

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

Interim Final

Date of Report July 30, 2020

Auditor Information

Name: Bryan K Henson	Email: bshenson@windstream.net
Company Name: B Henson Consulting Inc	
Mailing Address: 260 Torrey Pines Drive	City, State, Zip: Ledbetter, Ky 42058
Telephone: 270 994-1825	Date of Facility Visit: June 17-18, 2020

Agency Information

Name of Agency:		Governing Authority or Parent Agency (If Applicable):	
Boone County Jail		Same	
Physical Address: 3020 Conrad Lane		City, State, Zip: Burlington, KY 41005	
Mailing Address: Same		City, State, Zip: Same	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency Website with PREA Information: http://daviesscojail.org/Sexual_Abuse_PREA_Information.html			

Agency Chief Executive Officer

Name: Jason Maydak	
Email: jmaydak@boonecountyky.org	Telephone: 859 334-2143

Agency-Wide PREA Coordinator

Name: Oscar Jeffries	
Email: ojeffries@boonecountyky.org	Telephone: 859 334-8441
PREA Coordinator Reports to: Jailer	Number of Compliance Managers who report to the PREA Coordinator 1

Facility Information

Name of Facility: Boone County Jail

Physical Address: 3020 Conrad Lane

City, State, Zip: Burlington, KY 41005

Mailing Address (if different from above):
Same

City, State, Zip: Same

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Type:

Prison

Jail

Facility Website with PREA Information:

https://www.boonecountyky.org/government_administration/county_government/jailer/prea.aspx

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

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

ACA

NCCHC

CALEA

Other (please name or describe: [Click or tap here to enter text.](#))

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
[Click or tap here to enter text.](#)

Warden/Jail Administrator/Sheriff/Director

Name: Jason Maydak

Email: jmaydak@boonecountyky.org

Telephone: 859 334-2143

Facility PREA Compliance Manager

Name: Anthony Brazier

Email: abrazier@boonecountyky.org

Telephone: 859 334-8441

Facility Health Service Administrator N/A

Name: Taylor Ratliff, RN

Email: tratliff@boonecountyky.org

Telephone: 859 334-2143

Facility Characteristics

Designated Facility Capacity:	500	
Current Population of Facility:	456	
Average daily population for the past 12 months:	486	
Has the facility been over capacity at any point in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males	
Age range of population:	18 and over	
Average length of stay or time under supervision:	Click or tap here to enter text.	
Facility security levels/inmate custody levels:	Min - Max	
Number of inmates admitted to facility during the past 12 months:	8022	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>72 hours or more</i> :	Unknown	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>30 days or more</i> :	Unknown	
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):</p>	<input checked="" type="checkbox"/> Federal Bureau of Prisons <input checked="" type="checkbox"/> U.S. Marshals Service <input checked="" type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input checked="" type="checkbox"/> State or Territorial correctional agency <input checked="" type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	82	

Number of staff hired by the facility during the past 12 months who may have contact with inmates:	23
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	2
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	2
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	383
Physical Plant	
<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	2
<p>Number of inmate housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	82
Number of single cell housing units:	28
Number of multiple occupancy cell housing units:	54
Number of open bay/dorm housing units:	3
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	20
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Medical and Mental Health Services and Forensic Medical Exams

Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)

Investigations

Criminal Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	0
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input checked="" type="checkbox"/> Local sheriff's department <input checked="" type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input type="checkbox"/> N/A

Administrative Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	3
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A

Audit Findings

Audit Narrative

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

The Prison Rape Elimination Act (PREA) on-site audit of the Boone County Jail (BCJ), of Burlington, KY was conducted on June 17-18, 2020 by Bryan K. Henson, a U.S. Department of Justice Certified PREA Auditor for adult facilities, and one support staff, Sheri Henson, a non-certified member of the audit team. During the on-site review, it was found that audit notices were posted throughout the facility. As of the date of this report, the Auditor had received no letters of correspondence. The Point of Contact established at BCJ completed the *Pre-Audit Questionnaire* and it was provided to the Auditor along with supporting documents contained on a flash drive several weeks prior to the on-site portion of the audit. Pre-audit preparation by the Auditor included a thorough review of all documentation and materials submitted by the facility along with the data included in the completed *Pre-Audit Questionnaire*. The documentation reviewed included agency policies, procedures, forms, education materials, training curriculum, organizational charts, and other PREA related materials that were provided to demonstrate compliance with the PREA standards. This review prompted a series of questions and request for additional supporting documentation submitted in writing to the POC/ PREA Coordinator. Answers to the questions were submitted back with some additional supporting documentation. Note: The On-site review for the Boone County Jail was postponed from the original date due to the COVID-19 outbreak. The audit notices were revised and reposted when this occurred.

The Auditor team conducted an in-briefing with Jailer Maydak, PREA Coordinator (PC) Lt. Oscar Jeffries, PREA Compliance Manager Sgt. Anthony Brazier and Captain Rachael Montgomery to discuss the audit schedule and an overview of the audit process. The Audit team toured the facility with PC Jeffries and PCM Brazier. All areas of the facility were toured to include housing, common areas and bathroom areas, intake (Booking), administrative, program, phone and recreational areas. The audit team spoke informally with the staff and the inmates during the tour. The audit team made note of any cross-gender announcements, interaction between staff and inmates, the placement of over 120 cameras at the facility and noted no blind areas. On day one of the on-site review, once the tour of the main jail was completed, one member of the Audit team began to conduct interviews, while the Auditor was taken off site to tour the Jail's Work Camp. The Work Camp has been vacant since the COVID-19 outbreak. A test call of the reporting methods was conducted while at the Work Camp. Once the tour was completed Both members of the Audit team continued with Interviews of staff and conducting file reviews. The interviews were conducted in areas that allowed for confidentiality, yet staff could ensure a secure area. The audit team spent time on the 3-11 shift to interview evening shift staff. On day two, the audit team continued to conduct interviews by coming in early on the 11-7 shift to interview the night shift staff and then began to conduct additional staff and inmate interviews, and conduct additional file reviews for both staff, inmate, and investigative files.

The inmate population count on the first day of the on-site review was 365. The audit team interviewed a total of 30 inmates, to include 4 targeted interviews (2 Who Reported a Sexual Abuse, 2 LEPs) and 26 random interviews. In addition, the audit team interviewed 36 staff, including 24 specialized staff, 12 random staff (representing all shifts and various posts), the Agency Head (Jailer), and the PREA

coordinator. The auditor also made contact with The Crisis Center to discuss the interventions and support provided as Victim Advocates. The Head of The Crisis Center, along with an email from the Boone County Sheriff's Office was able to confirm the availability of SANE services at the St. Elizabeth Florence Hospital in order to conduct forensic examinations.

