the site visit. During the on-site portion of the audit, any necessary file review follow-up was completed, we toured the jail and conducted formal staff, volunteer, and inmate interviews. We interviewed 18 inmates, including 12 random, 2 who reported sexual abuse, 3 LBGTI, and 1 inmate who disclosed sexual victimization. In addition, we interviewed 27 staff, including 16 specialized staff, 11 random staff (representing all shifts and various posts), the Agency Head (Jailer), and the PREA Coordinator. The interviews covered PREA training, how to report, to whom to report, filing reports, available interventions, conducting interviews, evidence preservation protocol, follow up, and monitoring retaliation. We also made contact with New Beginnings Rape Crisis Center to discuss the interventions and support provided as Victim Advocates.

An entrance meeting was held at the beginning of the site visit with PREA Coordinator Sgt James Wyatt, Major Ken Ehlschide, Lt Jack Jones, Lt, Marty Teasley, Sgt Tina Burch, and Project Manager Joni Clark. In the past 12 months, the Jail reported there were 45 allegations reported of sexual abuse or sexual harassment at the facility with 3 Substantiated, 28 Unsubstantiated and 14 Unfounded.

## **DESCRIPTION OF FACILITY CHARACTERISTICS**

The Daviess County Detention Center is a full service correctional facility offering all available alternatives to incarceration to include Pretrial Services, Home Detention and Work Release, as well as traditional incarcerations and imprisonment for offenders either awaiting trial or sentenced to the Daviess County Detention Center.

## SUMMARY OF AUDIT FINDINGS

An exit meeting was held at the end of the on-site visit to brief Jailer Osborne and his Executive Staff on a summary of the audit findings.

The on-site visit found the staff and inmates to have a good general awareness of what PREA was about. Staff and inmates were aware of reporting responsibilities, as well as staff responsibilities to safeguard victims of sexual abuse and/or sexual harassment. At the time of the visit, offenders could not call the Crimestoppers hotline or the Victim Advocate hotline number listed without entering their identification pin number. Before the end of the on-site visit, the contractor for the phone system had been contacted and was able to make revisions to allow for inmates to use the external hotline to Crimestoppers, as well as the Victim Advocate line and remain anonymous if they so chose.

The facility was well covered by 118 properly positioned video cameras. A visual check of the cameras revealed that none of the cameras were covering bathroom or shower areas where inmates could be in a state of undress. During the on-site tour, we found the Class D housing unit to have a toilet near the entrance door that was in full view and would not have allowed reasonable time to cover up with a cross gender announcement. Prior to the end of the on-site visit, the maintenance department had built a mobile partition that provided adequate privacy while also allowing for sufficient security.

Each standard below will have additional individual comments/recommendations for consideration.

Number of standards exceeded: 1

Number of standards met: 41

Number of standards not met: 0

Number of standards not applicable: 1

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

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

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

Facility PREA policy includes zero tolerance language, and details required jail approach to prevention, detection, and response to sexual abuse and sexual harassment. The manual contains a set of definitions of prohibited behaviors. The jail has designated Sgt James Wyatt to serve as the PREA Coordinator and answers directly to the Jailer. He has the time and authority given to him by Jailer Osborne to carry out the required duties to ensure compliance of the PREA Standards.

### **Standard 115.12 Contracting with other entities for the confinement of inmates**

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

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The jail does not contract other entities for the confinement of their inmates. However, it should be noted the facility does house Federal Inmates by contract, and upon review of the contract, the Federal contract does contain language that requires DCDC to comply with PREA.

### **Standard 115.13 Supervision and monitoring**

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

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Facility has a staffing plan that requires adequate staff. A review of the staffing plan, as well as the interviews with the Jailer and PREA Coordinator support that consideration of components of section (a) were met. Although found compliant with support by interviews, recommend consideration be given to provide more written detail in the plan to cover each item more clearly in section (a). No deviations from the staffing plan were reported by the facility. They have a written plan to address any deviation that may occur. Documentation was

provided of annual assessment of staffing plan with PREA coordinator input. Their policy requires supervisors to make Unannounced Rounds at random times each shift daily, and prohibits other staff from being alerted to the supervisors arrival. Sample downloads documenting such rounds were provided on each shift daily.

**Standard 115.14 Youthful inmates**

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

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This standard is N/A as the jail does not house anyone under the age of 18.

