

Prison Rape Elimination Act (PREA) Audit Report Community Confinement Facilities

Interim Final

Date of Report 05/23/2018

Auditor Information

Name: Tina Sallee	Email: r.fields44@ymail.com
Company Name: <small>Click or tap here to enter text.</small>	
Mailing Address: P.O. Box #373	City, State, Zip: Campbellsville, KY 42719
Telephone: 270-980-2430	Date of Facility Visit: 4/25/2018
Name of Agency: Women's Addiction Recovery Manor	Governing Authority or Parent Agency (If Applicable): Henderson Addiction Recovery, LLC

Agency Information

Physical Address: 56 N. McKinley Street	City, State, Zip: Henderson, KY 42420
Mailing Address: <small>Click or tap here to enter text.</small>	City, State, Zip: <small>Click or tap here to enter text.</small>
Telephone: 270-826-0036	Is Agency accredited by any organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
The Agency Is:	<input type="checkbox"/> Military <input type="checkbox"/> Private for Profit <input checked="" type="checkbox"/> Private not for Profit <input type="checkbox"/> Municipal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal

Agency mission: "The mission of WARM is to provide hope to homeless women suffering from alcoholism and drug addiction. Our program integrates a peer to peer self-help recovery system with the Twelve Steps of Alcoholics Anonymous. Through education and an intense long-term recovery program, we assist people in moving toward personal accountability, self-activation and empowerment for reentry into relationships, work and community."

Agency Website with PREA Information: www.warmrecovery.com

Agency Chief Executive Officer

Name: Dale Sights	Title: President
Email: dsights@fewldandmain.com	Telephone: 270-826-0036

Agency-Wide PREA Coordinator

Name: Nicole Frields	Title: Vice President Recovery Services
Email: nicole.frields@warmrecovery.com	Telephone: 270-826-0036
PREA Coordinator Reports to: Dale Sights, President	Number of Compliance Managers who report to the PREA Coordinator 2

Facility Information

Name of Facility: Women’s Addiction Recovery Manor (WARM)
Physical Address: 56 N. McKinley Street, Henderson, KY 42420
Mailing Address (if different than above): Click or tap here to enter text.
Telephone Number: 270-826-0036

The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input checked="" type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input type="checkbox"/> Community treatment center	<input type="checkbox"/> Halfway house	<input type="checkbox"/> Restitution center
	<input type="checkbox"/> Mental health facility	<input checked="" type="checkbox"/> Alcohol or drug rehabilitation center	
	<input type="checkbox"/> Other community correctional facility		

Facility Mission: “The mission of WARM is to provide hope to homeless women suffering from alcoholism and drug addiction. Our program integrates a peer to peer self-help recovery system with the Twelve Steps of Alcoholics Anonymous. Through education and an intense long-term recovery program, we assist people in moving toward personal accountability, self-activation and empowerment for reentry into relationships, work and community.”

Facility Website with PREA Information: www.warmrecovery.com

Have there been any internal or external audits of and/or accreditations by any other organization? Yes No

Director

Name: Nicole Frields	Title: Vice President Recovery Services
Email: nicole.frields@warmrecovery.com	Telephone: 270-826-0036

Facility PREA Compliance Manager

Name: Nicole Frields	Title: Vice President Recovery Services
Email: nicole.frields@warmrecovery.com	Telephone: 270-826-0036

Facility Health Service Administrator			
Name: Connie Cook, RN		Title: SOS Coordinator	
Email: connie.cook@warmrecovery.com		Telephone: 270-826-0036	
Facility Characteristics			
Designated Facility Capacity: 100		Current Population of Facility: 100	
Number of residents admitted to facility during the past 12 months			335
Number of residents admitted to facility during the past 12 months who were transferred from a different community confinement facility:			0
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			204
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			264
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:			0
Age Range of Population:	<input checked="" type="checkbox"/> Adults	<input type="checkbox"/> Juveniles	<input type="checkbox"/> Youthful residents
	18-60	Click or tap here to enter text.	Click or tap here to enter text.
Average length of stay or time under supervision:			6-9 months
Facility Security Level:			community
Resident Custody Levels:			community
Number of staff currently employed by the facility who may have contact with residents:			20
Number of staff hired by the facility during the past 12 months who may have contact with residents:			8
Number of contracts in the past 12 months for services with contractors who may have contact with residents:			2
Physical Plant			
Number of Buildings: 1		Number of Single Cell Housing Units: 0	
Number of Multiple Occupancy Cell Housing Units:		38	
Number of Open Bay/Dorm Housing Units:		2	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):			
n/a			
Medical			
Type of Medical Facility:		n/a	
Forensic sexual assault medical exams are conducted at:		Methodist Hospital Henderson County Campus Emergency Department	

Other

Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:

2

Number of investigators the agency currently employs to investigate allegations of sexual abuse:

3

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.

Women's Addiction Recovery Manor (WARM), located at 56 N. McKinley Street, Henderson, KY 42420 is a 100-bed long-term inpatient substance abuse recovery program (Alcohol or Drug Rehabilitation Center) for adult women. "The mission of WARM is to provide hope to homeless women suffering from alcoholism and drug addiction. Our program integrates a peer to peer self-help recovery system with the Twelve Steps of Alcoholics Anonymous. Through education and an intense long-term recovery program, we assist people in moving toward personal accountability, self-activation and empowerment for reentry into relationships, work and community." WARM is a non-profit organization/facility and was constructed in 2011 as a part of the Recovery Kentucky Initiative, which helps Kentuckians recover from chronic substance abuse and addictions and move towards a life of sobriety and productivity. Recovery Kentucky was created and designed to reduce Kentucky's drug problem and resolve some of the state's homeless issues. Recovery Kentucky is a joint effort by the Department for Local Government (DLG), the Department of Corrections, (DOC), and Kentucky Housing Corporation (KHC). The WARM facility offers counseling programs and transitional housing for adult women who are homeless, chemical dependent and/or incarcerated for drug related offenses. WARM contracts for 60 of the 100 beds with the KY DOC (Kentucky Department of Corrections) (mission to protect the citizens of the Commonwealth of Kentucky and to provide a safe, secure and humane environment for staff and offenders in carrying out the mandates of the legislative and judicial processes; and, to provide opportunities for offenders to acquire skills which facilitate non-criminal behavior). The Contract Management Branch of the KY DOC is responsible for overseeing community services centers that house state probationers, inmates and parolees. This integration program allows inmates/residents to become reacquainted with their families and the community and give them a head start in seeking employment, enrolling in vocational schools and/or college programs, and having access to community substance abuse, medical, and mental health care/treatment. The KY DOC (Kentucky Department of Corrections) agency policy in compliance with the Prison Rape Elimination Act (PREA) Standards date filed 12/10/2013 and effective on 2/3/2014. (WARM has a KY DOC audit twice a year.) WARM utilizes a social model of recovery and integrates a peer to peer self-help recovery system with the Twelve Steps of Alcoholics Anonymous. The overall length of the program is approximately 6-9 months. WARM programs are Safe off the Streets (SOS); Motivational Track (MT); Phase I (P1); Phase II (PII)/Transitional Phase. All residents are subject to random urine drug screens throughout their stay. Residents transition through levels of care/different phases (SOS through PII/Transitional Phase) based on specific goals and objectives. The facility currently has 100 female residents. The facility currently employs 20 full-time female staff.

This on-site PREA Audit was conducted by DOJ Certified PREA Auditor Tina Sallee. During the Pre-Audit phase beginning on 1/10/2018 the auditor reviewed a variety of documents provided by the facility. These included policies and procedures, plans, protocols, training records, curricula, and other documents related to demonstrating compliance with the PREA Community Confinement Standards. The auditor did not

receive any correspondence or requests from staff or residents prior to the on-site audit (a notice was posted/observed by auditor, with contact information for the PREA Audit/audit date six weeks prior to the on-site audit).