In the past 12 months, the Jail reported there were 2 allegations reported of sexual abuse or sexual harassment at the facility with 1 Substantiated, 0 Unsubstantiated, and 1 Unfounded, and 0 cases open. It should be noted that the one substantiated case remained open due to outside criminal charges were still pending.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The Boone County Jail 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 Boone County Jail. The designed facility capacity is 500 with an average daily population over the past 12 months of 486. The average population has recently dropped due to COVID-19. The jail houses male and female inmates from county, state and federal jurisdictions. The facility housing units are made up of dormitory, multi-cell, and single cell units. The facility has 82 full time security, medical, and administrative staff with 2 contracted staff (Clinical Director and Mental Health Counselor). The facility has over 120 cameras to assist staff in providing security and safety of the inmate population.

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

Auditor Note: No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.

Standards Exceeded

Number of Standards Exceeded: 1
List of Standards Exceeded: 115.11(c)

Standards Met

Number of Standards Met: 40

Standards Not Met

Number of Standards Not Met: 0
List of Standards Not Met: Click or tap here to enter text.

PREVENTION PLANNING

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

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

115.11 (a)

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

115.11 (b)

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

115.11 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. BCJ Policies and Procedures manual; Section 5.04 PREA Regulation (BCJ PREA Regulation)
 - b. Organizational Chart
2. Interviews
 - a. PREA Coordinator (PC)
 - b. PREA Compliance Manager

§115.11 (a): Boone County Jail (BCJ) PREA Regulation mandates a zero-tolerance policy regarding all forms of sexual abuse/harassment. A review of the facility PREA Regulation reflected that it does outline the facilities approach to prevent, detect, and respond to sexual abuse and sexual harassment.

§115.11 (b): BCJ does employ a PREA Coordinator (PC). The Organizational Chart. As well as staff interviews confirms that the PC is upper-level and the position answers directly to the Command staff. Interviews of the PC support the PC has sufficient time and authority to develop, implement, and oversee the facility efforts to comply with the PREA standards.

§115.11 (c): BCJ is a single facility agency and is not required to have a PREA compliance manager; however, the Jail has designated a PREA Compliance Manager that is very involved in assisting the PC with the facility PREA compliance process. The designation of the PCM for BCJ exceeds the PREA standard.

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

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

115.12 (a)

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

115.12 (b)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BCJ does not contract for the confinement of its inmates with any other entity; therefore, finding this standard as non-applicable and therefore compliant.

Standard 115.13: Supervision and monitoring

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

115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? Yes No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? Yes No NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? Yes No

115.13 (b)

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

115.13 (c)

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

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? Yes No
- Is this policy and practice implemented for night shifts as well as day shifts? Yes No

- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. BCJ Personnel Manual
 - b. BCJ Policy 7.09 Security, Hazards, Cell Searches
 - c. Logs documenting rounds
2. Interviews
 - a. Jailer
 - b. PREA Coordinator
 - c. PREA Compliance Manager
 - d. Intermediate or Higher-level facility staff

§115.13 (a)(b): BCJ Personnel Policies manual outlines the description of a staffing plan for the agency that provides for adequate levels of staff and necessary video monitoring to help protect inmates against sexual abuse. The Fiscal Court Resolution also provides details of the allotment for staffing. A map provided of the video monitoring used within the jail supports it serves in a supplemental role of the staffing plan. Interviews of the Jailer indicate deviations from staffing plan shall be documented and justified. The staff interviews also indicates consideration is given to the required components of section (a) when calculating adequate staffing levels. Samples of shift assignments for each shift were provided to document staffing plan is followed as well no deviations noted. The auditor observed staff on each shift and that adequate staffing was demonstrated. A review of the video cameras was completed noting over 120 cameras throughout the facility with no evident blind spots.

§115.13 (c): During the pre-audit review of documentation, as well as the on-site review, there was discussion/interviews with the PC that indicated that an assessment of the staffing plan is on-going, but no documentation was provided that indicated the annual assessment was being documented as described of the required areas in section (c) of this PREA standard. Prior to the issuance of this report, the facility submitted documentation that demonstrated the annual review of the current Staffing Plan that considered each of the required areas of this section of the standard. Also submitted, was documentation of a directive from the Jailer mandating the required reviews on an annual basis. Based upon the auditor review of this documentation, this section of the standard is found to be compliant.

§115.13 (d): BCJ Policy 7.09 Security, Hazards, Cell Searches states each shift supervisor shall conduct daily walk-thru to identify and deter staff sexual abuse and sexual harassment. The walk thru shall be unannounced and documented. At the time of the pre-audit and on-site review, there was no policy that prohibited staff from alerting other staff that these supervisory rounds are occurring, unless such announcement is related to legitimate operational functions of facility. Prior to this report, the facility had revised 7.09 to include this language. The documentation of such walk-thru was provided on both day and night shifts. Interviews of intermediate or higher-level supervisors supported that the rounds were made in a manner to support unannounced, such as making rounds at irregular intervals and using different routes to complete such rounds. Those interviewed had knowledge of what reasons such rounds were made.

Standard 115.14: Youthful inmates

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

115.14 (a)

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

115.14 (b)

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

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BCJ does not house anyone under the age of 18; therefore, finding this standard as non-applicable and therefore compliant.

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

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

115.15 (b)

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

115.15 (c)

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

115.15 (d)

- Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks,

or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No

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

115.15 (e)

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

115.15 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. BCJ Policy and Procedure Manual-Chapter 3 Searches
 - b. BCJ PREA Regulation
 - c. PREA Training Curriculum
 - d. Jailer's Memorandum Directive-Cross Gender Viewing
2. Interviews
 - a. Random Staff
 - b. Random Inmates

§115.15 (a)(b)(c): BCJ Policy prohibits all cross-gender strip searches and cross-gender visual body cavity searches, unless body cavity search is performed by a healthcare staff member. BCJ Search Policy also prohibits cross-gender pat down searches of female inmates. Interviews of both staff and female inmates support that policy is followed regarding such searches as noted above. The PAQ indicated no such searches under exigent circumstances were conducted and therefore not required to be documented.

