DEPARTMENT OF CORRECTIONS

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TO: C.A. Wilkerson, PREA Coordinator

FROM: Lise-Marie VanNostrand, Assistant District Supervisor

DATE: June 8, 2017

RE: Hope Center, Ball-Quantrell Jones For Women—2017 PREA Compliance Visit

On April 26, 2017, Harley Allen and I conducted a PREA compliance visit at the Hope Center for Women, 1524 Versailles Road, Lexington, KY. The center has 50 beds contracted to the KY Department of Corrections (KY DOC) and an additional 30 beds that are for persons from the community. At the time of the site visit, 42 of the 50 KYDOC beds were being utilized. The Assistant Director, Stephanie Raglin and Safe off the Streets Coordinator (SOS) Jennifer Jefferson were present for the visit.

115.211 (a)—Compliant

The facility has a zero tolerance policy prohibiting all forms of sexual abuse and sexual harassment. The policy outlines the facility's approach to prevent, detect and respond to sexual abuse and sexual harassment and defines prohibited behaviors. There is a separate form for residents to review that discusses the facility zero tolerance policy and advises that residents found to be perpetrating sexual harassment or sexual abuse will be discharged from the program.

115.213 (a)—Non-Compliant

The Assistant Director provided a staffing schedule and reported that she ensures that there are adequate levels of staffing and video monitoring in the facility to protect the residents from sexual abuse and sexual harassment. However, the facility did not have a detailed written staffing plan that takes into consideration the layout of the facility, composition of the resident population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse or any other relevant factors, nor documentation that there have been annual reviews of such a plan. After the site visit, the Assistant Director was provided with a sample staffing plan to assist in the development of a plan specific to the facility.

115.215 (a)(b)(d)(f)—Compliant

The facility does not conduct cross-gender strip or visual body cavity searches. It is suggested that language prohibiting these types of searches be added to the facility policy.

The facility PREA policy specifies that residents will be able to shower, perform bodily functions and change clothing without staff of the opposite gender viewing. It is suggested that additional language be added to specify that only one resident is to be in a private restroom at a time. In addition, it is suggested that language be added to the policy specifying that the doors remain closed in the larger restrooms, as during the walk through of the facility, the door appeared to be propped open, creating the possibility that a male staff member/contractor be able to view activity inside.

The Assistant Director provided a separate policy for "Male Contractor/Male Staff" that adds that males must announce their presence on a floor and that other, presumably female staff must make sure that all female clients are out of the area where any work is being performed. The facility houses females only and the staff composition at present is also made up of females. However, as the facility is currently under construction, there are several male contractors that enter and exit the facility who may be in or around areas where female residents change clothing or perform bodily functions.

The Assistant Director advised that Probation and Parole Officer's regularly train facility staff in proper search techniques for female residents, and she believes this included specialized training regarding cross gender/transgender/intersex resident search techniques. After the site visit, she was provided with additional training material from the PREA Resource Center to assist with staff training regarding cross-gender, transgender or intersex resident pat down searches.

115.216 (a)(b)—Compliant

The facility has PREA educational material in various different forms to accommodate resident disabilities or language barriers. Material is available in both English and Spanish and they also have a Spanish speaking staff member who can assist with interpretation. It was suggested during the 2015 compliance visit that the facility investigate additional interpreting resources from the University of Kentucky for languages other than Spanish and it has been suggested again. The standard requires that the facility provide access to interpreters who can interpret in **any** necessary language in order to be compliant.

The facility has PREA material in braille for those who are vision impaired. Any other disabilities that inhibit access or understanding of PREA educational material are addressed on a case by case basis.

115.217 (c) (e)—Compliant

Per the Assistant Director, the Human Resource Division of the parent agency conducts criminal record checks through the Administrative Office of the Courts on all potential employee's prior to hire. Files reviewed for the three staff hired during the 12 month review period prior to the site visit contained record checks. At the time of the site visit, employees who had been at the

facility 5 years or longer, had not had updated criminal record checks. However, as of the writing of this report, criminal record checks have been requested for applicable employees.