This is the second PREA Audit for this facility (the first was held on 4/20/2015). An entrance meeting was held with Nicole Frields, Vice-President Recovery Services/Agency-Wide PREA Coordinator/Facility PREA Compliance Manager. The on-site audit schedule of activities was discussed including clarification of documentation that were generated by Pre-Audit Phase for both PREA Auditor and PREA Coordinator/PREA Compliance Manager; samples of female residents and female staff that were required to be interviewed by PREA Auditor were selected; and specialized staff required to be interviewed by PREA Auditor were identified (using resident roster and staff schedule). All areas required to be viewed by the PREA Auditor during the on-site audit were discussed. Also, additional pre-audit information regarding facility PREA Community Confinement Standards compliance was obtained. Following the entrance meeting a tour of the facility was led by Nicole Frields, Vice-President Recovery Services/Agency-Wide PREA Coordinator/Facility PREA Compliance Manager. The tour included 2 open bay/dorm housing units and restrooms, a community kitchen, pantry, dining hall, lounge, meditation chapel, laundry room, peer mentor office, classrooms and meeting rooms, administrative offices, Central Monitoring Office (CMO), 38 efficiency units with a bathroom and kitchenette in each, visitation area/common areas, recreational and outside areas. The DOJ Certified PREA Auditor received unimpeded access to the facility, to facility documents, to staff and to residents. PREA-related informational posters and the PREA audit notice were observed posted. Additionally, informational pamphlets and posters regarding PREA and the Sexual Assault Crisis Services, locally called New Beginnings Sexual Assault Support Services were found in areas where staff and residents had access. Pamphlets and posters are printed in English (but if needed Limited English Proficiency (LEP) and other services are made available as necessary). No SAFE or SANE staff are employed at the facility; however, these professionals are provided at the Methodist Hospital Henderson County Campus Emergency Department where forensic examinations would be conducted at no cost to the resident and/or their families.

Interviews were conducted with Nicole Frields, Vice-President Recovery Services/Agency-Wide PREA Coordinator/Facility PREA Compliance Manager (also interviewed as the Agency Head Designee, as Program Director/Campus Manager, as the designated staff member charged with monitoring retaliation, and as designated staff that monitors volunteers/contractors, as one staff trained as a PREA Investigative Staff, as one staff on the Incident Review Team); Connie Cook, RN Facility Health Service Administrator/SOS Coordinator (also interviewed as one staff trained as a PREA Investigative Staff, as one staff on the Incident Review Team, as a staff trained as a First Responder); Melinda Davis, Phase II Coordinator (also interviewed as one staff trained as a PREA Investigative Staff, as a staff trained as a First Responder, as one staff on the Incident Review Team, as a Random Sample of Staff regarding staff PREA training); three (3) resident monitors (one from each shift)(also interviewed as Random Sample of Staff regarding staff PREA training; as staff that perform screening for risk of victimization and abusiveness, as staff trained as First Responder, as Intake staff, as facility staff responsible for conducting and documenting unannounced rounds); and 20 female residents (including one (1) that identified as being gay). There were no residents to interview that had made a report of a sexual abuse nature; there were no transgender or intersex resident to interview; there were no LEP residents to interview, and there were no residents that identified as being disabled to interview. All interviews were held by DOJ Certified PREA Auditor individually and privately in the conference room.

There have been four (4) allegations/investigations of resident-on-resident sexual harassment/sexual abuse in the previous 12 months. There have been zero (0) criminal allegations/investigations of sexual harassment/abuse at this facility in the previous 12 months. The agency with the authority to conduct administrative and/or criminal investigations would be Kentucky Department of Corrections (KY DOC) and/or Kentucky State Police (KSP). The facility ensures that there are 3 full time, administrative staff that have been trained as PREA Investigative Staff in order to preserve all physical evidence/documentation of all

reports of sexual harassment and/or sexual abuse (including but not limited to violation of the facilities rules/policies regarding personal relationships between residents and/or staff) for the Kentucky Department of Corrections (KY DOC) Investigators that do conduct all administrative and/or criminal investigations. Documentation and staff interviews confirmed that these four (4) reports were administrative investigations, were thoroughly investigated (as all reports must be), and the findings were as follows: three (3) “substantiated”, and one (1) “unsubstantiated”. Consequences were and can be determined including but not limited to release/termination of placement of residents involved. Documentation and staff interviews confirmed that all allegations/reports of sexual harassment and/or sexual abuse be referred immediately for investigation.

Documentation and interviews confirmed that all residents do receive information on PREA and their right to not be sexually abused/harassed, how to report sexual abuse/harassment, their right not to be punished for reporting such immediately upon arriving at the facility. Residents are assessed during intake process to ascertain risk of being sexually victimized and/or abusive and the facility uses this information to keep residents safe. Additionally, after residents are admitted into the facility they are provided additional information about sexual abuse/harassment during weekly meetings, pamphlets and posters. Residents who have experienced trauma, abuse, or victimization are provided mental health services, as needed, through a local mental health agency.

This PREA audit consisted of data review, staff and resident interviews and facility tour and observations. Documents were timely and complete and included resident assessment forms, resident education acknowledgement forms completed during intake process, as well as staff PREA training records. Staff and resident interviews occurred efficiently. The entire facility was toured. Overall, the facility was well prepared for the audit and performed well in all areas.

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.

Women’s Addiction Recovery Manor (WARM), located at 56 N. McKinley Street, Henderson, KY 42420, is a 100-bed long-term inpatient substance abuse recovery program (Alcohol or Drug Rehabilitation Center) for adult women. The facility current population is 100 adult women. The facility is housed in one building (the facility is a community facility). A Central Monitoring Office (CMO) is located at the entrance of the facility and monitor individuals coming in or going out of the facility, having visitors/contractors, residents/staff to sign in/out on log sheets that are maintained by the facility. The facility features 38 efficiency units with a bathroom and kitchenette in each and 2 open bay/dorm housing units (one called SOS and one called MT) with restrooms (restrooms had showers—all showers had curtains; and stalls with toilets—all stalls had doors; and sinks). The facility also has a community kitchen, pantry, dining hall, lounge, meditation chapel, laundry room (the doors of the hallway for common areas are windowed for ease of monitoring), peer mentor office, meeting rooms, administrative offices, conference room, and outside areas that were viewed by the DOJ Certified PREA Auditor. There are currently no video monitoring systems in this facility but 20 full time female staff are currently employed by the facility and maintain contact with the residents. The female

resident monitors walk through facility on a routine head-count rounds and during random rounds during all three shifts.

This facility does employ one medical staff, Connie Cooks, RN, the Facility Health Service Administrator/SOS Coordinator (she conducts medical and/or mental health assessments/referrals for local providers as necessary for all female residents). Each female resident upon Intake are placed in Safe Off the Streets (SOS) unit, during this phase they receive in depth orientation to the program and are introduced to the 12 Steps of Alcoholics Anonymous and the classroom curriculum of Recovery Dynamics developed by the Kelly Foundation. The residents are given an intake/orientation to the program and to Kentucky Department of Corrections (DOC) and WARM PREA policy and procedures (including PREA education), then each resident does sign an acknowledgment form that is placed in a hardcopy file that is maintained in the SOS Coordinators office. The resident is screened for risk of sexual victimization and sexual abusive behavior, the screening instrument contains all 9 criteria to assess residents for risk of sexual victimization and/or sexually abusive behavior. Documentation of the screening instrument is maintained in each resident's file and facility reassesses the resident's risk of victimization or abusiveness based upon any additional relevant information received by the facility since the initial screening and/or in 30 days as part of the promotion process. The facility policy strictly controls the dissemination of information gathered from the screening. During SOS phase residents have the opportunity to become acclimated to group living and the overall structure of the recovery program while attending educational classes and 12 step support group meetings with their peers in the program. Residents, at their own individual pace, can be promoted to Motivational Track (MT). During MT phase residents begin trudging (walking in groups with their peers daily) and attending Recovery Dynamics classes off site. Trudging builds a sense of camaraderie and residents begin to trust and lean on one another for support. Residents continue to live at the facility but spend the majority of the class day off site in educational classes and attending 12 step support group meetings. Residents can be promoted to Phase I (PI), during this phase the residents begin to work in depth on the 12 steps of Alcoholics Anonymous and begin to study and understand their addiction. During this phase residents spend a great deal of time in Recovery Dynamics classes and 12 step support group meetings. These residents continue to live at the facility and receive the overall support of the staff. The fourth phase, Phase II (PII)/Transitional Phase are near completion of the 12th step of Alcoholic Anonymous and are ready to begin the process of reentry. Reentry means being introduced and coming back into the lives of those most directly affected by their addiction. Residents may become a peer mentor at WARM, obtain outside employment, continue their program of recovery, begin to visit and repair relationships with children and other family members, address court and legal issues, and work diligently to maintain sobriety while still in the protected environment of the facility.