§115.15 (d): BCJ PREA Regulation states cross gender viewing of an inmate's breasts, buttocks or genitalia shall not be permitted while inmates shower, perform bodily functions and change clothing, except in exigent circumstances or when viewing is incidental to routine cell checks. The BCJ PREA Regulation also states that Deputies of opposite gender must announce their presence when entering an inmate housing unit. Cross gender announcements were observed during the on-site review. While on site the auditor observed that cross gender announcements were made for female housing units, but for male housing units, the announcements were only made at the beginning of the shift, no matter the gender of supervision. While on site, the Jailer put out a written directive to all staff correcting the practice for the cross-gender announcements to be made in each unit, each time a cross gender person enters the housing unit. The directive was provided to the auditor for review and found to satisfy the standard. While on-site, the auditor observed that cameras were used in 12 High Risk cells and the view by staff allowed viewing of the inmates in those cells while they performed bodily functions. According to the Command staff, these cells are monitored on a regular basis by cross gender staff, and the cells house both genders on a regular basis. The facility is in the process of having their camera vender upgrade these cameras in order to be able to pixilate the monitors in the area of the toilet. Prior to this report, the Jailer issued a directive to all jail staff that stated until the camera upgrade was completed, the macros of the camera monitor set-up would be set to only run through the detox and high risk cells that house inmates that are the same gender as the deputy viewing the monitor. The directive was submitted to the auditor for review and found to be compliant.

§115.15 (e): BCJ Search Policy states no deputy shall search or physically examine an inmate who is transgender or intersex for the sole purpose of determining the inmates' genital status. Interviews of staff support that policy is followed. The facility reported no transgender/intersex inmates were currently at the facility.

§115.15 (f): BCJ PREA Training curriculum was reviewed and contains the required components of this section of the standard. Interviews of staff support they have been trained as required.

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

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

115.16 (a)

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

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? Yes No

115.16 (b)

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

115.16 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. Language Line Interpreter service
 - b. Intake PREA material-English and Spanish versions
2. Interviews
 - a. Agency Head
 - b. Inmates with limited English proficient
 - c. Random Staff

§115.16 (a)(b)(c): Interviews of staff support that appropriate steps shall be taken to ensure inmates with disabilities, including inmates who are deaf or hard of hearing, blind or have low vision, have intellectual, psychiatric, or speech disabilities, have equal opportunity to participate in or benefit from all aspects of efforts to prevent, detect and respond to sexual abuse/harassment. Such steps include

ensuring effective communication with inmates who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately and impartially, both receptively and expressively, using any necessary specialized vocabulary. Intake staff report inmates are provided the PREA information to read, and the staff go over the PREA information verbally to assist with understanding the material. Mental Health staff are available to be called in to assist with presenting the material when the Booking Deputies detect the inmate may have intellectual or psychiatric concerns. Interviews with the Agency Head indicate the facility has an interpreter line available to inmates along with a TTY phone that is available to assist those with hearing concerns. The interpreter line was used by the audit team to interview LEP inmates. He also indicated the PREA information was available to inmates in both Spanish and English. It can be acquired for multiple language if needed. Interviews of LEP inmates provided a mix review of information being provided in a manner they are able to understand, but did not indicate that inmate interpreters had been used to help them understand information provided. Interviews of staff support that the facility does not use inmate interpreters.

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

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

115.17 (b)

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

115.17 (c)

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. BCJ Personnel Policy
 - b. PREA Hiring/Promotion Questionnaire
 - c. BCJ Application for Employment
 - d. Staff file reviews
2. Interviews
 - a. Human Resources Staff

§115.17 (a)(b): A review of randomly selected staff files reflected that applicants were asked questions regarding previous misconduct, but the questions did not cover each of the three required questions. The facility has added a form with the three questions required by section (a) of this standard and have sent the auditor multiple completed forms demonstrating the practice is in place for applicants, contractors, and those being promoted. Interviews with the Human Resources staff support that incidents of sexual harassment are considered when hiring or promoting, or enlisting services of potential contractors.

§115.17 (c)(d)(e): BCJ Personnel Policy indicates the agency shall perform criminal background records check for all employees prior to hire and at least every five years. Interviews of the Human Resources staff, as well as employee file reviews conducted by the audit team support that criminal background checks are conducted for both staff and contractors, and attempts to contact prior institutional employers regarding incidents of substantiated sexual abuse are made before hiring potential employees. The file review also confirmed that the agency conducts such criminal background checks for all employees and contractors at least every five years.

§115.17 (f): File reviews of staff reflected that applicants were asked questions regarding previous misconduct, but the questions did not cover each of the three required questions. The facility has added a form with the three questions required by section (a) of this standard and have sent the auditor multiple completed forms demonstrating the practice is in place for applicants, contractors, and those

being promoted. Interviews of the Human Resource (HR) staff confirm such questions are now asked of all applicants and on the written job applications and on a Hiring/Promotion questionnaire. The HR staff reported that the facility does not conduct self-evaluations. The HR Interview supports that employees have a continuing affirmative duty to disclose any such misconduct. **The auditor recommends the continuing disclosure requirement be added to either their personnel policy or the application.**

§115.17 (g): BCJ employment application states material omissions or provision of materially false information may result in disqualification for employment. The application for employment requires the applicant to sign stating they understand the above stated omission or false information may result in disqualification for employment.

§115.17 (h): HR Interviews support the agency would provide information on substantiated allegations of sexual abuse/harassment involving a former employee shall be provided upon request from an institutional employer for whom such employee has applied to work.

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

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

115.18 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. None
2. Interviews
 - a. Agency Head
 - b. Jailer

Interviews with the Jailer support that the agency has made no modifications to facilities or monitoring technology. He goes on to state that when considering modifications and/or the use of monitoring technology, the facility looks at how it will better protect inmates from incidents of sexual abuse or harassment.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

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

115.21 (c)

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

115.21 (d)

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

115.21 (e)

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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness

to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. BCJ PREA Regulation
 - b. Inmate Rules and Regulation
 - c. Women's Crisis Center NKY MOU
2. Interviews
 - a. Random Staff
 - b. Investigative Staff
 - c. Women's Crisis Center Director
 - d. Medical staff

§115.21 (a)(b): Interviews of facility investigators support that to the extent of responsibility for investigating allegations of sexual abuse, a uniform evidence protocol is being followed that maximizes potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The facility does not house youth under the age of 18. The facility reports protocol follows Department of Justice guidelines. Interviews of staff support they have a good understanding of the agency's protocol for obtaining usable physical evidence if an inmate alleges sexual abuse to include first responder duties.

§115.21 (c): BCJ PREA Regulation supports standard by indicating victims of sexual abuse shall be taken off site for forensic medical examinations if needed. Interviews of the medical staff confirm any forensic examination is conducted at the St Elizabeth Florence Hospital without financial cost. The audit team contacted the Women's Crisis Center who confirmed that SANE services are available at St. Elizabeth Florence for any victim of sexual abuse in order to conduct a forensic examination. The facility reports no inmates have had to be taken out for a forensic examination during this audit period.