**Standard 115.15 Limits to cross-gender viewing and searches**

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

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Facility PREA policy prohibits cross gender searches except under exigent circumstances. The facility reported no cross gender searches have been conducted. Interviews supported the report. Interviews, as well as a review of staffing supports that the facility has ample staff of both genders to ensure same gender searches. PREA Policy has language that supports enabling inmates to shower, perform bodily functions, and change clothes without being viewed by staff of the opposite gender. Also language is provided in PREA Policy that requires staff of the opposite gender to announce their presence when entering the housing units. Interviews supported that policy was being followed. Reviewed curriculum in Training Manual and training records to support that Security staff have received training as required in section (f). The curriculum provided was appropriate. All other components of standard met.

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

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion**

**must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Inmates with disabilities and limited English have equal access to PREA information as the information provided at intake is available in other languages to include the Inmate Education Video which is closed captioned in multiple languages. PREA Intake Information is available in multiple formats. DCDC does not rely on inmate interpreters. The facility reported they currently had no Limited English proficient inmates. DCDC also has an agreement with Voiance Languages Services for interpretive services as needed.

#### **Standard 115.17 Hiring and promotion decisions**

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

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DCDC does not hire or promote individuals or enlist the services of any contractor, who have engaged or been convicted of sexual abuse/assault in a confinement setting or in the community, or who have been civilly adjudicated of such an incident. All pre-hires and those considered for promotions are required to answer the 3 questions required by section (a) with the understanding falsifying information may result in termination. Reviewed a sampling of files to verify pre-hires have background checks. Interview with the Human Resources Sgt support that occurrences of sexual harassment are taken into consideration when determining whether or not to promote a staff member. Potential employees undergo a criminal background check. Samples of those background checks have been reviewed to ensure compliance. The Human Resources Sgt confirmed that upon request from another institution, information on substantiated allegations of sexual abuse and harassment involving a former employee would be provided. Background checks for contractors and current staff are tracked on a spreadsheet to ensure compliance with section (e). Based upon this information, I find this standard in compliance.

#### **Standard 115.18 Upgrades to facilities and technologies**

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

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DCDC listed no recent modifications to facilities and noted that cameras are added annually to needed areas. Jailer Osborne noted in his interview how consideration is given to enhance safety of inmates and their ability to better protect inmates as well as staff by continuing to increase coverage with video monitoring.

#### **Standard 115.21 Evidence protocol and forensic medical examinations**

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

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DCDC conducts administrative and some Criminal investigations internally and refers allegations criminal in nature to the Daviess County Sheriff's Department and/or Kentucky State Police(KSP). DCDC, DCSD, and KSP follow a formal uniform evidence protocol that follows the National Protocol. The facility PREA policy,(pg9, pg16) and the Incident Response Plan reflects detailed guidance for the uniformed evidence protocol to aid responders to properly protect usable evidence. Forensic exams are to be conducted off-site at Owensboro Health Regional Hospital by a SANE and provided at no cost to the victim. Victim advocates are available to inmate victims through the rape crisis center at New Beginnings Sexual Assault Support Services as described in an MOU. As requested by the victim, an advocate may accompany the victim during the exam and investigatory interviews. An MOU with the Daviess County Sheriff Office, as well as a letter from KSP indicates they do follow the appropriate areas of sections (a-e).

#### **Standard 115.22 Policies to ensure referrals of allegations for investigations**

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

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All allegations meeting PREA criteria are investigated by a trained facility investigator, The Daviess County Sheriff Department, or the Kentucky State Police. Reviewed investigative reports with findings and found to be compliant. The policy ensuring such investigation, investigative entity responsibilities, and proper referrals when necessary for criminal investigations is available on the website.

#### **Standard 115.31 Employee training**

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

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

### **corrective actions taken by the facility.**

The components required for training curriculum for all employees was reviewed and found compliant. Interviews supported that all current employees have received required training. Refresher training is conducted every two years and refresher information during the off year is provided within the shifts. Documentation was provided to show that all employees have received the training and acknowledgement that they understood such training. They meet all other components as they house both genders.

### **Standard 115.32 Volunteer and contractor training**

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

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All volunteers receive the required training. Contractors at the facility are full time and have received training that is applied to staff in accordance to standard 115.31. Interviews with both volunteers and contractors supported compliance. Documentation of such training was reviewed and records maintained.