115.218 (a)(b)—Non-Compliant

The facility added additional surveillance equipment during the 12 month review period prior to the site visit. In addition, the facility has been and remains under construction, while new additions and modifications are being made to the structure. The Assistant Director advised that the surveillance equipment was added to enhance resident protection from sexual abuse and that PREA protections have been taken into consideration prior to the modification or expansion of the facility. The surveillance has a live video feed to the Assistant Director's computer and does not overwrite for 30 days.

There was no documentation available to verify that the parent agency considered how resident protection would be enhanced with video surveillance, or that resident protection was taken into account during the planning stages prior to the modification and expansion of the building structure. The Assistant Director was advised to obtain documentation for any future additions or modifications to the facility in order to establish compliance with the standard.

RESPONSIVE PLANNING

115.221(c)(d)—Compliant

The facility offers resident victims of sexual assault access to forensic medical exams with a SANE Nurse at the University of Kentucky Hospital. These exams are conducted at no cost to the victim. There were no sexual assault cases at the facility during the 12 month review period prior to the site visit.

Victim advocacy services are made available to residents via the Bluegrass Rape Crisis Center. The Assistant Director was in possession of the current MOU that the KY DOC has with the Kentucky Association of Sexual Assault Programs (KASAP).

115.222 (b)—Non-Compliant

The parent agency website has a link under the "volunteer" tab to a document with a general description of the KY DOC zero tolerance policy regarding sexual abuse and sexual harassment. It describes prohibited behavior and directs readers to contact KY DOC or the PREA Hotline if they become aware of sexual abuse or harassment involving a resident. However, there is no language regarding referrals for criminal or administrative investigations or language stating that all cases will be referred for such investigations. The agency needs to establish a separate link to the facility PREA policy to clearly define the zero tolerance standard and the facility's approach to preventing, detecting and responding to incidents of sexual abuse or sexual harassment. The facility audit(s) should be posted and available for public review on that site as well.

TRAINING AND EDUCATION

115.231 (a)—Compliant

The facility utilizes a training curriculum provided by the KY DOC for initial training and the facility policy specifies that staff will also receive training annually. The Assistant Director advised that she offers additional PREA training every quarter to staff as well. This training exceeds the training requirement of this part of the standard.

When new staff are hired, the staff do sign a PREA acknowledgement form indicating they are aware of the facility's zero tolerance policy. However, due to some confusion as to the interpretation of this part of the standard, new hires have not been receiving the complete training prior to having contact with residents and have received training during the quarterly trainings conducted by the Assistant Director. After a thorough review of this standard, we advised her that in order to obtain compliance with this standard, all newly hired staff must have complete training in all ten areas required prior to having contact with the residents. Although the facility was non-compliant at the time of the site visit, the Director has taken corrective action and scheduled all staff for the full training this week in June 2017.

115.232 (a)(b)(c)—Compliant

The facility has one volunteer who comes regularly and there were several building contractors on site. The Assistant Director reviews the facility's zero tolerance policy and reporting requirements with all contractors. She provided training documentation for the cases reviewed.

115.233 (a)(c)(d)(e)—Compliant

The facility provides PREA educational material to residents in various forms as previously noted in review of standard 115.215. A random selection of resident files revealed written documentation that each had received PREA education and materials. The SOS Coordinator is responsible for thoroughly reviewing the material with the residents and also documents their receipt of this information in individual case notes.

115.234 (a)(b)(c)—Compliant

The Assistant Director and the SOS Coordinator are the two, trained PREA Investigators for the facility. Both were trained by KY DOC staff.

