



JUSTICE AND PUBLIC SAFETY CABINET

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**TO: Erica Hargis, Director
Probation and Parole**

FROM: Pamela Clayton, PREA Program Administrator

DATE: October 31, 2019

RE: Genesis Recovery Center — 2019 PREA Compliance Visit

On October 24, 2019, I conducted a compliance visit at the Genesis Recovery Center, located at 400 CW Stevens Boulevard, Grayson, Kentucky. The facility currently has 105 beds, and currently house 52 male offenders from the Kentucky Department of Corrections (KY DOC). The visit consisted of a tour of the facility and a review of documentation provided by the Director to verify compliance with selected PREA standards, as well as informal interviews with staff. The facility Director, Tony White, was present for the visit.

PREVENTION PLANNING

115.213(a)(c)-Compliant

The facility has adequate staffing plans in place that provide for appropriate levels of staffing and video monitoring. The facility employs up to 16 staff and provides 24-hour awake supervision, operating with a minimum of two staff per shift throughout the week. One staff is assigned per shift on the weekends due to the fact that residents, except those who reside in the Detox Unit, are permitted to leave for the weekend. Video surveillance provides additional surveillance of the facility with 26 cameras. Twelve outdoor cameras provide supervision of exits, sidewalks, parking areas, and the courtyard. Fourteen indoor cameras provide supervision of the exits, lobby, stairwells, living room, and hallways. The facility's written staffing plan was reviewed and appears to have adequate supervision of residents during each day and shift. Per company policy, this staffing plan must be reviewed yearly to determine if any changes are warranted. The last review was conducted in October 2019.

115.215(f)—N/A

The facility does not train staff on conducting searches of transgender and/or intersex inmates due to the fact that facility staff do not conduct pat or strip searches of any residents. Such searches are required to be conducted by KYDOC Probation and Parole staff.

115.216(a)(b)—Compliant

The facility provides PREA educational material to residents in both English and Spanish. There are also several posters throughout the facility in both English and Spanish.

115.217(d)—Compliant

The facility conducts background checks on employees in two different ways. One background check, conducted by the agency, includes a review of information available through the Kentucky Administrative Office of the Courts (CourtNet). An additional request is sent to the KYDOC for an NCIC check.

RESPONSIVE PLANNING

115.222(b)—Compliant

The agency has a policy in place for all facilities that requires allegations of sexual abuse to be referred to the KYDOC and either the Kentucky State Police or other law enforcement agency for investigation. This information is posted publicly on the agency website as well.

TRAINING AND EDUCATION

115.231(a)—Compliant

Director White advised that all staff are trained annually in agency PREA policy. A random review of staff training records reflected written documentation that they had been trained. This training includes the elements required by section a, paragraphs (1)-(10) of this standard. Interviews with staff indicate that training is provided as part of employee orientation; however, no documentation was available for review. It is recommended that the facility maintain documentation of all PREA training, both initial and annual, in either employee files or in a dedicated file.

115.232(a)(b)(c)—Compliant

The facility ensures that all volunteers and contractors who have contact with residents are trained regarding agency PREA policy and their responsibility to prevent, detect and respond to incidents of sexual abuse and sexual harassment. Training records for volunteers and contractors were reviewed and were compliant with this standard.

115.233(a)(c)(d)(e)-Compliant

Facility policy requires PREA education be provided to all residents. Often, this education is provided immediately to residents as part of the intake process. Educational materials are available in both English and Spanish. Interviews with several residents indicated that this is common practice at the facility. Residents were fully aware of their rights to be free from sexual abuse and sexual harassment.

SCREENING FOR SEXUAL VICTIMIZATION AND ABUSIVENESS

115.241(a)(b)—Compliant

The facility utilizes the KY DOC risk assessment tool and assessments are kept within inmate files along with documentation of PREA education. Risk assessments are completed within the required time frame with dated notes in the inmate files. The risk assessments are later entered into KOMS. Interviews with staff who conduct the risk screenings as well as with current residents indicate that this is the current practice at the facility.

115.242(a)(b)(d)(e)—Compliant

The facility utilizes the risk screening tool to assist staff in making appropriate housing assignments. Restrooms feature private shower stalls for residents, allowing any transgender residents the ability to shower separately from other residents.

REPORTING

115.251(a)(b)(c)—Compliant

The facility offers multiple ways for residents to reports sexual abuse and sexual harassment, including reporting privately to staff, written reporting to staff, and the PREA hotline. Multiple posters were visible throughout the facility with the PREA reporting hotline number, which connects residents to an office outside the agency to report allegations of sexual abuse and sexual harassment.

115.254—Compliant

The agency website has an area that details the agency's zero tolerance policy for sexual abuse and sexual harassment. Contact information is on the website for the KY DOC PREA reporting hotline.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

115.263(a)(b)(c)—Compliant

Director White stated that he had received one report during the 12-month review period that a resident was sexually abused while confined at another facility. Director White stated that the allegation was reported to the facility as required, but no documentation was kept. It is recommended that a record of such notifications be kept (email, etc.) in order to demonstrate compliance in this area.

115.265—Compliant

The facility has a written response that addresses the actions all staff are to take in the event of a report of sexual abuse. The facility director also indicated that staff are trained on such procedures, and such training is documented.

115.267(a)(c)—Compliant

The facility prohibits retaliatory behavior toward residents or staff subsequent to making a report of sexual abuse or sexual harassment. The facility director is assigned to monitor for retaliation for 90 days or longer if needed. This monitoring is documented and a template version of this documentation was reviewed. The facility did not have any investigations during the 12-month review period prior to the site visit that warranted retaliation monitoring.

INVESTIGATIONS

115.273(a)(c)(d)(e)—Compliant

The facility had no investigations during the 12-month review period prior to the site visit that required resident notification of the outcome.

MEDICAL AND MENTAL HEALTH CARE

115283(a)(b)(h)—Compliant

The facility utilizes the Kings Daughters Hospital to provide emergency medical care to residents following an incident of sexual abuse. The facility also utilizes Pathways Victim Services to provide mental health treatment and/or advocacy services for residents if needed. Information regarding these services is made available to residents. Phone numbers for services are available in telephone areas of the facility. The facility has had no known resident-on-resident abusers during the review period that required a referral to a mental health practitioner.

DATA COLLECTION AND REVIEW

115.286(a)(b)(c)—Compliant

The facility has not had any cases requiring a sexual abuse incident review during the 12-month review period prior to the site visit.

AUDITS

The facility was audited in July of 2018 and those audit results are posted on the agency website for public review. The facility is scheduled to be audited in 2021.