### **Standard 115.33 Inmate education**

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

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Inmates receive PREA information upon arrival at DCDC. PREA information as well as the PREA video (PREA: What you need to know) is provided to all inmates within the 30 day period. The video is also played facility wide on a regular scheduled basis. Inmate interviews supported standard. Education is provided in formats accessible to all inmates. Reviewed the PREA information in alternative formats. Video is accessible in multiple languages through close captioning. PREA flyers and posters visible during the tour. Documentation was reviewed demonstrating that inmates did receive PREA education.

### **Standard 115.34 Specialized training: Investigations**

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

- Does Not Meet Standard (requires corrective action)

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All PREA investigators that conduct sexual abuse investigations at DCDC have received specialized investigator training required by 115.34 as well as all employee training iaw 115.31. Facility maintains documentation of such training. The Investigator curriculum was reviewed and meets standard. The facility has 5 trained investigators, to include one certified as a Train the Trainer.

#### **Standard 115.35 Specialized training: Medical and mental health care**

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

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In addition to the regular PREA training, all full and part time medical/mental health care practitioners receive training in how to detect and assess signs of sexual abuse/harassment, how to preserve physical evidence of sexual abuse, how to respond in a professional and respectful manner and how to report incidents/suspicions. The curriculum was included in the all employee curriculum. A sampling of training records were reviewed to support that training was received by appropriate staff. Interviews of medical staff also supported that training was received. Documentation of the training is maintained. No forensic exams have been conducted at DCDC. If needed, forensic exams are conducted at an off-site hospital.

#### **Standard 115.41 Screening for risk of victimization and abusiveness**

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

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All inmates are assessed within 72 hours of arrival for risk of sexual victimization and abusiveness as they are booked into the facility. A review of the process and the screening tool showed that an objective screening instrument was being used in a question Yes/No format. The screening tool meet all components as required by section (d) and (e). Whether the inmate is detained solely for immigration purposes is not considered on the screening tool due to jail reports that no person may be detained at DCDC for this purpose alone. Documentation indicates that Reassessments are conducted within 30 days of arrival. Access to the responses of assessments are restricted to those involved in the booking process and Supervisory Staff. All other components of standard met.

#### **Standard 115.42 Use of screening information**

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

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The facility PREA policy has language that supports standard. The facility intake staff use approved screening questionnaires to interview inmates for risk levels. Reviewed documentation to demonstrate the screening information is used to inform housing, bed, work, and programming (includes education) assignments. According to intake staff interviews, housing assignments for high risk inmates are determined by the intake supervisor. PREA Risk factors are considered for work, education and program assignments as high risk abusers are housed in PC unit and are restricted from these assignments with all general population inmates, which is where any high risk victim would be placed as separation (from high risk abusers) for housing. The facility reports that no transgender or intersex inmates have been housed at DCDC to date. Interviews support all areas of the standard.

#### **Standard 115.43 Protective custody**

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

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The facility PREA policy has language that supports the standard. Facility reports that no inmates have been placed into involuntary segregation for this purpose.

#### **Standard 115.51 Inmate reporting**

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

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The facility provides multiple ways for inmates to privately report sexual abuse as well as all components related to retaliation. Methods of reporting explained to inmates at intake and information is provided and continuously posted that contains the multiple methods. Flyers and posters are posted in facility that list the telephone numbers to call to report sexual abuse/harassment. Internally, inmates may report verbally to staff, through the grievance procedures, written correspondence, or they have access to the Kiosk that allows for reporting. Externally, inmates may call the PREA Hotline to Crimestoppers, who will take a report and forward that information back to investigators. Staff are required to accept and document such reports. The Crimestoppers hotline can be used by staff to privately report sexual abuse. The Victim Advocate number (New Beginnings) was originally posted as a method to report and while on-site was revised on all postings as a separate posting from reporting numbers to reduced confusion.

#### **Standard 115.52 Exhaustion of administrative remedies**

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

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The facility has a policy that covers a provision to file for administrative remedies. This provision supports all aspects of the standard as third parties may assist the inmate in filing, allows for emergency filing when inmate is subject to substantiated risk, and meets all timelines as described in 115.52. Grievance process is detailed in Inmate Handbook. Facility reports that no grievances have been filed regarding sexual abuse. Standard found compliant.