115.235(a)(c)(d)—Non-Compliant

The facility employs a full-time nurse. As there was some confusion as to how that staff member was classified (medical/mental health) she had not had the specialized training required of those staff members. The facility policy does include that all full and part-time medical and mental health care staff will received the specialized training required of this standard. After the site visit, the Assistant Director was provided with the medical and mental health training power point used to train medical and mental health employees with the KY DOC.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

115.241 (a)(b)(c)(d)(e)(g)—Compliant

The facility utilizes the KY DOC risk assessment tool in the Kentucky Offender Management System (KOMS). Of the six resident cases reviewed in KOMS, all cases contained a risk assessment that had been completed within 72 hours or less, and most cases exceeded the time requirement of the standard. The SOS Coordinator is typically completing the assessments and utilizes information in KOMS to assist with accurate assessment. She did report that the two residents cases reviewed that were classified as "high risk abusers" were actually misclassified due to incorrect information that pre-populated from the previous assessment. She was instructed how to correct those entries and did in fact correct them after the site visit.

115.241 (f)—Compliant

The Assistant Director advised that they had not begun the 30 day review of risk assessments as there was some confusion as to how those were to be done and where they were to be documented. She was advised that those reviews can either be noted in resident files or entered into KOMS as PREA staff prefer. Subsequent to the site visit, the facility staff began completing the 30 day risk assessment reviews as required. As the house VPN account has not been working properly as of the writing of this report, reviews are being kept in the resident files and have not been entered into the Kentucky Offender Management System (KOMS). The staff will begin entering those notes into KOMS as soon as the system is accessible.

115.242 (a)(b)(d)(e)—Compliant

The Assistant Director advised that the risk screening tool is utilized to assist with proper bed placement and program assignments. At the time of the site visit, there were three residents assessed as at "high risk of victimization". The files for these residents that were reviewed, have a sticker on the front "AR" (at risk) to identify for staff that they are at high risk of victimization. Staff are required to document daily in each resident file. The Assistant Director keeps a "PREA Folder" at all times with the client list identifying clients at risk of either victimization or abusiveness. In addition, the Assistant Director conducts weekly staff meetings and residents at risk is a topic discussed. The facility identified 28 residents as at high risk of victimization during the 12 month review period prior to the site visit.

The facility is well equipped to offer transgender or intersex residents privacy and the opportunity to shower separately from other residents. All of the restrooms are single, private restrooms with a shower and there are no "open" showers in the facility. It is suggested that the residents be made aware either via a resident handbook or included in orientation documents that they sign, that restrooms are to be occupied by **one** individual at a time.

REPORTING

115.251 (a)(b)—Compliant

Residents are able to privately report sexual abuse and harassment via a written grievance, report directly to a staff member or make a report to the KY DOC PREA hotline. Handouts are given to residents at the time of orientation that describes their ways to report. In addition, a zero tolerance poster with the hotline was posted in the cafeteria and is generally posted by resident

pay phones near the laundry room as well. Per the Assistant Director, the sign by the resident phones had been removed in error, as it was not present during our tour of the facility.

115.252 (a)(b)—Compliant

The facility has a grievance policy that specifies that there are no time limits within which to file a complaint of sexual abuse. No grievance of this nature had been filed in the 12 months prior to the site visit.

115.253 (a) (b)-Compliant

The facility utilizes the Bluegrass Rape Crisis Center and Newtown Pike Counseling for outside victim advocacy and support services. The crisis phone number was posted by the pay phones throughout the facility. The dining hall had a poster with information regarding how to contact those agencies. Residents have access to numerous pay phones in the facility and could make a confidential call if needed from one of those phones.

115.254 –Compliant

The facility policy states that third party reports will be accepted and can be made anonymously. There is a link to document on the website that provides that information and includes the KY DOC PREA hotline reporting number. As noted in the review of standard 115.222, the facility PREA policy needs to be posted on the site as well.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

115.261(a)-Compliant

The facility policy requires all staff to immediately report knowledge, suspicion or information regarding sexual abuse or sexual harassment. The policy also states that retaliation against resident or staff reporters is not tolerated and is to be reported immediately as well. Staff are also required to report any known neglect or failure of other staff members to report such incidences. Review of the PREA complaints investigated during the 12 months prior to the site visit revealed that facility staff do an excellent job making immediate reports of sexual abuse or sexual harassment to the facility PREA Investigator/Assistant Director.