§115.21 (d)(e): The auditor reviewed an MOU between BCJ and Women's Crisis Center NKY confirming the facility makes victim advocates services available from a Rape Crisis Center. Contact information for the Rape Crisis Center is available to all inmates through the Inmate Rules and Regulations under the PREA Regulations section. The auditor contacted the Director for Women's

Crisis Center and she confirmed their support for BCJ and that advocates would accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.

§115.21 (f): The auditor reviewed documentation that demonstrated BCJ had requested the Boone County Sheriff's Department to follow the requirements of 115,21 (a) through (e).

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

115.22 (b)

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

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. BCJ Personnel Policy
 - b. BCJ PREA Regulation
 - c. Investigative Reports
2. Interviews
 - a. Agency Head
 - b. Investigative Staff

§115.22 (a): BCJ Personnel Policy under the PREA guidelines states all complaints will be investigated fully and a resolution documented. Interviews of the Agency Head supported that each of the allegations of sexual abuse/harassment are investigated. He went on to provide details of the step by step process the investigation would take for any allegation. The auditor reviewed both investigations that occurred during the audit period that confirmed such investigations are completed.

§115.22 (b)(c): BCJ PREA Regulation states following a report of sexual abuse, the shift supervisor shall contact the appropriate outside law enforcement agency in order to begin an investigation. The auditor confirmed this policy was published on the jail website and provided the responsibilities for both the Jail and Boone County Sheriff's Office (BCSO) in conducting such investigations. Interviews of investigative staff supported that such criminal allegations are referred to BCSO for criminal investigations and document the referrals in the investigative report.

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No

- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? Yes No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.31 (b)

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

115.31 (c)

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

115.31 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. PREA Training Curriculum
 - b. Training File review
2. Interviews
 - a. Random Staff

§115.31 (a)(b): The training curriculum was reviewed and contained all components required in this section of the standard. Responses to interview questions asked of staff regarding their PREA training supported they have received and understood the training on required topics. The jail houses both genders and the training curriculum is tailored to both genders.

§115.31 (c): A review of staff training files supported that annual refresher training is conducted at BCJ.

§115.31 (d): A review of training files reflected documentation of staff signing acknowledging they received the required PREA training. **The Auditor recommends the jail add language to the training acknowledgement form clarifying that not only did the employee signature indicate they received the training, but understood the training they received.**

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. BCJ Social Services Policy
 - b. Training Curriculum
 - c. Training file review
2. Interviews
 - a. Volunteers

§115.32 (a)(b)(c): BCJ Social Services policy states all volunteers used in services and programming at the jail or workcamp shall be cleared by administration utilizing a background check and PREA Training before being authorized to enter. Documentation shall be maintained by completing a volunteer application packet that contains the PREA curriculum and the volunteers signature stating they understand the zero-tolerance policy and how to report incidents. Interviews of volunteers, as well as a review of training files supports that volunteers do receive training as required by the PREA standard. The file review reflected documentation confirming they understood the training they received. The facility has two contractors who work full-time and receive the same PREA training as employees under 115.31.

Standard 115.33: Inmate education

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

115.33 (a)

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

115.33 (b)

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

115.33 (c)

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

115.33 (d)

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

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

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. BCJ PREA Regulation
 - b. Inmate Rules and Regulations Manual
2. Interviews
 - a. Intake Staff
 - b. Random Inmates

§115.33 (a)(b)(c)(d)(e)(f): BCJ PREA Regulation is provided to all inmates during the booking/intake process. The Booking Deputy provides the information to the inmate in a manner that is understood by all inmates. The PREA Regulation is read to the inmates, but is also available in other languages for the LEP population. The PREA Regulation was reviewed by the auditor and it explains the zero-tolerance policy and how to report incidents or suspicions, knowledge or information of sexual abuse/harassment. The information is also provided in the Inmate Rules and Regulations Manual that is shown on a continuing basis on the Inmate TV Channel. The PREA Regulation provided to inmates also contains the PREA information required for comprehensive education. Inmate file reviews reflected documentation confirming inmates receive the information. **The auditor recommends the**

jail consider implementing the video from the PRC [PREA: What You Need to Know](#). It is a 16-minute closed captioned inmate education video. The video and accompanying facilitator's guide are designed to help adult jails to enhance their Inmate Education. This could be shown in the booking area or put on the Inmate TV channel. Interviews of Intake staff support that inmates do receive such information and that booking staff read this information to inmates during the intake process. Interviews of inmates also supported they do receive information about the facilities rules against sexual abuse and sexual harassment when they first arrive. Signage containing required PREA information was observed posted in each of the housing block and common areas.

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

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

115.34 (b)

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

115.34 (c)

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

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. PREA Investigation Curriculum
 - b. Training file review
2. Interviews
 - a. Investigative Staff

§115.34 (a)(b)(c): Documentation submitted was reviewed and found that each of the three PREA investigators at the jail have received Specialized training as documented by training certificates. The Auditor reviewed a training agenda that supports the required training components were included in the specialized training provided for PREA investigators. Interviews of investigative staff support they have received the required specialized training.

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

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

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

115.35 (b)

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

115.35 (c)

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

115.35 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. Training Files
2. Interviews
 - a. Medical and Mental Health Staff

§115.35 (a)(c)(d): A review of the training files indicate full- and part-time medical/mental health practitioners who work regularly in facility have received the required specialized training as well as the training required in 115.31. Also, the training curriculum was reviewed and found to be compliant. Interviews of medical and mental health staff supports that they had received the required specialized training

§115.35 (b): BCJ medical staff do not conduct forensic examinations; therefore, this section is not applicable.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? Yes No

115.41 (e)

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

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

115.41 (f)

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

115.41 (g)

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

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. BCJ Classification Policy
 - b. Risk Screening Forms
 - c. Inmates file review
2. Interviews
 - a. Risk Screening Staff
 - b. PREA Coordinator

§115.41 (a)(b): BCJ uses a security classification system where inmates shall be assessed during intake screening and upon transfer from another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates. BCJ Policy states within 72 hours of entering the jail a Classification Officer shall complete a security classification. Interviews of staff that perform risk screening support that they do conduct such assessments during the intake or booking process. Interviews of inmates confirm they are asked questions at intake/booking related to risk screening for both victimization and abusiveness, and this normally occurs the same day they arrive.