#### **Standard 115.53 Inmate access to outside confidential support services**

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

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The facility provides access to outside victim advocates through New Beginnings Sexual Assault Support Services. An MOU has been completed between the facility and New Beginnings. Address and telephone numbers for contact is posted in more multiple areas. One of the flyers also contains information related to limits of confidentiality and monitoring of communication. New Beginnings was contacted and provided positive feedback regarding their ability to provide advocate services at the facility.

#### **Standard 115.54 Third-party reporting**

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

relevant review period)

- Does Not Meet Standard (requires corrective action)

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The facility may receive reports from third-parties. Directions on reporting from a third party are provided on the website and are available through 3 separate methods.

#### **Standard 115.61 Staff and agency reporting duties**

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

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Facility PREA policy requires all staff, contractors, and volunteers to report as outlined in the standard. The policy also contains language that supports each section of standard. The staff members that were interviewed and asked questions regarding reporting obligations and confidentiality had knowledge of their responsibilities of reporting along with the confidentiality of information regarding sexual abuse and sexual harassment. The medical supervisor interviewed, indicated all inmates were informed of their duty to report and limitations of confidentiality. The facility meets all required mandatory reporting as supported in interviews and facility policy. All allegations are reported to the appropriate investigator. A review of Investigative reports documented/demonstrated that all allegations are reported to the facility investigators.

#### **Standard 115.62 Agency protection duties**

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

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The Facility has a policy that outlines the staff responsibility in protecting inmates that have a substantial risk of imminent sexual abuse. Although no incidents of this nature were reported by the facility, staff interviews support that each understands their responsibility as presented in this standard.

### Standard 115.63 Reporting to other confinement facilities

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

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The facility policy has specific language that supports all sections of the standard. Interviews with leadership reflected that facility reports to other confinement facilities and investigate those reports received as required by this standard. The facility reports no incidents of this nature that required notification or receiving notification have occurred in the past 12 months.

### Standard 115.64 Staff first responder duties

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

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The facility policy has all of the components in section (a). All staff at the facility are considered security staff. The interviews of staff as first responders and the interviews of random staff revealed that staff has the knowledge on what actions that needs to take place when responding to a reported PREA occurrence.

### Standard 115.65 Coordinated response

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

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

The facility policy details the steps for appropriate actions taken in response to an incident of sexual abuse among all required stakeholders. As a recommendation, the facility may consider providing a separate copy of the plan with a checklist that is placed in the Supervisor's area. This can be beneficial when an incident occurs and at a glance the supervisor has the plan and the checklist will ensure all areas are being

completed.

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

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

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

The facility reported no such agreements have been renewed or entered into since August 20, 2012.

#### **Standard 115.67 Agency protection against retaliation**

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

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

The facility has policy that requires protection from retaliation as outlined in this standard. The facility has designated Sgt James Wyatt as the facility employee that is charged with monitoring retaliation. Interviews with staff designated to monitor retaliation supported the standard. A monitoring form is used by Sgt Wyatt to document each incident, to include periodic status checks, that calls for monitoring for retaliation. All requirements were met for compliance.

#### **Standard 115.68 Post-allegation protective custody**

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

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

The agency has a policy covering the requirements of this standard. It prohibits the placement of 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. The facility reported no inmates had been placed in involuntary segregation for this reason.

#### **Standard 115.71 Criminal and administrative agency investigations**

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

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

The facility's PREA policy ensures all allegations of sexual abuse and sexual harassment are investigated. The policy also ensures investigators of sexual abuse receive special training. A review of investigations demonstrated prompt, thorough, and objective investigations. Any allegation suspected to be criminal may be referred to Daviess County Sheriff Department or the Kentucky State Police. A review of sample investigations showed all elements required by the standard are in place. Interviews of facility investigators supported components of standard.

#### **Standard 115.72 Evidentiary standard for administrative investigations**

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

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

PREA policy ensures preponderance of the evidence is the standard of proof in determining whether allegations of abuse or harassment are substantiated. A review of investigations as well as staff interviews supported this standard.

