



## JUSTICE AND PUBLIC SAFETY CABINET

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

**FROM: Pamela Clayton, Program Administrator  
PREA Division**

**DATE: June 29, 2021**

**SUBJECT: Genesis Recovery Center – 2021 PREA Compliance Visit**

Genesis Recovery Kentucky Center (GRKC) is located at 400 CW Stevens Boulevard, Grayson, KY. The facility currently has 104 beds and can house up to 60 offenders from the Kentucky Department of Corrections (KDOC). The facility provides 24-hour awake supervision of residents, with a minimum of two (2) staff per shift. Supervision is enhanced through the use of 26 cameras throughout the interior and exterior of the facility, which provides additional visual and audio 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 Program Coordinator, Chris Branham, hosted a virtual tour of the facility via FaceTime. During the virtual tour, Mr. Branham 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 28 standards reviewed for compliance. There was one compliance issue regarding definitions included in agency policy; however, these definitions were updated in both policy and any other relevant documents/training materials prior to the issuance of this report. No other compliance issues were noted.

## **115.5 – General Definitions**

During the review, it was noted that agency policy incorrectly stated definition of unsubstantiated and did not include the definition of unfounded. Policy has been revised to include correct terminology and definitions as referenced in standard 115.6. Relevant documentation and training materials have also been updated.

## **PREVENTION PLANNING**

### **115.211 – Compliant**

Agency policy outlines a zero tolerance toward all forms of sexual abuse and sexual harassment. Robyn Baldwin, who is the Program Director for Morehead Inspiration Center (MIC), serves as the agency PREA Coordinator and oversees PREA compliance at each of the two facilities operated by Pathways, Inc., MIC and GRKC.

### **115.212 – Compliant/NA**

GRKC does not house with any other entities to house its residents.

### **115.215 – Compliant**

Agency policy states that private facilities are provided to all residents, allowing them to shower, perform bodily functions, and change clothing without being viewed by staff members of the opposite gender. Opposite-gender staff members are required to announce their presence prior to entering a restroom or a resident's living area. Per facility memo, there are no pat or strip searches conducted at GRKC.

It was noted during the review that agency policy addressed only searches of transgender and intersex residents. However, as noted above, there are no pat or strip searches of *any* residents at MIC. Policy was updated to better reflect this practice.

### **115.216 – Compliant**

The facility maintains a policy that outlines procedures for providing interpreter services to residents with limited English proficiency so that those residents have an equal opportunity to participate in services, activities, programs, and other benefits. This policy outlines the various ways in which interpreter services can be provided, including how to obtain a qualified interpreter who is either a staff member or member of the local community as well as resources for obtaining written translation of documents. The agency also maintains an additional policy for providing American Sign Language interpreter services for deaf and hard of hearing residents.

Facility policy requires that PREA educational materials be provided to residents in both verbal and written form, with special consideration for those who have limited reading ability, who are hearing and/or vision impaired, or who are limited English proficient. Samples of written information in both English and Spanish were made available for review.

Facility policy prohibits the use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties, or the investigation of a resident's allegations.

## **RESPONSIVE PLANNING**

### **115.221 – Compliant**

The facility provides training to employees on their responsibilities when an allegation of sexual abuse or sexual harassment is made. This training includes uniform procedures that maximize the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

Facility policy requires staff to coordinate with a local hospital in order to provide resident victims of sexual abuse a medical examination performed by a Sexual Assault Forensic Examination (SAFE), Sexual Assault Nurse Examiner (SANE), or other qualified medical practitioner. Such exams are provided at no cost to the resident.

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 GRKC.

### **115.222 – Compliant**

Agency policy requires that allegations of sexual abuse and sexual harassment be investigated, and that sexual abuse investigations alleging force, coercion, or possible criminal behavior be conducted by specially trained investigators from the KDOC, Kentucky State Police, or other law enforcement agency. The Kentucky State Police is contacted if a criminal investigation is needed, and they have in place their own policy which governs the conduct of such investigations.