§115.41 (c)(d)(e)(f)(g)(h)(i): BCJ Classification Policy states for the preservation of security and the order of the jail and workcamp facilities, its staff and inmates, every inmate will have a booking classification completed upon admission to the facility and shall be assigned housing according to an Objective Jail Classification System. A review of the screening questions indicates a yes/no format. During the on-site review, it was determined that Item (7) was not being considered in the process. The facility added the item into its questions and submitted multiple completed assessment supporting its practice. The process now contains all required minimal areas to be considered in the assessment process. Responses as well as all other related available information related to the inmate are reviewed by the shift supervisor. An assessment schematic is used to determine needs based upon the “Yes” responses. Although the process measures risk in multiple areas concerning safety and security, it works to ensure the adequate separation between those of risk of sexual victimization and risk of sexual abusiveness. Interviews of the staff conducting such assessments indicate the Classification screening process is reclassified within a 30-day period and anytime there may be a need due to a change in the risk levels. The screening staff indicate inmates are not disciplined for refusing to answers specified questions in the process. Interviews of the PC support appropriate controls of the responses to screening questions. **The specified questions used for assessing both risk of victimization and abusiveness are spread through the multiple sets of questions used in the screening process which could make it challenging to assess these two specific areas. The auditor recommends the facility consider reorganizing the questions to have victimization and abusiveness related questions in two respective sets to assist the supervisor in measuring these two areas of risk levels.**

Standard 115.42: Use of screening information

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

115.42 (a)

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

115.42 (b)

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

115.42 (c)

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

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- Documents: (Policies, directives, forms, files, records, etc.)

- a. BCJ Classification Policy
- 2. Interviews
 - a. Risk Screening Staff
 - b. PREA Compliance Manager

§115.42 (a): BCJ Classification Policy states the facility utilizes information collected from the booking and security classification questions to determine housing assignments and work and program eligibility. Staff interviews support the screening information is used to make housing, bed, work, education, and program decisions.

§115.42 (b): BCJ Classification Policy supports that such decisions are made on a case by case basis. The PAQ, as well as interviews of staff who perform risk screening, supports that the agency makes individualized determinations about how to ensure the safety of each inmate.

§115.42 (c): BCJ Classification Policy supports that such decisions are made on a case by case basis. The facility reported there were no transgender/intersex inmates at the facility. Interviews of the PREA Compliance Manager also support that the agency shall consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether the placement would present management or security problems.

§115.42 (d)(e): The facility reported there were no transgender/intersex inmates at the facility. Interviews of PREA Compliance Manager (PCM) and staff performing risk screening support the frequency of assessments for transgender/intersex as well as consideration given to their own view regarding safety.

§115.42 (f): BCJ Classification Policy states transgender and intersex inmates shall be allowed to shower separately from other inmates. The facility reported there were no transgender/intersex inmates at the facility. Interviews of PCM and staff who perform risk screening support this section of the standard.

§115.42 (g): Observations made by the Audit team while on site and a review of the housing list for BCJ support section (g) of the standard.

Standard 115.43: Protective Custody

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

115.43 (a)

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

115.43 (b)

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

115.43 (c)

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

115.43 (d)

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

115.43 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. BCJ Classification Policy
 - b. BCJ Inmate Rules and Regulations
 - c. BCJ PAQ
2. Interviews
 - a. Jailer
 - b. Staff who Supervise Inmates in Segregated Housing

§115.43 (a-e): Interviews of the Jailer support that inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing unless assessment of available alternatives has been made and determination has been made that there is no available alternative means of separation from likely abusers. The facility reports that no inmates have been placed in Involuntary segregation for these reasons. Interviews of staff that supervise inmates in segregation support that such inmates have access to programs and privileges to the extent possible and properly document any such restrictions. No restrictions have occurred. Interviews of the Jailer indicate segregated inmates shall be reviewed within 72 hours of being classified to a segregation cell. If an inmate is to remain in segregation after the 72-hour review, within 7 days of being classified to segregation an additional review shall be conducted. Additional reviews shall be conducted every 7 days for the first 30 days and every 10 days thereafter. BCJ Classification Policy and the Inmate Rules and Regulations manual both support the responses provided by the Jailer.

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment? Yes No

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

115.51 (b)

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

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. BCJ PREA Regulation
 - b. Inmate Rules and Regulations Manual
 - c. BCJ Personnel Policy
2. Interviews
 - a. Random Staff
 - b. Random Inmates
 - c. Rape Crisis Center

§115.51 (a)(b): BCJ PREA Regulation and the Inmate Rules and Regulations Manual provide multiple methods for inmates to privately report sexual abuse/harassment, retaliation by other inmates or staff for reporting sexual abuse/harassment and staff neglect or violation of responsibilities that may have contributed to such incidents. Internal methods listed include notify any Deputy verbally, by utilizing an Inmate Information Request Form., or calling *19 to contact the Control Center Deputy. External methods include reporting to the Rape Crisis Center by calling *40 which allows the call to made anonymously. Interviews with the Rape Crisis Center verified the Center can forward such reports to the facility as long as the inmate wants them to forward the information. Immigration inmates can also contact their respective consular official. All reporting information is also provided on the Inmate TV channel. The phones were tested by the audit team in the cell areas and successfully connected to the facility control center deputy as well as the Rape Crisis Center who both indicated he could accept such a report. Inmate interviews confirmed the above reporting information.

§115.51 (c): Interviews of random staff and inmates support that staff accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports. The auditor reviewed reports that demonstrated staff accepted both verbal and written reports from inmates regarding sexual abuse and documented such verbal reports.

§115.51 (d): BCJ Personnel Policy states that in addition to reporting an incident to the Jailer, an employee may make a complaint to the Boone County Sheriff Department. Interviews of random staff support this reporting method.

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

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

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any

portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA

- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (c)

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

115.52 (d)

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

115.52 (e)

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

115.52 (f)

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

115.52 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. BCJ Inmate Rules and Regulations
 - b. BCJ Grievance Policy
2. Interviews
 - a. None

§115.52 (a)(b): The BCJ Grievance Policy and the Inmate Rules and Regulations Manual both allow inmates to file a grievance regarding sexual abuse. The facility reports there were no grievances filed regarding sexual abuse. There was no evidence of non-compliance with each section of the PREA standard. The Inmate Rules and Regulation Manual outlines an emergency alert system that allows inmates to contact staff when an inmate feels they are subject to a substantial risk of imminent sexual abuse. The BCJ Discipline Policy supports that inmates are not disciplined for filing a grievance related to sexual abuse unless the facility demonstrates the inmate filed the grievance in bad faith. **The auditor recommends an update of the grievance policy or PREA regulation that provides more detailed language from the PREA standard to better guide inmates and staff, as well as to clarify compliance.**

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

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

115.53 (b)

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

115.53 (c)

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

- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. BCJ PREA Regulation
 - b. BCJ Inmate Rules and Regulations
 - c. BCJ PREA Education Flyer
 - d. MOU
2. Interviews
 - a. Random Inmates

§115.53 (a): BCJ PREA Regulation and the Inmate Rules and Regulations Manual provide contact information for the local Rape Crisis Center. The information provided allows the inmates to call the victim advocates at no cost to the inmate. Interviews of random inmates support the inmates have access to such information to be able to call the victim advocates if needed. **The Auditor Recommends that BCJ add more details to the information provided about the Rape Crisis Center to ensure inmates have knowledge of what other support services they provide other than just being a reporting entity.**

§115.53 (b): BCJ has posted signage near the phone areas that inform inmates that all calls are subject to be monitored. The BCJ PREA Education Flyer advises inmates they may report incidents of sexual abuse to the Rape Crisis Center and the educational information goes on to state that reports to the Rape Crisis Center will be forwarded to authorities in accordance with mandatory reporting laws unless the inmate request otherwise.