The PREA audit notice and PREA posters containing PREA information are prominently posted for resident and staff access on the Resident Bulletin Boards and in the peer mentor office.

There have been no significant modifications to this facility since first PREA Audit held 4/20/2015. Documentation and staff interviews confirmed the practice that any expansion or modifications to existing facility in future take into consideration the effect of any modification, expansion, and/or instillation of video monitoring systems or other monitoring technology upon the facility's ability to protect residents and staff from sexual harassment/sexual abuse.

Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category.** If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations*

made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.

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

Number of Standards Exceeded: 11

115.211 115.215 115.216 115.231 115.233 115.241 115.242 115.251 115.254 115.261 115.262

Number of Standards Met: 30

115.212 115.213 115.217 115.218 115.221 115.222 115.232 115.234 115.235 115.252 115.253
115.263 115.264 115.265 115.266 115.267 115.271 115.272 115.273 115.276 115.277 115.278
115.282 115.283 115.286 115.287 115.288 115.289 115.401 115.403

Number of Standards Not Met: 0

Click or tap here to enter text.

Summary of Corrective Action (if any)

Type text here.

PREVENTION PLANNING

Standard 115.211: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

115.211 (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

115.211 (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

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.

(a) Women’s Addiction Recovery Manor (WARM) has a written policy mandating zero tolerance toward all forms of sexual harassment and/or sexual abuse. The policy details the approaches MARC uses to prevent, detect and respond to sexual harassment and/or sexual abuse in the facility. The definitions of prohibited behaviors are clearly defined, as are the sanctions for those who violate the policy. Policy is thorough and mirrors the PREA Community Confinement Standards. Policy is in use and staff were able to explain it to the auditor when asked.

(b) The agency has designated an Agency-Wide PREA Coordinator, Nicole Fields, Vice-President Recovery Services. She is very knowledgeable of PREA Community Confinement Standards/requirements, devotes sufficient time and effort in assisting agency and facility staff with PREA related topics, and has the authority to implement corrective actions.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED

- Completed WARM Pre-Audit Questionnaire
- WARM Mission Statement
- WARM facility floor plan
- Recovery Kentucky Centers Policy: Compliance with Prison Rape Elimination Act (PREA) Resident Programs
- WARM Staff/Volunteer Acknowledgement Sexual Abuse Prevention and Intervention that requires Staff/Volunteer Signature of receipt and understanding
- WARM Resident Education Acknowledgement that requires Resident Signature of receipt and understanding
- PREA informational Posters and Brochures posted and displayed for resident and staff access in the facility
- WARM Staff interviews including Vice-President Recovery Services/Agency-Wide PREA Coordinator/Facility PREA Compliance Manager (also interviewed as the Agency Head Designee, as Program Director/Campus Manager, as the designated staff member charged with monitoring retaliation,

and as designated staff that monitors volunteers/contractors, as one staff trained as a PREA Investigative Staff, as one staff on the Incident Review Team); Facility Health Service Administrator/SOS Coordinator (also interviewed as one staff trained as a PREA Investigative Staff, as one staff on the Incident Review Team, as a staff trained as a First Responder); Phase II Coordinator (also interviewed as one staff trained as a PREA Investigative Staff, as a staff trained as a First Responder, as one staff on the Incident Review Team, as a Random Sample of Staff regarding staff PREA training); three (3) resident monitors (one from each shift)(also interviewed as Random Sample of Staff regarding staff PREA training; as staff that perform screening for risk of victimization and abusiveness, staff trained as First Responder, Intake staff, facility staff responsible for conducting and documenting unannounced rounds); and 20 female residents

Standard 115.212: Contracting with other entities for the confinement of residents

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

115.212 (a)

- If this agency is public and it contracts for the confinement of its residents 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 residents.) Yes No NA

115.212 (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 residents OR the response to 115.212(a)-1 is "NO".) Yes No NA

115.212 (c)

- If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) Yes No NA
- In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) 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.

(a)-(c) WARM does not contract out for the confinement of its residents.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED

-Completed WARM Pre-Audit Questionnaire

-WARM Staff interviews including Vice-President Recovery Services/Agency-Wide PREA Coordinator/Facility PREA Compliance Manager (also interviewed as the Agency Head Designee, as Program Director/Campus Manager, as the designated staff member charged with monitoring retaliation, and as designated staff that monitors volunteers/contractors, as one staff trained as a PREA Investigative Staff, as one staff on the Incident Review Team)

Standard 115.213: Supervision and monitoring

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

115.213 (a)

- Does the agency develop for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
 Yes No
- Does the agency document for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
 Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the physical layout of each facility in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the resident population in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Yes No

- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? Yes No

115.213 (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

115.213 (c)

- In the past 12 months, has the facility 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 assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns? Yes No
- In the past 12 months, has the facility 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 assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels? 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.

(a)-(c) Documentation and staff interviews confirmed that the physical layout of this facility, the composition of the resident population, and other relevant factors are used to calculate adequate staffing levels on an ongoing basis for the safety of the residents and the staff. The facility policy meets all the elements of the standard. The staffing plan has been completed and meets all the elements of the standard. WARM has not

installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology but facility continues having on-going discussions regarding adequate levels of staffing and/or future possibility of utilizing video monitoring in order to continue to protect both residents and staff from sexual harassment/sexual abuse and/or allegations of such. Staff interviews, resident interviews, and documentation confirmed the practice of supervision and monitoring.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED

- Completed WARM Pre-Audit Questionnaire
- Recovery Kentucky Centers Policy: Compliance with Prison Rape Elimination Act (PREA) Resident Programs
- WARM Staff interviews including Vice-President Recovery Services/Agency-Wide PREA Coordinator/Facility PREA Compliance Manager (also interviewed as the Agency Head Designee, as Program Director/Campus Manager, as the designated staff member charged with monitoring retaliation, and as designated staff that monitors volunteers/contractors, as one staff trained as a PREA Investigative Staff, as one staff on the Incident Review Team)

Standard 115.215: Limits to cross-gender viewing and searches

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

115.215 (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

115.215 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if less than 50 residents)
Yes No NA
- Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if less than 50 residents) Yes No NA

115.215 (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 residents?
 Yes No

115.215 (d)

- Does the facility implement policies and procedures that enable residents 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 area where residents are likely to be showering, performing bodily functions, or changing clothing? Yes No

115.215 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? Yes No
- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, 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

115.215 (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 residents 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.

(a)-(f) There are NO male residents in this facility. There are NO male staff in this facility. There are NO “opposite sex” pat searches. There are NO “opposite sex” strip searches. There are NO body cavity searches. All staff are female (all residents are female). Staff are trained in the various searches and search techniques but this facility is community level security and only ask the resident to empty their pockets upon intake or reentry into program (they do not conduct pat searches). Facility policy prohibits searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident’s genital status. This was confirmed during staff interviews.

