



JUSTICE AND PUBLIC SAFETY CABINET

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**TO: Jessica Payton, Justice Program Supervisor
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**FROM: Pamela Clayton, Justice Program Supervisor
PREA Branch**

DATE: April 6, 2022

**SUBJECT: Ball-Quantrell Jones Women's Hope Center – 2022 PREA
Compliance Visit**

The Ball-Quantrell Jones Women's Hope Center (WHC) is located at 1524 Versailles Road, Lexington, KY. The facility currently has 114 beds and can house up to 80 female offenders from the Kentucky Department of Corrections (KDOC). The facility provides 24-hour awake supervision of residents, with a minimum of one (1) staff per shift. Supervision is enhanced through the use of 28 cameras throughout the interior and exterior of the facility, which provides additional visual surveillance and includes recording capability.

Due to the ongoing COVID-19 pandemic, the visit was conducted utilizing a virtual format. Documentation files were reviewed electronically in order to verify compliance with selected PREA standards.

The facility's Director, Stephanie Raglin, hosted a virtual tour of the facility via FaceTime. During the virtual tour, Ms. Raglin provided an overview of the facility's common areas, meeting room, cafeteria, and living areas. PREA-related signage was present in the living areas and near telephones and was viewed as part of the virtual tour.

There were a total of 29 standards reviewed for compliance. There was one area of non-compliance noted regarding sexual abuse incident reviews. Corrective action was recommended for this areas. One additional recommendation was made regarding policy language surrounding resident education. Corrective action and recommendations are noted in red below.

PREVENTION PLANNING

115.213 – Compliant

The facility maintains a staffing plan predicated on the safety of its residents and is determined, in part, on the elements required by section (a) of this standard. Staff schedule changes are utilized when necessary in the event of sickness or vacation time in order to ensure that proper staffing levels are maintained on all shifts.

The facility director reported that that staffing plan was reviewed at a recent committee meeting which included executive leadership for the facility.

115.215 – Compliant

Facility policy requires that residents be able 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. Male staff are required to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing.

Facility policy prohibits cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. Cross-gender pat-down searches of female residents are prohibited absent exigent circumstances. Female residents' access to regularly available programming or other outside opportunities shall not be restricted in order to comply with this provision. All cross-gender strip searches, cross-gender body cavity searches, and cross-gender pat-down searches must be documented.

The facility director reported that staff received training on conducting pat searches and searches of transgender and intersex residents from a KDOC staff member. The facility director was able to explain the elements that were included in the training and described the proper technique for conducting such searches.

115.217 – Compliant

Facility policy requires that all applicants completed an application for employment and be subjected to a criminal background check. The facility does not hire, promote, or enlist the services of any individual who has engaged in the activities described in section (a) of this standard. KDOC provides NCIC background checks to the facility for review, including checks on both prospective and current employees.

During the review, the facility director reported that applicants are not asked any questions relating to the prohibited behavior outlined in section (a) of this standard. After discussion, the director agreed to work with the agency's Human Resources Department to add a questionnaire to the application process and submitted for review the questions to be asked. These questions directly ask applicants about each of the items from section (a).

115.218 – Compliant

Agency policy requires that when designing or upgrading new facilities or expanding existing facilities, the agency must consider the effect of the building design or medication on the agency's ability to protect residents from sexual abuse. Such considerations must also be made when installing or upgrading video monitoring technology.

The facility has not had any substantial expansions or modifications and has not had any upgrades to its video monitoring technology in the past 12 months.

RESPONSIVE PLANNING

115.222 – Compliant

Facility policy requires that all allegations of sexual abuse and sexual harassment be investigated promptly, thoroughly, objectively, and by investigators who have received specialized training in conducting sexual abuse investigations. The facility follows a standard protocol for reporting incidents of sexual abuse and sexual harassment to KDOC officials and, when criminal activity is alleged, the Kentucky State Police.

TRAINING AND EDUCATION

115.231 – Compliant

Facility policy requires that all staff to receive training regarding PREA and the facility's zero-tolerance for sexual abuse and sexual harassment.

Employees are required to sign a document indicating that they have received the training provided.

During the review, it was noted that the facility is using an outdated training module supplied by the KDOC in 2013. A copy of the most current training curriculum was provided to the facility and includes each of the elements required by section (a) of this standard.

115.232 – Compliant

Facility policy requires that volunteers and contractors who have contact with residents receive training on the agency's policy of zero-tolerance regarding sexual abuse and sexual harassment; how to report such incidents; and their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

Due to the COVID-19 pandemic, the facility has not had any contractors or volunteers in the facility in the past 12 months.