## **TRAINING AND EDUCATION**

### **115.231 – Compliant**

Agency policy requires that new staff receive training on the PREA standards as well as law and agency/facility policies relating to Code of Ethics and dual relationships. This policy also requires that refresher training be conducted on an annual basis and must include the elements required by section (a) of this standard. This training curriculum was reviewed and meets the requirements of this standard. While the PREA-specific training does not address communication with LGBTI residents, staff are required to participate in a separate training module that focuses on this topic.

Employees are required to sign an acknowledgment form indicating that they have received and understood this training. The facility has not had any employees transfer from an all-female facility who required additional gender-specific training. Sample forms were available for review and were signed by staff indicating that they received and understood the information presented.

### **115.232 – Compliant**

Agency policy requires volunteers, interns, and other affiliated persons to complete training and sign a document indicating that they understand the training they have received. A copy of the handout provided to such individuals was available for review and included the information required by section (a) of this standard, including how to report incidents of sexual abuse or sexual harassment both to facility staff as well as to the external PREA reporting hotline.

### **115.233 – Compliant**

Facility policy requires residents to be educated on their rights upon admission to the facility. This information must be provided in both written and verbal form, with special consideration for those who are vision or hearing impaired or who have limited English proficiency. Residents are provided information during the orientation process on their rights to be free from sexual abuse and sexual harassment, their rights to be free from retaliation for reporting such incidents, and how to report such incidents, and are provided an opportunity to ask questions. Residents are required to sign a form that indicates they have received this education, which is kept in the resident's file. Information on the facility's zero-tolerance policy and how to report incidents of sexual abuse or sexual harassment is also made readily available to residents on posters throughout the facility.

A sample form was available for review and included pertinent information regarding PREA, the resident's right to be free from sexual abuse and sexual harassment, and how to report incidents of sexual abuse or sexual harassment. The form was signed by the resident indicating that he understood the information provided.

### **115.234 – Compliant**

Agency policy requires staff who conduct investigations into allegations of sexual abuse and sexual harassment receive specialized training. This training is provided by the KDOC and includes the elements required by this standard. Documentation was available for the facility's investigator, indicating that she has received the training required by this standard. In addition, investigations completed by the KDOC Division of Probation and Parole are conducted by investigators who have also received this specialized training.

### **115.235 – Compliant**

Agency policy requires any medical or mental health staff received specialized training on how to detect and assess signs of sexual abuse and sexual harassment, how to preserve evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment, and how to report allegations or suspicions of sexual abuse and sexual harassment. GRKC has one medical staff.

Sample documentation was provided for the facility's medical staff member, indicating that they have received both the specialized training required by this standard as well as the training required by 115.231.

## **SCREENING FOR SEXUAL VICTIMIZATION AND ABUSIVENESS**

### **115.241 – Compliant**

Agency policy requires that residents be assessed for their risk of sexual abuse victimization and/or predatory behaviors within 72 hours of arrival to the facility. In addition, residents must be re-assessed within 30 days based on any additional, relevant information. Residents must also be re-assessed when warranted due to referral, request, incident of sexual abuse, or receipt of any additional information that bears on a resident's risk of sexual victimization or abusiveness. Residents may not be disciplined for not answering or not fully disclosing information relating to mental, physical, or developmental disabilities; identification as LGBTI or gender-nonconforming; previous sexual victimization; or their own perception of vulnerability.

Sample documentation was reviewed which included documentation of a resident's arrival to the facility and the relevant intake assessment and subsequent review re-assessments. All items were completed within the timeframes required by this standard.

### **115.242 – Compliant**

Agency policy states that information obtained from the risk screening shall be used to determine appropriate housing and/or bed placement. Access to the information obtained during the risk assessment is limited to the staff necessary to make program and housing decisions. GRKC has housing options that include single rooms, and high-risk residents are housed individually. The facility has individual shower stalls, which enable all residents, including transgender or intersex residents, to shower separately from others.