All toilets have doors on stalls and all showers have curtains. Both review of policies and interviews with female staff and female residents confirmed that if opposite gender staff were in the facility they would announce their presence when entering into the dorm housing areas and/or restrooms. Female staff and female resident interviews confirmed that this is the policy and would be the practice. All female residents in this facility can use the restroom, take a shower and/or change clothing in complete privacy. There were no transgender and/or intersex residents to interview but confirmed by documentation and staff interviews that staff have received training for future if/when needed.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED

-Completed WARM Pre-Audit Questionnaire

-Recovery Kentucky Centers Policy: Compliance with Prison Rape Elimination Act (PREA) Resident Programs

-WARM Staff interviews including Vice-President Recovery Services/Agency-Wide PREA Coordinator/Facility PREA Compliance Manager (also interviewed as the Agency Head Designee, as Program Director/Campus Manager, as the designated staff member charged with monitoring retaliation, and as designated staff that monitors volunteers/contractors, as one staff trained as a PREA Investigative Staff, as one staff on the Incident Review Team); Facility Health Service Administrator/SOS Coordinator (also interviewed as one staff trained as a PREA Investigative Staff, as one staff on the Incident Review Team, as a staff trained as a First Responder); Phase II Coordinator (also interviewed as one staff trained as a PREA Investigative Staff, as a staff trained as a First Responder, as one staff on the Incident Review Team, as a Random Sample of Staff regarding staff PREA training); three (3) resident monitors (one from each shift)(also interviewed as Random Sample of Staff regarding staff PREA training; as staff that perform screening for risk of victimization and abusiveness, staff trained as First Responder, Intake staff, facility staff responsible for conducting and documenting unannounced rounds); and 20 female residents

Standard 115.216: Residents with disabilities and residents who are limited English proficient

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

115.216 (a)

- Does the agency take appropriate steps to ensure that residents 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: Residents who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that residents 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: Residents who are blind or have low vision? Yes No

- Does the agency take appropriate steps to ensure that residents 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: Residents who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents 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: Residents who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents 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: Residents who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents 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 residents 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 residents with disabilities including residents 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 residents with disabilities including residents 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 residents with disabilities including residents who: Are blind or have low vision? Yes No

115.216 (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 residents 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

115.216 (c)

- Does the agency always refrain from relying on 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 under §115.264, or the investigation of the resident'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.

(a)-(c) Facility policy has established procedures to provide residents with any disability and residents who are limited English proficient equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual harassment/sexual abuse.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED

-Completed WARM Pre-Audit Questionnaire
-Recovery Kentucky Centers Policy: Compliance with Prison Rape Elimination Act (PREA) Resident Programs
-PREA informational Posters and Brochures posted and displayed for resident and staff access in the facility
-WARM Staff interviews including Vice-President Recovery Services/Agency-Wide PREA Coordinator/Facility PREA Compliance Manager (also interviewed as the Agency Head Designee, as Program Director/Campus Manager, as the designated staff member charged with monitoring retaliation, and as designated staff that monitors volunteers/contractors, as one staff trained as a PREA Investigative Staff, as one staff on the Incident Review Team); Facility Health Service Administrator/SOS Coordinator (also interviewed as one staff trained as a PREA Investigative Staff, as one staff on the Incident Review Team, as a staff trained as a First Responder); Phase II Coordinator (also interviewed as one staff trained as a PREA Investigative Staff, as a staff trained as a First Responder, as one staff on the Incident Review Team, as a Random Sample of Staff regarding staff PREA training); three (3) resident monitors (one from each shift)(also interviewed as Random Sample of Staff regarding staff PREA training; as staff that perform screening for risk of victimization and abusiveness, staff trained as First Responder, Intake staff, facility staff responsible for conducting and documenting unannounced rounds); and 20 female residents

Standard 115.217: Hiring and promotion decisions

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

115.217 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents 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 residents 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 residents 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 residents 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 residents 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 residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.217 (b)

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

115.217 (c)

- Before hiring new employees, who may have contact with residents, does the agency: Perform a criminal background records check? Yes No
- Before hiring new employees, who may have contact with residents, 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

115.217 (d)

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

115.217 (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 residents or have in place a system for otherwise capturing such information for current employees? Yes No

115.217 (f)

- Does the agency ask all applicants and employees who may have contact with residents 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 residents 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

115.217 (g)

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

115.217 (h)

- Unless prohibited by law, 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.

(a)-(h) The facility conducts extensive background and reference checks. There is a facility policy to conduct routine criminal background checks verified through documentation and staff interviews. The check is conducted using NCIC data and used to screen for prior convictions for sex offenses. The facility policy addresses all the elements of this standard.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED

-Completed WARM Pre-Audit Questionnaire

-Recovery Kentucky Centers Policy: Compliance with Prison Rape Elimination Act (PREA) Resident Programs

-WARM Staff/Volunteer Acknowledgement Sexual Abuse Prevention and Intervention that requires Staff/Volunteer Signature of receipt and understanding

-WARM Staff interviews including Vice-President Recovery Services/Agency-Wide PREA Coordinator/Facility PREA Compliance Manager (also interviewed as the Agency Head Designee, as Program Director/Campus Manager, as the designated staff member charged with monitoring retaliation, and as designated staff that monitors volunteers/contractors, as one staff trained as a PREA Investigative Staff, as one staff on the Incident Review Team)

Standard 115.218: Upgrades to facilities and technologies

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

115.218 (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 residents 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

115.218 (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 residents 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.

(a)-(b) There have been no modifications made to this facility since last PREA audit 4/20/2015. Facility documentation and interviews confirmed that any and all modifications/updates to this facility is based on the practice of considering the effect upon the facility’s ability to protect residents and staff from sexual harassment/sexual abuse and/or allegations of sexual harassment/sexual abuse.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED

- Completed WARM Pre-Audit Questionnaire
- Recovery Kentucky Centers Policy: Compliance with Prison Rape Elimination Act (PREA) Resident Programs
- WARM Staff interviews including Vice-President Recovery Services/Agency-Wide PREA Coordinator/Facility PREA Compliance Manager (also interviewed as the Agency Head Designee, as Program Director/Campus Manager, as the designated staff member charged with monitoring retaliation, and as designated staff that monitors volunteers/contractors, as one staff trained as a PREA Investigative Staff, as one staff on the Incident Review Team)

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

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

115.221 (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

115.221 (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

115.221 (c)

- Does the agency offer all residents who experience 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

115.221 (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? Yes No
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.221 (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

115.221 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity 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

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (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? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above.) 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.

(a)-(b) The agency with the authority to conduct administrative and/or criminal investigations would be Kentucky Department of Corrections and/or Kentucky State Police. (The facility insures that there are 3 full time, administrative staff that have been trained as PREA Investigative Staff in order to preserve all physical evidence/documentation of all reports of sexual harassment and/or sexual abuse (including but not limited to violation of the facilities rules/policies regarding personal relationships between residents and/or staff) for the Kentucky Department of Corrections (KY DOC) Investigators that do conduct all administrative and/or criminal investigations.) (c)-(g) The facility offers contact information for mental health services provided locally at New Beginnings Sexual Assault Support Services if/when needed but forensic medical exams, when needed, would be conducted at the Methodist Hospital Henderson County Campus Emergency Department where forensic examinations would be conducted at no cost to the resident and/or to their family.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED

- Completed WARM Pre-Audit Questionnaire
- Recovery Kentucky Centers Policy: Compliance with Prison Rape Elimination Act (PREA) Resident Programs
- WARM Staff/Volunteer Acknowledgement Sexual Abuse Prevention and Intervention that

requires Staff/Volunteer Signature of receipt and understanding
-WARM Resident Education Acknowledgement that requires Resident Signature of receipt and understanding
-WARM Staff interviews including Vice-President Recovery Services/Agency-Wide PREA Coordinator/Facility PREA Compliance Manager (also interviewed as the Agency Head Designee, as Program Director/Campus Manager, as the designated staff member charged with monitoring retaliation, and as designated staff that monitors volunteers/contractors, as one staff trained as a PREA Investigative Staff, as one staff on the Incident Review Team); Facility Health Service Administrator/SOS Coordinator (also interviewed as one staff trained as a PREA Investigative Staff, as one staff on the Incident Review Team, as a staff trained as a First Responder); Phase II Coordinator (also interviewed as one staff trained as a PREA Investigative Staff, as a staff trained as a First Responder, as one staff on the Incident Review Team, as a Random Sample of Staff regarding staff PREA training); three (3) resident monitors (one from each shift)(also interviewed as Random Sample of Staff regarding staff PREA training; as staff that perform screening for risk of victimization and abusiveness, staff trained as First Responder, Intake staff, facility staff responsible for conducting and documenting unannounced rounds); and 20 female residents

Standard 115.222: Policies to ensure referrals of allegations for investigations

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

115.222 (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

115.222 (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

115.222 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).]
 Yes No NA

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (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.

(a)-(c) The facility policy ensures that an administrative and/or criminal investigation is completed on all allegations of sexual harassment/sexual abuse. The facility policy requires that all allegations that are administrative in nature and/or criminal in nature are reported to agencies with the legal authority to conduct investigations which would be Kentucky Department of Corrections (KY DOC) and/or Kentucky State Police. (The facility insures that there are 3 full time, administrative staff that have been trained as PREA Investigative Staff in order to preserve all physical evidence/documentation of all reports of sexual harassment and/or sexual abuse (including but not limited to violation of the facilities rules/policies regarding personal relationships between residents and/or staff) for the Kentucky Department of Corrections (KY DOC) Investigators that do conduct all administrative and/or criminal investigations for this facility.)

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED

-Completed WARM Pre-Audit Questionnaire

-Recovery Kentucky Centers Policy: Compliance with Prison Rape Elimination Act (PREA) Resident Programs

-WARM Staff/Volunteer Acknowledgement Sexual Abuse Prevention and Intervention that requires Staff/Volunteer Signature of receipt and understanding

-WARM Staff interviews including Vice-President Recovery Services/Agency-Wide PREA Coordinator/Facility PREA Compliance Manager (also interviewed as the Agency Head Designee, as Program Director/Campus Manager, as the designated staff member charged with monitoring retaliation, and as designated staff that monitors volunteers/contractors, as one staff trained as a PREA Investigative Staff, as one staff on the Incident Review Team); Facility Health Service Administrator/SOS Coordinator (also interviewed as one staff trained as a PREA Investigative Staff, as one staff on the Incident Review Team, as a staff trained as a First Responder); Phase II Coordinator (also interviewed as one staff trained as a PREA Investigative Staff, as a staff trained as a First Responder, as one staff on the Incident Review Team, as a Random Sample of Staff regarding staff PREA training); three (3) resident monitors (one from each shift)(also interviewed as Random Sample of Staff regarding staff PREA training; as staff that perform

screening for risk of victimization and abusiveness, staff trained as First Responder, Intake staff, facility staff responsible for conducting and documenting unannounced rounds)

TRAINING AND EDUCATION

Standard 115.231: Employee training

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

115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents 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 residents on: Residents' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with residents on: The right of residents 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 residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities? Yes No
- Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents 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 residents on: How to avoid inappropriate relationships with residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.231 (b)

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

115.231 (c)

- Have all current employees who may have contact with residents 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

115.231 (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

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.

(a)-(d) Documentation and staff interviews confirmed that all current staff have completed PREA training (training included all 10 elements of the subsection) and staff have signed acknowledgement forms (documentation through employee signature that employees received the training). That training is tailored to the gender of the residents and that staff can receive additional training if needed, that all employees are made aware of the facility's zero-tolerance for sexual harassment/abuse policies and procedures.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED

-Completed WARM Pre-Audit Questionnaire

-Recovery Kentucky Centers Policy: Compliance with Prison Rape Elimination Act (PREA) Resident Programs

-WARM Staff/Volunteer Acknowledgement Sexual Abuse Prevention and Intervention that requires Staff/Volunteer Signature of receipt and understanding

-WARM Staff interviews including Vice-President Recovery Services/Agency-Wide PREA Coordinator/Facility PREA Compliance Manager (also interviewed as the Agency Head Designee, as Program Director/Campus Manager, as the designated staff member charged with monitoring retaliation, and as designated staff that monitors volunteers/contractors, as one staff trained as a PREA Investigative Staff, as one staff on the Incident Review Team); Facility Health Service Administrator/SOS Coordinator (also interviewed as one staff trained as a PREA Investigative Staff, as one staff on the Incident Review Team, as a staff trained as a First Responder); Phase II Coordinator (also interviewed as one staff trained as a PREA Investigative Staff, as a staff trained as a First Responder, as one staff on the Incident Review Team, as a Random Sample of Staff regarding staff PREA training); three (3) resident monitors (one from each shift)(also interviewed as Random Sample of Staff regarding staff PREA training; as staff that perform screening for risk of victimization and abusiveness, staff trained as First Responder, Intake staff, facility staff responsible for conducting and documenting unannounced rounds)

Standard 115.232: Volunteer and contractor training

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

115.232 (a)

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

115.232 (b)

- Have all volunteers and contractors who have contact with residents 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 residents)? Yes No

115.232 (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.

(a)-(c) Facility policy meets the requirements of the standard. The facility does utilize volunteers, vendors, and contractors, and they are all required to complete the PREA training. The facility maintains documentation/acknowledgement forms confirming that volunteers, vendors and contractors sign stating that they understand the PREA training that they have received on their responsibilities under the facility's sexual harassment/sexual abuse prevention, detection, and response policies and procedures.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED

-Completed WARM Pre-Audit Questionnaire

-Recovery Kentucky Centers Policy: Compliance with Prison Rape Elimination Act (PREA) Resident Programs

-WARM Staff interviews including Vice-President Recovery Services/Agency-Wide PREA Coordinator/Facility PREA Compliance Manager (also interviewed as the Agency Head Designee, as Program Director/Campus Manager, as the designated staff member charged with monitoring retaliation, and as designated staff that monitors volunteers/contractors, as one staff trained as a PREA Investigative Staff, as one staff on the Incident Review Team); Facility Health Service Administrator/SOS Coordinator (also interviewed as one staff trained as a PREA Investigative Staff, as one staff on the Incident Review Team, as a staff trained as a First Responder); Phase II Coordinator (also interviewed as one staff trained as a PREA Investigative Staff, as a staff trained as a First Responder, as one staff on the Incident Review Team, as a Random Sample of Staff regarding staff PREA training); three (3) resident monitors (one from each shift)(also interviewed as Random Sample of Staff regarding staff PREA training; as staff that perform screening for risk of victimization and abusiveness, staff trained as First Responder, Intake staff, facility staff responsible for conducting and documenting unannounced rounds)

Standard 115.233: Resident education

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

115.233 (a)

- During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment? Yes No
- During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents? Yes No

- During intake, do residents receive information regarding agency policies and procedures for responding to such incidents? Yes No

115.233 (b)

- Does the agency provide refresher information whenever a resident is transferred to a different facility? Yes No

115.233 (c)

- Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills? Yes No

115.233 (d)

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

115.233 (e)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident 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.