115.233 – Compliant

Facility policy requires that residents receive information on the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. Within 30 days of intake, comprehensive education must be provided to residents either in

person or through video regarding their rights to be free from sexual abuse and sexual harassment, to be free from retaliation for reporting such incidents, and regarding policies and procedures for responding to such incidents. Education must be provided in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired or otherwise disabled, and for residents who have limited reading skills. Sample documentation was provided for review and indicated that the resident received appropriate PREA education on the date of arrival to the facility.

Information regarding the facility's zero-tolerance policy is readily on posters available throughout the facility.

During the review, it was noted that the facility's policy includes language taken directly from KDOC policy CPP 14.7, which outlines the requirements of the PREA Prisons and Jails Standards. These requirements regarding education are more stringent than those of the PREA Community Confinement Facility Standards, specifically regarding the need for both intake PREA education as well as comprehensive PREA education for residents within 30 days of arrival to the facility. The Community Confinement Facility Standards require only that education be provided to residents as part of the intake process, which is the procedure followed by the facility. It is recommended that the facility update its policy language to better reflect both its own practices as well as the requirements of the Community Confinement Facility Standards.

SCREENING FOR SEXUAL VICTIMIZATION AND ABUSIVENESS

115.241 – Compliant

Facility policy requires that residents be assessed during an intake screening within 24 hours of arrival to the facility. The screening must include a review of any history of sexual abuse victimization or any sexually predatory behavior. Within 30 days of arrival to the facility, the resident's risk level must be re-assessed based on any additional information received since the intake screening. Re-assessments may also occur at any time when warranted. The dissemination of information related to and resulting from the assessment must be controlled and limited to staff necessary to inform treatment plans and make security and management decisions regarding housing, bed, work, education, and program assignments.

A sample PREA risk assessment and subsequent re-assessment were available for review; both were completed within the timeframes required by this standard.

115.242 – Compliant

The facility utilizes PREA risk assessments to determine appropriate housing for any resident who is found to be at high risk for sexual victimization or sexual abusiveness. Those at high risk for sexual victimization are never placed in the same housing unit as those at high risk for sexual abusiveness. Programming and work assignments occur in common areas which are monitored by staff.

REPORTING

115.251 – Compliant

Facility policy outlines the various methods in which residents can report sexual abuse or sexual harassment. These methods include reporting verbally to any staff member, reporting in writing, and reporting through the KDOC's PREA reporting hotline. Reports may also be made anonymously and/or

through third parties.

115.252 – Compliant/NA

The facility does not have administrative procedures to address resident grievances regarding sexual abuse. If a grievance alleges sexual abuse, it is immediately forwarded for investigation pursuant to the facility's written action plan.

115.253 – Compliant

The KDOC maintains a memorandum of understanding (MOU) with the Kentucky Association of Sexual Assault Programs (KASAP) to provide emotional support and crisis intervention services relating to sexual abuse to residents. This MOU applies to all KDOC facilities but also extends to those facilities with which the KDOC contracts to house offenders, including WHC.

115.254 – Compliant

The facility maintains a method to receive third-party reports of sexual abuse and sexual harassment through a reporting hotline monitored by the Kentucky Justice and Public Safety Cabinet. Information on this reporting hotline is available on posters throughout the facility. A link to the KDOC's website is available on the facility's website and includes information about this hotline and how to report incidents of sexual abuse or sexual harassment.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

115.261 – Compliant

Facility policy requires staff to immediately report all knowledge, suspicions, or information of an incident of sexual abuse, any retaliation against someone who has reported such an incident and any knowledge of staff who neglect to report such incidents.

115.264 – Compliant

Facility policy outlines the steps that should be taken by first responders, including separation of the victim and perpetrator, securing and protecting potential crime scenes, and preservation of evidence.

115.265 – Compliant

Facility policy outlines its action plan for responding to sexual abuse and includes the actions to be taken by first responders and investigators.

115.266 – Compliant/NA

The facility does not participate in collective bargaining and does not maintain any collective bargaining power.

115.267 – Compliant

Facility policy prohibits retaliation by or against any party involved in a PREA complaint. Retaliation is grounds for disciplinary action. For at least 90 days following an incident of sexual abuse, staff and residents involved in a PREA complaint or investigation must be monitored for retaliation. Such monitoring must include periodic status checks for residents. Emotional support services must be provided as well as any appropriate measures taken to protect any individual who expresses a fear of retaliation.

During the past 12 months, the facility had one investigation which required monitoring for retaliation. The facility director described the steps taken to protect residents from retaliation, which includes periodic status checks with the resident.

During the review, it was noted that the facility does not document its monitoring on any specific form. A standard form was provided by the KDOC to document retaliation monitoring and includes areas to document reviews of housing unit or bed assignment changes, program changes, disciplinary reports, or negative performance reviews.