§115.53 (c): BCJ submitted to the audit team a copy of the MOU between BCJ and The Women’s Crisis Center NKY(WCC). The auditor reviewed the current MOU with the Women’s Crisis Center that details services provided as required by standard. Also interviews with the CEO of the WCC confirm such services are available to the inmates of the BCJ.

Standard 115.54: Third-party reporting

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

115.54 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. BCJ Front lobby Bulletin Board
2. Interviews
 - a. None

BCJ has posted all reporting methods on the front lobby bulletin board where members of the public enter the facility. **The Auditor recommends the facility revise their website under the PREA section to include third party reporting methods.**

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.61 (b)

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

115.61 (c)

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

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. BCJ Personnel Policy
 - b. PREA Training Curriculum
2. Interviews
 - a. Random Inmates
 - b. PREA Coordinator
 - c. Jailer
 - d. Medical and Mental Health Staff

§115.61 (a)(b): BCJ Personnel Policy states all employees shall report all incidents of sexual abuse or sexual harassment. Interviews of random staff support they are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, and limit the reporting to those who can make treatment, investigation, and other security and management decisions.

§115.61 (c): Interviews of medical and mental health staff support that inmates are informed of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services. The auditor reviewed documentation from medical demonstrating notice of limitations of confidentiality.

§115.61 (d)(e): BCJ training curriculum outlines training information to include the requirement to report any incident of sexual abuse of anyone considered a vulnerable adult under a State or local vulnerable persons statute to the designated State or local services agency under applicable mandatory reporting laws. Interviews with the Jailer and the PREA Coordinator support they report such allegations to the Cabinet for Health and Family Services. The Jailer confirmed that all allegations of sexual abuse and harassment are reported to the appropriate investigator to be investigated.

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. BCJ PREA Regulation
2. Interviews
 - a. Jailer
 - b. Random Staff

§115.62 (a): BCJ PREA Regulation supports that when it is reported that an inmate has been involved in an allegation of sexual abuse, the alleged victim and assailant shall be immediately separated to protect the alleged victim. Interviews of the Jailer, and of random staff support that the facility takes immediate action to protect the inmate when there is substantial risk of imminent sexual abuse.

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. BCJ PREA Regulation
2. Interviews
 - a. Agency Head
 - b. Jailer

§115.63 (a)(b)(c)(d): BCJ PREA Regulation states if the reported allegation of sexual abuse or sexual harassment occurred while the inmate was confined at another facility, the Jailer or his designee, shall notify the head of the agency where the alleged abuse occurred. An incident report shall be written on all reported accusations and verification of contact with the other agency noted. The interview with the Jailer/Agency Head support that any notification to the facility of an allegation would be forwarded to the appropriate investigative body for investigation. He also indicated that no inmates made allegations at BCJ where the incident occurred at another facility.

Standard 115.64: Staff first responder duties

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

115.64 (a)

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

115.64 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. BCJ PREA Regulation
2. Interviews
 - a. Random Staff
 - b. Inmates who Reported Sexual Abuse

§115.64 (a)(b): BCJ PREA Regulation has language that supports each component of the standard. Interviews of random staff, to include non-security staff, support that staff had good knowledge of the responsibilities of a first responder. Interviews of inmates that had reported sexual abuse support that staff responded promptly and appropriately ensuring separation of alleged victim and abuser, preservation of evidence, to include placing inmates in areas that allowed them to be checked by medical and ensure physical evidence is not destroyed and preserved.

Standard 115.65: Coordinated response

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

115.65 (a)

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

Auditor Overall Compliance Determination

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

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. BCJ PREA Regulation
2. Interviews
 - a. Jailer

§115.65 (a): BCJ PREA Regulation includes a written plan that coordinates actions of each of the required staff in response to an incident of sexual abuse. Interviews with the Jailer confirm the facility plan is written to ensure each of these staff areas have good knowledge of their responsibilities in response to an incident of sexual abuse.

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

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

115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. None
2. Interviews
 - a. Jailer

§115.66 (a): The PAQ, along with confirmation from the Jailer, indicates the agency has not entered into any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted; therefore, the standard is found compliant.

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

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

115.67 (b)

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

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct

and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. BCJ PREA Regulation
2. Interviews
 - a. Agency Head
 - b. Jailer
 - c. Designated Staff Charged with Monitoring Retaliation

§115.67 (a-e): BCJ PREA Regulation states inmates will not be punished or face retaliation for reporting an incident of sexual abuse or sexual harassment. **The Auditor recommends the Jail provide more detail to their PREA Regulation to support the policies requirement to protect inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff.** BCJ has designated the PREA investigators to monitor possible retaliation. Interviews with those designated to monitor for retaliation indicate they check on those in need of monitoring on a daily basis and is documented in their walk thru rounds. The Investigators were able to detail specific items they looked for as signs that retaliation may be occurring and that monitoring will continue for at least 90 days following the allegation. Interviews of the Jailer indicate all suspected retaliation will be investigated fully and appropriate inmate discipline or staff discipline will be administered.

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. BCJ Classification Policy
 - b. BCJ Inmate Rules and Regulation Manual
 - c. BCJ PAQ
2. Interviews
 - a. Jailer
 - b. Staff who Supervise Inmates in Segregated Housing

§115.68 (a): Interviews of the Jailer support that inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing unless assessment of available alternatives has been made and determination has been made that there is no available alternative means of separation from likely abusers. The facility reports that no inmates have been placed in Involuntary segregation for these reasons. Interviews of staff that supervise inmates in segregation support that such inmates have access to programs and privileges to the extent possible and properly document any such restrictions. No restrictions have occurred. Interviews of the Jailer indicate segregated inmates shall be reviewed within 72 hours of being classified to a segregation cell. If an inmate is to remain in segregation after the 72-hour review, within 7 days of being classified to segregation an additional review shall be conducted. Additional reviews shall be conducted every 7 days for the first 30 days and every 10 days thereafter. BCJ Classification Policy and the Inmate Rules and Regulations manual both support the responses provided by the Jailer.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

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

115.71 (b)

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

115.71 (c)

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

115.71 (d)

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

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? Yes No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.71 (f)

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

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. BCJ PREA Regulation
 - b. Investigation file reviews
 - c. Training file reviews
2. Interviews
 - a. Investigative Staff
 - b. Jailer
 - c. PREA Coordinator

§115.71 (a)(b): BCJ PREA Regulation indicates when a report of sexual assault or sexual harassment occurs, the facility initiates an investigation. Interviews of BCJ investigators and investigative file reviews support that investigations are conducted promptly, and third-party reports are handled in the

same procedure. A review of documentation verified such reports are investigated by BCJ investigators who have received specialized training as described in 115.34.