(a)-(e) PREA education is conducted immediately during intake/orientation process with pamphlets, posters on bulletin boards, and documentation of the resident's participation in PREA education sessions with resident signatures verifying they understand the facility's zero-tolerance policy regarding sexual harassment/sexual abuse. Residents acknowledged during interviews they do receive the PREA education immediately upon entering the facility, that they understood their rights to be free from sexual harassment/sexual abuse and their right to be free from retaliation for reporting such incidents. Residents were able to discuss various ways they can report an allegation and/or receive services if needed. The facility does provide residents education in formats accessible to all, including those who are limited English proficient or handicapped.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED

-Completed WARM Pre-Audit Questionnaire
-Recovery Kentucky Centers Policy: Compliance with Prison Rape Elimination Act (PREA) Resident Programs
-WARM Staff/Volunteer Acknowledgement Sexual Abuse Prevention and Intervention that requires Staff/Volunteer Signature of receipt and understanding
-WARM Resident Education Acknowledgement that requires Resident Signature of receipt and understanding
-PREA informational Posters and Brochures posted and displayed for resident and staff access in the facility
-WARM Staff interviews including Vice-President Recovery Services/Agency-Wide PREA Coordinator/Facility PREA Compliance Manager (also interviewed as the Agency Head Designee, as Program Director/Campus Manager, as the designated staff member charged with monitoring retaliation, and as designated staff that monitors volunteers/contractors, as one staff trained as a PREA Investigative Staff, as one staff on the Incident Review Team); Facility Health Service Administrator/SOS Coordinator (also interviewed as one staff trained as a PREA Investigative Staff, as one staff on the Incident Review Team, as a staff trained as a First Responder); Phase II Coordinator (also interviewed as one staff trained as a PREA Investigative Staff, as a staff trained as a First Responder, as one staff on the Incident Review Team, as a Random Sample of Staff regarding staff PREA training); three (3) resident monitors (one from each shift)(also interviewed as Random Sample of Staff regarding staff PREA training; as staff that perform screening for risk of victimization and abusiveness, staff trained as First Responder, Intake staff, facility staff responsible for conducting and documenting unannounced rounds); and 20 female residents

Standard 115.234: Specialized training: Investigations

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

115.234 (a)

- In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received 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 115.221(a).] Yes No NA

115.234 (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 115.221(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 115.221(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 115.221(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 115.221(a).] Yes No NA

115.234 (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 115.221(a).] Yes No NA

115.234 (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

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.

(a)-(c) The agency with the authority to conduct administrative and/or criminal investigations would be Kentucky Department of Corrections (KY DOC) and/or Kentucky State Police. (The facility insures that there

are 3 full time, administrative staff that have been trained as PREA Investigative Staff in order to preserve all physical evidence/documentation of all reports of sexual harassment and/or sexual abuse (including but not limited to violation of the facilities rules/policies regarding personal relationships between residents and/or staff) for the Kentucky Department of Corrections (KY DOC) Investigators that do conduct all administrative and/or criminal investigations in this facility.) The facility insures that the Agency-Wide PREA Coordinator, the SOS Coordinator, and the Phase II Coordinator has completed training on investigations of allegations of sexual harassment/sexual abuse and that the training included: techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative or prosecution referral but this facility does NOT conduct its own administrative investigations and/or criminal investigations.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED

-Completed WARM Pre-Audit Questionnaire

-Recovery Kentucky Centers Policy: Compliance with Prison Rape Elimination Act (PREA) Resident Programs

-WARM Staff/Volunteer Acknowledgement Sexual Abuse Prevention and Intervention that requires Staff/Volunteer Signature of receipt and understanding

-WARM Resident Education Acknowledgement that requires Resident Signature of receipt and understanding

-WARM Staff interviews including Vice-President Recovery Services/Agency-Wide PREA Coordinator/Facility PREA Compliance Manager (also interviewed as the Agency Head Designee, as Program Director/Campus Manager, as the designated staff member charged with monitoring retaliation, and as designated staff that monitors volunteers/contractors, as one staff trained as a PREA Investigative Staff, as one staff on the Incident Review Team); Facility Health Service Administrator/SOS Coordinator (also interviewed as one staff trained as a PREA Investigative Staff, as one staff on the Incident Review Team, as a staff trained as a First Responder); Phase II Coordinator (also interviewed as one staff trained as a PREA Investigative Staff, as a staff trained as a First Responder, as one staff on the Incident Review Team, as a Random Sample of Staff regarding staff PREA training)

Standard 115.235: Specialized training: Medical and mental health care

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

115.235 (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? Yes No
- 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? Yes No
- 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? Yes No
- 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? Yes No

115.235 (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.) Yes No NA

115.235 (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?
 Yes No

115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? [N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.]
 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.

(a)-(d) WARM does NOT employ full- or part-time medical or mental health practitioners. The Facility Health Service Administrator/SOS Coordinator is a registered nurse (RN) and does conduct assessments/referrals when necessary for all female residents to local community medical and/or mental health agencies/facilities.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED

-Completed WARM Pre-Audit Questionnaire

-WARM Staff interviews including Vice-President Recovery Services/Agency-Wide PREA

Coordinator/Facility PREA Compliance Manager (also interviewed as the Agency Head Designee, as Program Director/Campus Manager, as the designated staff member charged with monitoring retaliation,

and as designated staff that monitors volunteers/contractors, as one staff trained as a PREA Investigative Staff, as one staff on the Incident Review Team); Facility Health Service Administrator/SOS Coordinator (also interviewed as one staff trained as a PREA Investigative Staff, as one staff on the Incident Review Team, as a staff trained as a First Responder)

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

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

115.241 (a)

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

115.241 (b)

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

115.241 (c)

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

115.241 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?
 Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident 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 residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident 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 residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability? Yes No

115.241 (e)

- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? Yes No
- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? Yes No
- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?
 Yes No

115.241 (f)

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

115.241 (g)

- Does the facility reassess a resident's risk level when warranted due to a: Referral?
 Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Request?
 Yes No

- Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse? Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness? Yes No

115.241 (h)

- Is it the case that residents 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

115.241 (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 resident's detriment by staff or other residents? 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.

(a)-(i) Documentation, staff interviews and resident interviews confirmed that all residents are screened for risk of sexual victimization and sexual abusive behavior. The screening instrument contains all 9 criteria to assess residents for risk of sexual victimization and/or sexually abusive behavior. Documentation of the screening instrument is maintained in each resident's file and facility reassesses the resident's risk of victimization or abusiveness based upon any additional relevant information received by the facility since the initial screening. No resident reported to the auditor that their personal information was used in any exploitative or inappropriate way. The facility policy strictly controls the dissemination of information gathered from the screening.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED

-Completed WARM Pre-Audit Questionnaire

-Recovery Kentucky Centers Policy: Compliance with Prison Rape Elimination Act (PREA) Resident

Programs

-WARM Staff interviews including Vice-President Recovery Services/Agency-Wide PREA Coordinator/Facility PREA Compliance Manager (also interviewed as the Agency Head Designee, as Program Director/Campus Manager, as the designated staff member charged with monitoring retaliation, and as designated staff that monitors volunteers/contractors, as one staff trained as a PREA Investigative Staff, as one staff on the Incident Review Team); Facility Health Service Administrator/SOS Coordinator (also interviewed as one staff trained as a PREA Investigative Staff, as one staff on the Incident Review Team, as a staff trained as a First Responder); Phase II Coordinator (also interviewed as one staff trained as a PREA Investigative Staff, as a staff trained as a First Responder, as one staff on the Incident Review Team, as a Random Sample of Staff regarding staff PREA training); three (3) resident monitors (one from each shift)(also interviewed as Random Sample of Staff regarding staff PREA training; as staff that perform screening for risk of victimization and abusiveness, staff trained as First Responder, Intake staff, facility staff responsible for conducting and documenting unannounced rounds); and 20 female residents

Standard 115.242: Use of screening information

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

115.242 (a)

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents 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 § 115.241, with the goal of keeping separate those residents 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 § 115.241, with the goal of keeping separate those residents 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 § 115.241, with the goal of keeping separate those residents 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 § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? Yes No

115.242 (b)

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

115.242 (c)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents 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 residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? Yes No

115.242 (d)

- Are each transgender or intersex resident'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

115.242 (e)

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

115.242 (f)

- 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 residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No
- 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 residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No
- 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 residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? 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.