INVESTIGATIONS

115.271 – Compliant

Facility policy requires that allegations of sexual abuse and sexual harassment be promptly, thoroughly, and objectively investigated. Such investigations must be conducted by specially trained investigators. These investigations must be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. The departure of the alleged perpetrator or victim from the employment or control of the facility cannot provide a basis for terminating an investigation. Administrative investigations that result in a substantiated case of sexual abuse must include an effort to determine whether staff actions or failures to act contributed to the abuse.

The facility has had one allegation of sexual abuse in the past 12 months, which was investigated in accordance with the provisions of this standard.

115.272 – Compliant

Facility policy requires that no standard higher than a preponderance of the evidence be used when determining whether allegations of sexual abuse or sexual harassment are substantiated.

115.273 – Compliant

Facility policy requires that an alleged victim of sexual abuse be informed when the allegation has been determined to be substantiated, unsubstantiated, or unfounded. In addition, the victim must also be notified whenever the alleged perpetrator is no longer posted within the resident's facility, the alleged perpetrator is no longer employed, and/or the perpetrator has been indicted or convicted on a charge related to sexual abuse. This obligation to inform is terminated if the victim is released from the facility's custody.

In the past 12 months, the facility had one investigation which required a notification be sent to the

resident victim. This notification was made utilizing a standard reporting form provided by the KDOC.

DISCIPLINE

115.276 – Compliant

Agency policy states that staff are subject to disciplinary sanctions up to and including termination for violating agency or KDOC sexual abuse or sexual harassment policies. Criminal acts will be reported to law enforcement.

The facility has not had any staff members disciplined or terminated for violating sexual abuse and sexual harassment policies in the past 12 months.

MEDICAL AND MENTAL HEALTH CARE

115.282/283 – Compliant

Facility policy requires that resident victims of sexual abuse be afforded access to medical and mental health evaluations and, as deemed appropriate, any necessary treatment related to the sexual abuse, to include timely and comprehensive information about lawful pregnancy-related medical services and testing for sexually transmitted infections.

The facility has not had any allegations in the past 12 months that required emergency medical treatment.

DATA COLLECTION AND REVIEW

115.286 – Non-Compliant

Facility policy requires that within 30 days of the conclusion of a sexual abuse investigation, except in cases where the allegation was determined to be unfounded, a review of the incident be conducted by a team of upper-level management officials as determined by the KDOC. The review team must: consider whether the allegation or investigation indicated a need to revise policies or practices to better prevent, detect, or respond to sexual abuse; consider whether the incident or allegation was motivated by race, ethnicity, gender identity, LGBTI identification or status, gang affiliation, or other group dynamics at the facility; examine the area where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; assess the adequacy of staffing levels in that area during different shifts; assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and prepare a report of its findings and any recommendations for improvement.

The facility documents these reviews on a standard form provided by the KDOC.

The facility had one investigation in the past 12 months that required a sexual abuse incident review; however, this review was not conducted due to confusion by the facility regarding when such reviews are required. Information was provided to the facility director, including the requirements for when sexual abuse incident reviews are required. A sexual abuse incident review was subsequently conducted for the investigation which required it and was submitted for review. This review was conducted approximately three (3) months beyond the 30-day deadline required by this standard.

Corrective Action: The facility should ensure that sexual abuse incident reviews are completed as required when necessary.

115.287 – Compliant

Facility policy requires that data be collected for every allegation of sexual abuse using the KDOC's Sexual Offense Allegation Reporting Form and a set of definitions that contains data necessary to answer all questions from the Survey of Sexual Violence requested annually from the Department of Justice. Such data must be securely retained. The data from the available incident-based documents relating to allegations of sexual abuse be collected, reviewed, and maintained as needed.

115.288 – Compliant

The facility completed an annual report in 2021 which provides information on its efforts to prevent, detect, and respond to allegations of sexual abuse and sexual harassment. In addition, this report outlines the data collected pursuant to § 115.287 regarding its allegations and investigations along with steps taken by the facility to identify and correct problem areas. This report is available for review on the facility's website.

115.289 – Compliant

Aggregated sexual abuse data is prepared annually by the KDOC. This data is available publicly on the KDOC's website. The WHC website includes a link to the KDOC website which contains this data and statistical reporting forms. In addition, statistical data specific to the WHC is available within its annual report, which is available on the facility's website.

AUDITS

The facility was audited in April 2021 and those audit results are posted on the agency website for public review. The facility is scheduled to be audited again in 2024 and that report will be submitted to the Kentucky DOC PREA Branch upon receipt.