§115.71 (c)(d): BCJ PREA Regulation, Interviews with the investigators and investigative file reviews support they gather and preserve direct and circumstantial evidence, gather available physical and DNA evidence, gather electronic monitoring data, interview victims, suspected abusers and witnesses, review prior complaints and reports of sexual abuse involving suspected abuser. Interviews also support when quality of evidence appears to support criminal prosecution, compelled interviews shall be conducted only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

§115.71 (e): Credibility of victim, suspect or witness shall be assessed on individual basis and shall not be determined by person's status as inmate or staff. Inmate who alleges sexual abuse shall not be required to submit to polygraph examination or other truth-telling devices as condition for proceeding with investigation. Interviews of investigators and reviews of the investigative reports support the above language contained in the BCJ PREA Regulation and PREA standards.

§115.71 (f)(g)(h)(i)(j): BCJ PREA Regulation, investigative report reviews, as well as interviews of the facility investigators support the requirements of administrative and criminal investigations are followed. Also, written reports referenced in sections (g) and (h) of this section shall be retained for as long as abuser is incarcerated or employed by BCJ, plus five years. Departure of abuser or victim from employment or confinement shall not provide basis for terminating investigation as noted from the investigator interviews. A review of investigative files confirm they are documented and contained the appropriate content. Interviews of investigators support each section and indicate criminal investigations are conducted by outside law enforcement as referred by the agency as well as prosecution when substantiated allegations appear criminal.

§115.71 (l): A review of the facility website supports when outside agencies investigate sexual abuse incident, command staff shall cooperate with investigators and shall endeavor to remain informed about progress of investigation. Compliance was confirmed during interviews with the Jailer and PREA Coordinator.

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. BCJ PREA Regulation
 - b. Investigative file reviews
2. Interviews
 - a. Investigative Staff

§115.72 (a): BCJ PREA Regulation states no standard shall be imposed higher than the preponderance of evidence in determining whether allegations of sexual abuse/harassment are substantiated. A review of investigative files as well as interviews of investigators confirm a preponderance of evidence is the standard used to determine if the allegation is to be substantiated.

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

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

115.73 (c)

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

has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No

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

115.73 (d)

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. BCJ PREA Regulation
2. Interviews

- a. Jailer
- b. Investigative Staff

§115.73 (a-e): BCJ PREA Regulation states upon completion of the investigation, the victim shall be informed as to whether the allegation was found to be substantiated, unsubstantiated, or unfounded. This notification to the victim and assailant shall be documented in the incident report. A review of investigative files, as well as interviews of the Jailer and investigators support that inmates are informed as required, and when the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the inmate. A review of the investigative files support that all required notifications are made.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

Auditor Overall Compliance Determination

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

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. BCJ Personnel Policy
 - b. Investigative File Reviews
2. Interviews
 - a. None

§115.76 (a)(b)(c)(d): BCJ Personnel Policy indicates staff shall be subject to disciplinary actions and possible criminal charges for violating department's sexual abuse/harassment policies. The facility had one incident where the staff member was terminated for violating department's sexual abuse/harassment policies. The facility reported no incidents during the audit period where staff were found to have engaged in sexual abuse. A review of the investigative reports supports that disciplinary sanctions commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. The review also supports when appropriate that staff who violate such policies, are reported to law enforcement.

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. None
2. Interviews
 - a. Jailer

§115.77 (a)(b): Interviews of the Jailer support that volunteers and contractors who engage in sexual abuse of inmates shall be prohibited from contact with inmates and when appropriate, reported to law enforcement for criminal investigation.

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

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

115.78 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. BCJ Discipline Policy
 - b. BCJ Rules and Regulations Manual
2. Interviews
 - a. Jailer
 - b. Mental health Staff

§115.78 (a-g): BCJ Discipline Policy and Inmate Rules and Regulations manual both outline a formal disciplinary process that includes disciplinary actions following an administrative finding that inmate

engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse. Interviews of the Jailer support consistent sanctions for such offenses and that mental health disabilities or mental illness would be considered when determining sanctions. Interviews of the medical/mental health staff support that counseling may be offered to address underlying reasons for such abuse, but that it is not mandated. There was no evidence that any inmate was disciplined for sexual contact with any staff member that was a willing party to the contact, or was disciplined for reporting any incident in good faith. The BCJ Rules and Regulations manual supports that inmates may be disciplined for any sexual activity between two inmates where the activity was not coerced.

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

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

115.81 (b)

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

115.81 (c)

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

115.81 (d)

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

115.81 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. BCJ Booking Policy
 - b. Mental Health file review
 - c. Authorization for Release of Confidential or Protected health Information form
2. Interviews
 - a. Risk Screening Staff
 - b. Medical and Mental Health Staff

§115.81 (a)(c): BCJ Booking Policy states If the inmate reports that they have experienced prior sexual victimization or previously perpetrated sexual abuse, the deputy shall note this in the computer and sign the inmate up to meet with the jail mental health counselor, which shall occur within 14 days. Interviews of staff conducting the risk screening confirm this process. The facility provided documentation to support that inmates are offered a follow-up meeting as required in the PREA standard. Inmates are asked in the Initial Booking Mental Health Questions and the Booking Classification Answers about prior victimization. The auditor reviewed multiple samples of these completed questions.

§115.81 (b): BCJ is not a prison; therefore, this section is non-applicable.

§115.81 (d): Informal as well as interviews of the medical/mental health staff support that information related to sexual victimization or abusiveness that occurred in institutional setting shall be strictly limited to medical/mental health practitioners and other staff as necessary to inform treatment plans and security and management decisions, including housing, bed, work, education and program assignments. As observed during the on-site visit, information related to such was limited to those as required and secured in a manner to ensure compliance.

§115.81 (e): Interviews with medical and mental health staff indicate that they had not had an incident where informed consent was required to be obtained. Initially, there was no documentation submitted that supported the facility had any document or procedure in place to ensure that informed consent was

obtained before reporting information about prior sexual victimization that did not occur in an institutional setting. During the on-site review, the Health Services Administrator provided the audit team with the form that is used to obtain the informed consent. The auditor reviewed the form submitted and it allows for the release of medical/mental health information.