(a)-(f) Documentation and staff interviews confirm that the facility policy reflects PREA language. The facility does use information from the risk screening required by PREA Standard Number 115.241 to decide housing and program assignments with the goal of keeping all resident’s safe. To date there have been no transgender or intersex residents admitted to the facility but staff have received training for the possibility in future if the need should arise regarding separate shower/housing/programming assignments.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED

-Completed WARM Pre-Audit Questionnaire
 -Recovery Kentucky Centers Policy: Compliance with Prison Rape Elimination Act (PREA) Resident Programs
 -WARM Staff interviews including Vice-President Recovery Services/Agency-Wide PREA Coordinator/Facility PREA Compliance Manager (also interviewed as the Agency Head Designee, as Program Director/Campus Manager, as the designated staff member charged with monitoring retaliation, and as designated staff that monitors volunteers/contractors, as one staff trained as a PREA Investigative Staff, as one staff on the Incident Review Team); Facility Health Service Administrator/SOS Coordinator (also interviewed as one staff trained as a PREA Investigative Staff, as one staff on the Incident Review Team, as a staff trained as a First Responder); Phase II Coordinator (also interviewed as one staff trained as a PREA Investigative Staff, as a staff trained as a First Responder, as one staff on the Incident Review Team, as a Random Sample of Staff regarding staff PREA training); three (3) resident monitors (one from each shift)(also interviewed as Random Sample of Staff regarding staff PREA training; as staff that perform screening for risk of victimization and abusiveness, staff trained as First Responder, Intake staff, facility staff responsible for conducting and documenting unannounced rounds)

REPORTING

Standard 115.251: Resident reporting

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

115.251 (a)

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

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

115.251 (b)

- Does the agency also provide at least one way for residents 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 resident reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the resident to remain anonymous upon request? Yes No

115.251 (c)

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

115.251 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? 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.

(a)-(d) Documentation, staff interviews and resident interviews confirms that the facility policy mirrors PREA language. Residents have multiple internal and external ways to privately report sexual harassment/sexual abuse, retaliation by other residents or staff for reporting sexual harassment/sexual abuse and/or staff neglect or violation of responsibilities that may have contributed to such reports. Staff interviews confirmed that staff can privately report sexual harassment/sexual abuse of residents also. The facility policy is that all staff will accept reports made verbally, in writing, anonymously, and from third parties and promptly document any/all reports.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED

- Completed WARM Pre-Audit Questionnaire
- Recovery Kentucky Centers Policy: Compliance with Prison Rape Elimination Act (PREA) Resident Programs
- WARM Staff/Volunteer Acknowledgement Sexual Abuse Prevention and Intervention that requires Staff/Volunteer Signature of receipt and understanding
- WARM Resident Education Acknowledgement that requires Resident Signature of receipt and understanding
- PREA informational Posters and Brochures posted and displayed for resident and staff access in the facility
- WARM Staff interviews including Vice-President Recovery Services/Agency-Wide PREA Coordinator/Facility PREA Compliance Manager (also interviewed as the Agency Head Designee, as Program Director/Campus Manager, as the designated staff member charged with monitoring retaliation, and as designated staff that monitors volunteers/contractors, as one staff trained as a PREA Investigative Staff, as one staff on the Incident Review Team); Facility Health Service Administrator/SOS Coordinator (also interviewed as one staff trained as a PREA Investigative Staff, as one staff on the Incident Review Team, as a staff trained as a First Responder); Phase II Coordinator (also interviewed as one staff trained as a PREA Investigative Staff, as a staff trained as a First Responder, as one staff on the Incident Review Team, as a Random Sample of Staff regarding staff PREA training); three (3) resident monitors (one from each shift)(also interviewed as Random Sample of Staff regarding staff PREA training; as staff that perform screening for risk of victimization and abusiveness, staff trained as First Responder, Intake staff, facility staff responsible for conducting and documenting unannounced rounds); and 20 female residents

Standard 115.252: Exhaustion of administrative remedies

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

115.252 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident 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 NA

115.252 (b)

- Does the agency permit residents 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 a resident 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

115.252 (c)

- Does the agency ensure that: A resident 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

115.252 (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 residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.252(d)(3)] , does the agency notify the resident 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 resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident 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

115.252 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents 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 residents? (If a third-party files such a request on behalf of a resident, 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 resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident 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 a resident 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 resident 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

115.252 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident 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.

(a)-(g) The facility has an administrative procedure for dealing with resident grievances regarding sexual harassment/sexual abuse. Documentation and staff interviews confirm the facility policy is in line with expectations in subsections: the facility does not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual harassment/sexual abuse; the facility does not require a resident to use informal grievance processes with the staff of an alleged incident of sexual abuse; the facility ensures that all residents may submit grievance/grievance processes; the facility allows third parties, including family members, probation/parole officers, and outside advocates to assist residents in filing requests for administrative remedies relating to allegations of sexual harassment/sexual abuse; the facility policy states that the facility may discipline a resident for filing a grievance related to alleged sexual harassment/sexual abuse only where the agency demonstrates that the resident filed the grievance in bad faith.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED

-Completed WARM Pre-Audit Questionnaire

-Recovery Kentucky Centers Policy: Compliance with Prison Rape Elimination Act (PREA) Resident Programs

-WARM Staff interviews including Vice-President Recovery Services/Agency-Wide PREA Coordinator/Facility PREA Compliance Manager (also interviewed as the Agency Head Designee, as Program Director/Campus Manager, as the designated staff member charged with monitoring retaliation, and as designated staff that monitors volunteers/contractors, as one staff trained as a PREA Investigative Staff, as one staff on the Incident Review Team)

Standard 115.253: Resident access to outside confidential support services

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

115.253 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents 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 enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? Yes No

115.253 (b)

- Does the facility inform residents, 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

115.253 (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 residents 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.

(a)-(c) The facility would utilize community services to provide confidential emotional support including mental health assessment and counseling services for those residents that fall under PREA and/or as needed at local programs to provide victim advocate and supportive services to residents as required and/or upon request. Contact information is posted throughout the facility for resident and staff information/utilization. Resident interviews confirmed that residents are aware of these available services and their right to make contact for services. Residents also have access to family members and probation/parole officers.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED

- Completed WARM Pre-Audit Questionnaire
- Recovery Kentucky Centers Policy: Compliance with Prison Rape Elimination Act (PREA) Resident Programs
- WARM Staff/Volunteer Acknowledgement Sexual Abuse Prevention and Intervention that requires Staff/Volunteer Signature of receipt and understanding
- WARM Resident Education Acknowledgement that requires Resident Signature of receipt and understanding
- PREA informational Posters and Brochures posted and displayed for resident and staff access in the facility
- WARM Staff interviews including Vice-President Recovery Services/Agency-Wide PREA Coordinator/Facility PREA Compliance Manager (also interviewed as the Agency Head Designee, as Program Director/Campus Manager, as the designated staff member charged with monitoring retaliation, and as designated staff that monitors volunteers/contractors, as one staff trained as a PREA Investigative Staff, as one staff on the Incident Review Team); Facility Health Service Administrator/SOS Coordinator (also interviewed as one staff trained as a PREA Investigative Staff, as one staff on the Incident Review Team, as a staff trained as a First Responder); Phase II Coordinator (also interviewed as one staff trained as a PREA Investigative Staff, as a staff trained as a First Responder, as one staff on the Incident Review Team, as a Random Sample of Staff regarding staff PREA training); three (3) resident monitors (one from

each shift)(also interviewed as Random Sample of Staff regarding staff PREA training; as staff that perform screening for risk of victimization and abusiveness, staff trained as First Responder, Intake staff, facility staff responsible for conducting and documenting unannounced rounds); and 20 female residents

Standard 115.254: Third-party reporting

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

115.254 (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 a resident? 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.