115.262—Compliant

The facility has not identified residents subject to an imminent risk of sexual abuse in the 12 month review period prior to the site visit. The Assistant Director advised that were they to identify such a resident, they would act immediately regarding bed placement and the Social Worker on staff would be notified to assist with counseling services for the resident.

115.263(a)(b)(c)—Compliant

According to the Assistant Director, there were no reports by residents of sexual abuse at another facility that required notification be made to another facility (within the 12 month review period). If she did receive such information, she stated that she would contact the official in

charge of the other facility and document it. The facility policy states that the "CSC Director shall notify the CSC Coordinator within 72 hours" where the alleged incident occurred and document it. It is suggested that the language be modified to state that "the Director/Designee shall notify the head of the facility where the alleged incident occurred" as the current language does not clearly include facilities other than community confinement (i.e. KY DOC facility, County Jail, etc.).

115.265—Non-Compliant

The facility policy has a section that addresses what actions a first responder should take in the event of a sexual assault, however there is no separate written institutional plan in place that coordinates the actions of first responders, medical/mental health practitioners, investigators and facility leadership in an instance of sexual abuse. The Assistant Director was provided with a sample institutional plan after the site visit to adapt to suit the facility.

115.267(a)(c)—Compliant

The facility policy states that staff and resident reporters of sexual abuse will be protected from retaliation. The Assistant Director advised that she would be responsible for the monitoring for 90 days. It is suggested that the policy be revised to add that the "Assistant Director" will be responsible for the monitoring, as the current policy only states that a "designated staff member" is responsible for the monitoring. There were not incidences of sexual abuse that required monitoring at the facility during the 12 month review period prior to the site visit.

INVESTIGATIONS

115.273(a)(c)(d)(e)—Compliant

The facility did not have any sexual abuse investigations during the 12 month review period prior to the site visit. There were no cases therefore requiring notification to residents of investigative outcomes. The Assistant Director was provided with offender/resident notification for future use as needed.

DISCIPLINE

115.276(a)(b)—Non-Compliant

There were no staff who violated facility sexual abuse or sexual harassment policies during the 12 month review period prior to the site visit. However, there is no known agency or facility policy that states staff shall be subject to sanctions up to and including termination for violating these policies, nor is termination the presumptive outcome for staff who have engaged in sexual abuse. In order to be compliant with this standard, there must be language added either in agency policy or facility policy addressing these disciplinary outcomes for staff.

MEDICAL AND MENTAL HEALTH CARE

115.282(a)(c)(d)—Compliant

The facility provides resident victims of sexual abuse timely, unimpeded access to emergency medical treatment and crisis intervention via the University of Kentucky Hospital. These services are provided at no cost to the resident. There were no applicable cases during the 12 month review period prior to the site visit.

115.283(a)(b)(h)—Compliant

The facility offers ongoing mental health treatment to residents who have a history of sexual victimization. Those services are provided by the Bluegrass Rape Crisis Center and the Newtown Counseling Center.

The facility identified 1 resident on resident abuser during the 12 month review period prior to the site visit. The resident was assessed timely and offered a referral to a mental health provider at the time of the assessment.

DATA COLLECTION AND REVIEW

115.286(a)(b)(c)—Compliant

There were no substantiated or unsubstantiated cases of sexual abuse at the facility during the 12 month review period prior to the site visit. The Assistant Director indicated that she is aware that a sexual abuse incident review is required within 30 days were there to be a complaint of this nature. She was provided with the Sexual Abuse Incident Review form used by the KY DOC after the site visit for her future use.

115.403--Non-Compliant

The facility was audited in March 2016 and should be audited in or around March of 2019. The audit results are not published on the agency website or otherwise known to be readily available to the public. In order to become compliant with the standard the audit results must be available to the public on the agency website, or there must a documented method of making the report available through other means.