## **REPORTING**

### **115.251 – Compliant**

Agency policy requires that residents be provided multiple ways to privately report sexual abuse and sexual harassments. Reporting methods include a complaint/suggestion form and providing it to any staff member, by pre-paid mail to the agency's Chief Compliance Officer, or by phone to the agency office. In addition, residents may report to an outside agency by contacting the KDOC PREA reporting hotline. Reports may also be made by third parties, including fellow residents, staff members, family members, attorneys, and outside advocates. Reports may be made anonymously. Staff may also privately report by contacting the KDOC PREA reporting hotline.

### **115.253 – Compliant**

Agency policy requires that resident victims of sexual abuse be offered victim advocacy services. In addition, information is posted within the facility for all residents which includes a 24-hour hotline which residents can contact for services.

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 GRKC.

## **OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT**

### **115.261 – Compliant**

Agency policy requires all staff to immediately report knowledge, suspicion, or information of an incident of sexual abuse or sexual harassment. Staff are also required to report any retaliation against someone who has reported such an incident. Information included in a report or investigation of a sexual offense must be kept confidential except to the extent necessary to report to an appropriate supervisor, adequately investigate the incident, provide treatment, or make safety or management decisions. Individuals interviewed in the course of an investigation are cautioned to treat the information as confidential, and breach of this confidentiality is considered grounds for disciplinary action. All allegations

of sexual abuse and sexual harassment are referred to specially trained investigators from the facility or the KDOC.

#### **115.262 – Compliant**

Agency policy requires staff to take immediate action to protect any resident if it is learned that the resident is subject to a substantial risk of imminent sexual assault or if a resident files an emergency grievance alleging that they are subject to substantial risk of imminent sexual abuse.

#### **115.263 – Compliant**

Agency policy requires that when a resident reports being the victim of sexual abuse or sexual harassment while at another facility, the facility director must notify the head of the facility where the incident occurred. This notification must be documented. In addition, this policy requires that all allegations received from other facilities be investigated. The facility provided documentation of one such instance where the head of another facility was notified by the GRKC director of an incident. This notification was documented by email and was made within the timeframe required by this standard.

#### **115.265 – Compliant**

The facility maintains a written action plan to be followed when responding to incidents of sexual abuse. This plan includes procedures for making notifications to the facility director, initial responses aimed at securing potential crime scenes and preservation of evidence, separation of the victim and perpetrator, and transport of the victim to a local hospital – King’s Daughters Hospital – for a forensic medical exam. This plan also includes information about referred residents for advocacy and mental health services.

#### **115.267 – Compliant**

Agency policy states that residents and staff who report, have suffered sexual abuse or sexual harassment, or who have cooperated with an investigation into sexual abuse or sexual harassment shall be protected from retaliation. These residents and staff are monitored for at least 90 days following a report. If there are changes or incidents that suggest possible retaliation, actions must be taken promptly to remedy. Staff who conduct retaliation monitoring must monitor disciplinary reports, housing or program changes, or negative performance reviews or staff reassignments. Monitoring may continue beyond 90 days if the initial monitoring indicates a continuing need. In addition, appropriate measures must be taken to protect any other individual who cooperates with an investigation and expresses a fear of retaliation. The obligation to monitor for retaliation is terminated if it is determined that the allegation is unfounded. GRKC has two staff members who are responsible for retaliation monitoring at the facility.

The facility utilizes a standard monitoring form for both staff and inmates, which requires staff members charged with retaliation monitoring to observe and document changes relating to the items noted above. The facility has not had any allegations or investigations of sexual abuse or sexual harassment in the past 12 months.

## **INVESTIGATIONS**

### **115.271 – Compliant**

Agency policy requires that allegations of sexual abuse and sexual harassment be promptly, thoroughly, and objectively investigated. Sexual abuse investigations involving force, coercion, or possible criminal behavior are referred for investigation to the KDOC, Kentucky State Police, or other law enforcement agency. Investigators are required to document their findings in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Administrative investigations that result in a substantiated case of sexual abuse must also include an effort to determine whether staff actions or failures to act contributed to the abuse. The departure of an alleged victim or perpetrator from the employment or control of the facility shall not provide a basis for terminating an investigation. Criminal actions are reported to law enforcement.