#### **Standard 115.73 Reporting to inmates**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion**

**must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The facility PREA policy supports the standard. Although investigators were providing verbal notifications to inmates, these notifications were not documented indicating that section (e) was non-compliant. The correction was made during the on-site visit and any pending investigation as well as future investigations have proper written notifications. Through a corrective action plan for a specified period of time the facility provided the appropriate documentation demonstrating that all written notifications are being made to inmates. Based upon this information, the standard is now found compliant.

#### **Standard 115.76 Disciplinary sanctions for staff**

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

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

Facility PREA policy has language regarding staff disciplinary sanctions for violating agency sexual abuse and sexual harassment procedures. The policy states that termination is presumptive disciplinary action for staff that have engaged in sexual abuse. In the past 12 months, the facility reported no staff have been terminated, resigned or had violated Sexual Abuse or Harassment policies.

#### **Standard 115.77 Corrective action for contractors and volunteers**

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

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

Facility PREA policy has language regarding corrective action for contractors and volunteers for violating agency sexual abuse and sexual harassment procedures. In the past 12 months, the facility reported no contractors or volunteers had been prohibited from contact with offenders for such violations or had violated Sexual Abuse or Harassment policies. Policy is in place to ensure actions that may be criminal are reported to law enforcement and/or relevant licensing bodies.

#### **Standard 115.78 Disciplinary sanctions for inmates**

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

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

The facility PREA policy contains language that supports all areas of the standard. Staff interviews also support the standard. All components were found compliant.

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

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

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

Facility PREA policy includes language to support all areas of this standard. In cases where victimization is revealed from the screening process in booking, a follow-up with medical and/or mental health is offered. To ensure this offer is made they have include the question on the risk screening form. Information was restricted to those necessary. There were no instances that would have required informed consent.

#### **Standard 115.82 Access to emergency medical and mental health services**

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

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

Facility PREA policy supports the standard. Although the facility reported no instances of reported sexual abuse that required emergency care, interviews of both staff and inmates indicated that both were aware that services are available and how they were to be delivered.

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

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

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

Facility PREA policy supports all areas of the standard. The medical supervisor interview supported compliance of standard. The facility reports that in the past 12 months, there have been no cases that were applicable to this standard.

### Standard 115.86 Sexual abuse incident reviews

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

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

Although the facility PREA policy has language that supports all areas of the standard, the facility had only recently begun the process of incident reviews. They had went back and conducted the appropriate reviews for the past 12 months, but none of the reviews had been conducted (ordinarily) within 30 days of the conclusion of the investigations as outlined in section (b); therefore finding it non-compliant. The facility now plans to conduct reviews at the end of each month to ensure that each applicable allegation has the proper incident review. They have developed a form that ensures that all areas are covered in the review as outlined in section (d). Through a corrective action plan, the facility has provided completed incident reviews conducted within the time required by the standard. These reviews were submitted for a specified period of time to adequately demonstrate compliance.

### Standard 115.87 Data collection

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

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

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

The facility PREA policy has language that supports compliance with this standard. The facility provided their 2015 annual report. The facility maintains a spreadsheet for each allegation. The data is aggregated annually for the facility's Annual PREA report. The PREA Coordinator maintains all files related to PREA to include investigations, incident reviews, and other supporting documentation. The facility reports that they have provided the Department of Justice with the requested information from the previous year, but did not maintain a copy of what was submitted.

**Standard 115.88 Data review for corrective action**

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

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

The facility PREA policy has language that supports all areas of the standard. Although 2015 was the facilities first year to have detailed data, it was evident from a review of the facility's 2015 annual report, from the interview responses from both the Jailer and the PREA Coordinator, and from the observations seen by this auditor during the on-site visit, that they are constantly reviewing previous data to identify problem areas, and take corrective action and have made significant progress in addressing sexual abuse at DCDC. This process will be more clear as they continue to build their data base that will be reflected in the 2016 annual report. Reviewed documentation that shows where Jailer approved the narrative annual report and it was available on their website. Based upon the above, this standard is found to be compliant.

**Standard 115.89 Data storage, publication, and destruction**

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

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

The facility meets this standard. All data collected is securely retained in the PREA Coordinator's office. As noted in 115.88, the aggregated data is made readily available on the facility website. No personal identifiers are present in the data on their website. The retention schedule in the facility policy complies with the standard.

**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.

Bryan K. Henson



Auditor Signature

September 30, 2016

Date