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

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

115.82 (b)

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

115.82 (c)

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

115.82 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. BCJ PREA Regulation
 - b. Investigative file reviews
2. Interviews
 - a. Medical and Mental Health Staff
 - b. Inmates who Reported Sexual Abuse

§115.82 (a)(b): BCJ PREA Regulation states in the initial steps of their emergency plan that separately the victim and assailant shall be taken to medical for further examination to determine both medical and mental health needs before they are transported off-site for evidence collection, if needed. Interviews of the medical staff support the standard is compliant as they confirm inmate victims receive timely, unimpeded access to emergency medical treatment as required in section (a). A review of investigative files indicate that medical/mental health was notified the same date the incident was referred for investigation. Interviews of inmates who have reported sexual abuse support such services are provided as required. The facility has 24/7 medical staff on duty and mental health on call with victim advocate groups available as well 24/7.

§115.82 (c): Interviews of the medical/mental health staff support that victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Interviews of an inmate that reported sexual abuse confirms that he received such information

§115.82 (d): Interviews of the medical/mental health staff support treatment services are provided to victims without financial cost and regardless of whether victim names abuser or cooperates with investigation arising out of incident.

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

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

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

115.83 (e)

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

115.83 (f)

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

115.83 (g)

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

115.83 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. BCJ PREA Regulation
 - b. BCJ Access to Care Policy
 - c. BCJ Responsible Health Authority
2. Interviews
 - a. Medical and Mental Health Staff
 - b. Inmates who Reported Sexual Abuse

§115.83 (a): BCJ PREA Regulation and Access to Care Policy supports that medical/mental health evaluations and treatment shall be offered to all inmates, and, as appropriate, treatment to those who have been victimized by sexual abuse in prison, jail, lockup or juvenile facility.

§115.83 (b)(c): BCJ Access to Care and Responsibility Health Authority policies support evaluation and treatment of such victims to include follow-up services, treatment plans and, when necessary, referrals for continued care following their transfer to other facilities or their release from custody. Also, that the level of care is consistent with the community level of care. Interviews of medical and mental health staff confirm the above. Interview of an inmate who reported sexual abuse indicated that the inmate was referred to an outside resource for evaluation.

§115.83 (d-g): Although there were no incidents involving female victims, the medical staff were able to detail the process that included pregnancy testing, comprehensive information regarding all lawful pregnancy related medical information, and also information on sexually transmitted infections, and all such testing and information offered at no cost to the inmate. Interview of an inmate who reported sexual abuse indicated that the inmate was tested for sexually transmitted infections.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.86 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. BCJ PREA Regulation
 - b. Investigative file reviews
2. Interviews
 - a. Jailer
 - b. PREA Compliance Manager
 - c. Incident Review Team

§115.86 (a)(b): BCJ PREA Regulation states at the conclusion of the investigation a sexual abuse incident review shall be conducted by team members appointed by the Jailer or his designee. This incident review shall occur within 30 days of the conclusion of the sexual abuse incident. During the audit period, there were 2 allegations. One of the allegations was unfounded and the second allegation remained open; therefore, requiring no incident reviews.

§115.86 (c): Interviews of the Jailer and PREA Compliance Manager support the incident review team is made up of appropriate staff as required by the standard.

§115.86 (d): Interviews of the Jailer and Incident Team members support the team consider all required areas during their review. During the audit period, there were 2 allegations. One of the allegations were unfounded and the second allegation remained open; therefore, requiring no incident reviews.

§115.86 (e): BCJ PREA Regulation states a report of the findings from this review shall be made and submitted to the Jailer and the PREA Compliance Manager. During the audit period, there were 2 allegations. One of the allegations were unfounded and the second allegation remained open; therefore, requiring no incident reviews.

Standard 115.87: Data collection

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

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents: (Policies, directives, forms, files, records, etc.)

a. PREA Allegation Log

§115.87 (a-f): BCJ collects data from every allegation of sexual abuse that includes a set of definitions. The data is maintained and aggregated annually by the PREA Coordinator. A review of the data demonstrates that it includes all reports related to the investigative files and sexual abuse incident reviews when applicable. BCJ does not contract with other agencies for the confinement of their inmates. To date, BCJ reports that DOJ has not requested such data from the jail.

Standard 115.88: Data review for corrective action

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

115.88 (a)

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

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. BCJ PREA Annual Report

2. Interviews
 - a. Agency Head (Jailer)
 - b. PREA Coordinator

§115.88 (a-d): The annual aggregated data required from 115.87 is reviewed in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices and training demonstrated in its annual report. A review of the 2019 PREA Annual Report identifies any problem areas with corresponding corrective action taken. The review of the annual report reflected data that could be compared to the previous annual report data. It also includes an assessment of BCJ's progress in addressing sexual abuse. The report is approved by the Jailer demonstrated through his signature and posted on the Jail's website located at https://www.boonecountyky.org/government_administration/county_government/jailer/prea.aspx. The review of the current and previous annual reports did not reflect any information that was in need of redaction. Interviews of the Jailer and PREA Coordinator support that data is continuously reviewed in order to seek out ways for improvement.

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

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

115.89 (b)

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

115.89 (c)

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

115.89 (d)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. Kentucky County Jailer Records Retention Schedule
2. Interviews
 - a. PREA Coordinator

§115.89 (a): Interviews of the PREA Coordinator confirm that he is the only one who has access to electronic data and the remaining hard copy data is secured in his office.

§115.89 (b)(c): A review of the Jails website confirms that aggregated sexual abuse data is made readily available to public at least annually. Also, through the auditor's review, it was confirmed that before making aggregated sexual abuse data publicly available, personal identifiers are removed.

§115.89 (d): The Kentucky County Jailer Records Retention Schedule supports that all sexual abuse data shall be maintained for at least 10 years after date of initial collection unless federal, state or local law requires otherwise. The auditor reviewed historical data previously maintained by the agency supporting compliance.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

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

115.401 (b)

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

agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) Yes No NA

- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No NA

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BCJ is a single facility agency. The previous final PREA audit report was signed September 15, 2016. The auditor had access to all areas of the audited facility. The auditor also received relevant documentation and was permitted to conduct private interviews. There was no evidence that inmates were prohibited from sending confidential correspondence to the auditor.

Standard 115.403: Audit contents and findings

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

115.403 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The previous final PREA audit report was signed by the auditor September 15, 2016 with 100% compliance.

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.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Bryan K Henson

July 30, 2020

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.