Facility policy requires that investigation reports be maintained indefinitely. Investigations are completed and uploaded into the KDOC's Kentucky Offender Management System (KOMS).

GRKC cooperates with all outside agencies who conduct investigations into allegations of sexual abuse and sexual harassment at the facility.

### **115.272 – Compliant**

The facility utilizes a preponderance of evidence when determining if allegations of sexual abuse or sexual harassment are substantiated. During the review, it was noted that this requirement was not noted in the facility's policy. Policy was updated appropriately to reflect the evidentiary standard utilized by the facility.

### **115.273 – Compliant**

Agency policy requires that alleged victims be informed when an investigation has been found to be substantiated, unsubstantiated, or unfounded; the alleged perpetrator is no longer a client at GRKC; and/or the alleged perpetrator has been indicted or convicted. Following an allegation that a staff member committed sexual abuse against the resident, the facility must notify the resident whenever the staff member is no longer posted within the resident's unit, the staff member is no longer employed at the facility, the staff member has been indicted or convicted of a charge relating to sexual abuse within the facility. These notifications must be documented. If an outside agency conducted the investigation, GRKC will request the relevant information from that agency in order to make notification to the resident. The duty to provide this notification ends if the victim leaves the facility.

These notifications are documented utilizing a standard form provided by the KDOC.

The facility has not had any allegations or investigations in the past 12 months which required a notification.

## **DISCIPLINE**

### **115.277 – Compliant**

Agency policy states that staff are subject to disciplinary sanctions up to and including terminating for violating sexual harassment or sexual abuse policies. Termination is the presumptive disciplinary

sanction for staff who engage in sexual abuse. Criminal acts committed by staff, contractors, or volunteers are reported to law enforcement and relevant licensing or certification boards.

#### **115.278 – Compliant**

Residents are subject to disciplinary sanctions, including discharge from the recovery program, for engaging in sexual harassment or sexual abuse. Facility policy states that residents will be discharged for sexual contact with staff. Residents may be discharged for reporting false allegations of sexual abuse or sexual harassment; however, reports made in good faith based upon a reasonable belief that the alleged conduct occurred do not constitute false reporting, even if the investigation does not establish sufficient evidence to substantiate the allegation. Sexual activity between residents is prohibited, and residents are subject to discharge for violating this policy. Residents may be discharged for sexual contact with staff only if the staff member did not consent to the contact.

### **MEDICAL AND MENTAL HEALTH CARE**

#### **115.282 – Compliant**

Agency policy states that residents who have been victims of sexual abuse must be offered referrals for emergency medical treatment and, as deemed appropriate, any necessary treatment related to the sexual abuse. Such treatment includes timely and comprehensive information about lawful pregnancy-related medical services and referrals for testing for sexually transmitted infections. Medical and mental health services are made available on an ongoing basis. All services are available at no cost to the resident.

The facility has not had any sexual abuse incidents in the past 12 months that required emergency medical or mental health treatment.

#### **115.283 – Compliant**

Facility policy states that residents who have been victims of sexual abuse must be offered referrals for mental health evaluations, and that mental health services are to be made available on an ongoing basis.

### **DATA COLLECTION AND REVIEW**

#### **115.286 – Compliant**

Facility policy states that investigations are reviewed within 30 days of conclusion by the MIC's management team. The purpose of the review is to determine whether there is a need to revise policies and/or procedures; adjust staffing levels; address whether the incident was motivated by race, ethnicity, gender identity, LGBTI identification, gang affiliation, or other group dynamics at the facility; review and correct physical plant issues; or employ monitoring technology. The review team must prepare a written report of recommendations and submit such report to the agency head and PREA compliance manager. The facility conducts such reviews on all sexual abuse and sexual harassment allegations, regardless of outcome, which exceeds the requirements of this standard.

The facility has not had any investigations in the past 12 months which warranted an incident review.



## **AUDITS**

The facility was audited in July 2018 and those audit results are posted on the agency website for public review. The facility is scheduled to be audited again in 2021 and that report will be submitted to the Kentucky DOC PREA Branch upon receipt.