(a) Documentation, staff interviews, and resident interviews confirmed that the facility provides methods to receive third-party reports of any resident sexual harassment/sexual abuse and publicly distributes the information on how to report sexual harassment/sexual abuse on behalf of others. PREA posters are posted throughout the facility for residents and staff information. Residents have access to family members and probation/parole officers.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED

- Completed WARM Pre-Audit Questionnaire
- Recovery Kentucky Centers Policy: Compliance with Prison Rape Elimination Act (PREA) Resident Programs
- WARM Staff/Volunteer Acknowledgement Sexual Abuse Prevention and Intervention that requires Staff/Volunteer Signature of receipt and understanding
- WARM Resident Education Acknowledgement that requires Resident Signature of receipt and understanding
- PREA informational Posters and Brochures posted and displayed for resident and staff access in the facility

-WARM Staff interviews including Vice-President Recovery Services/Agency-Wide PREA Coordinator/Facility PREA Compliance Manager (also interviewed as the Agency Head Designee, as Program Director/Campus Manager, as the designated staff member charged with monitoring retaliation, and as designated staff that monitors volunteers/contractors, as one staff trained as a PREA Investigative Staff, as one staff on the Incident Review Team); Facility Health Service Administrator/SOS Coordinator (also interviewed as one staff trained as a PREA Investigative Staff, as one staff on the Incident Review Team, as a staff trained as a First Responder); Phase II Coordinator (also interviewed as one staff trained as a PREA Investigative Staff, as a staff trained as a First Responder, as one staff on the Incident Review Team, as a Random Sample of Staff regarding staff PREA training); three (3) resident monitors (one from each shift)(also interviewed as Random Sample of Staff regarding staff PREA training; as staff that perform screening for risk of victimization and abusiveness, staff trained as First Responder, Intake staff, facility staff responsible for conducting and documenting unannounced rounds); and 20 female residents

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

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

115.261 (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 residents 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

115.261 (b)

- Apart from reporting to designated supervisors or officials, do 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

115.261 (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 residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.261 (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

115.261 (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.

(a)-(e) The facility policy requires that all staff are to report/document immediately any knowledge, suspicion, or information regarding an incident of sexual harassment/sexual abuse that occurred in the facility; to report any retaliation against residents or staff for reporting such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident and/or retaliation regarding PREA.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED

-Completed WARM Pre-Audit Questionnaire
-Recovery Kentucky Centers Policy: Compliance with Prison Rape Elimination Act (PREA) Resident Programs
-WARM Staff/Volunteer Acknowledgement Sexual Abuse Prevention and Intervention that requires Staff/Volunteer Signature of receipt and understanding
-WARM Resident Education Acknowledgement that requires Resident Signature of receipt and understanding
-PREA informational Posters and Brochures posted and displayed for resident and staff access in the facility
-WARM Staff interviews including Vice-President Recovery Services/Agency-Wide PREA Coordinator/Facility PREA Compliance Manager (also interviewed as the Agency Head Designee, as Program Director/Campus Manager, as the designated staff member charged with monitoring retaliation,

and as designated staff that monitors volunteers/contractors, as one staff trained as a PREA Investigative Staff, as one staff on the Incident Review Team); Facility Health Service Administrator/SOS Coordinator (also interviewed as one staff trained as a PREA Investigative Staff, as one staff on the Incident Review Team, as a staff trained as a First Responder); Phase II Coordinator (also interviewed as one staff trained as a PREA Investigative Staff, as a staff trained as a First Responder, as one staff on the Incident Review Team, as a Random Sample of Staff regarding staff PREA training); three (3) resident monitors (one from each shift)(also interviewed as Random Sample of Staff regarding staff PREA training; as staff that perform screening for risk of victimization and abusiveness, staff trained as First Responder, Intake staff, facility staff responsible for conducting and documenting unannounced rounds); and 20 female residents

Standard 115.262: Agency protection duties

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

115.262 (a)

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? 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.

(a) Documentation and staff interviews confirm that when the facility learns that a resident is subject to a substantial risk of imminent sexual abuse, the staff have been trained to take immediate action to protect the resident, including but not limited to separating the resident from potential abuser; notifying their supervisor; and completing documentation. Documentation and staff interviews confirmed the primary responsibility at all times is the safety of all residents and staff in the agency/facility.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED

-Completed WARM Pre-Audit Questionnaire

-Recovery Kentucky Centers Policy: Compliance with Prison Rape Elimination Act (PREA) Resident Programs

-WARM Staff interviews including Vice-President Recovery Services/Agency-Wide PREA

Coordinator/Facility PREA Compliance Manager (also interviewed as the Agency Head Designee, as Program Director/Campus Manager, as the designated staff member charged with monitoring retaliation,

and as designated staff that monitors volunteers/contractors, as one staff trained as a PREA Investigative Staff, as one staff on the Incident Review Team); Facility Health Service Administrator/SOS Coordinator (also interviewed as one staff trained as a PREA Investigative Staff, as one staff on the Incident Review Team, as a staff trained as a First Responder); Phase II Coordinator (also interviewed as one staff trained as a PREA Investigative Staff, as a staff trained as a First Responder, as one staff on the Incident Review Team, as a Random Sample of Staff regarding staff PREA training); three (3) resident monitors (one from each shift)(also interviewed as Random Sample of Staff regarding staff PREA training; as staff that perform screening for risk of victimization and abusiveness, staff trained as First Responder, Intake staff, facility staff responsible for conducting and documenting unannounced rounds)

Standard 115.263: Reporting to other confinement facilities

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

115.263 (a)

- Upon receiving an allegation that a resident 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

115.263 (b)

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

115.263 (c)

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

115.263 (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.

(a)-(d) The facility policy and staff interviews confirm that upon receiving an allegation that a resident was sexually harassed and/or sexually abused while confined at another facility, the PREA Coordinator/Facility PREA Compliance Manager must notify the head of the facility/appropriate office at the agency where the alleged harassment/abuse reportedly occurred and requires notifying the appropriate investigative agency immediately.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED

-Completed WARM Pre-Audit Questionnaire

-Recovery Kentucky Centers Policy: Compliance with Prison Rape Elimination Act (PREA) Resident Programs

-WARM Staff interviews including Vice-President Recovery Services/Agency-Wide PREA Coordinator/Facility PREA Compliance Manager (also interviewed as the Agency Head Designee, as Program Director/Campus Manager, as the designated staff member charged with monitoring retaliation, and as designated staff that monitors volunteers/contractors, as one staff trained as a PREA Investigative Staff, as one staff on the Incident Review Team); Facility Health Service Administrator/SOS Coordinator (also interviewed as one staff trained as a PREA Investigative Staff, as one staff on the Incident Review Team, as a staff trained as a First Responder)

Standard 115.264: Staff first responder duties

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

115.264 (a)

- Upon learning of an allegation that a resident 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 a resident 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 a resident 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 a resident 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

115.264 (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.

(a)-(b) The facility policy and staff interviews confirm that policy does cover all required elements of staff first responder duties/training and staff could articulate the steps that they take if/when responding to an incident of sexual abuse.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED

-Completed WARM Pre-Audit Questionnaire
 -Recovery Kentucky Centers Policy: Compliance with Prison Rape Elimination Act (PREA) Resident Programs
 -WARM Staff interviews including Vice-President Recovery Services/Agency-Wide PREA Coordinator/Facility PREA Compliance Manager (also interviewed as the Agency Head Designee, as Program Director/Campus Manager, as the designated staff member charged with monitoring retaliation, and as designated staff that monitors volunteers/contractors, as one staff trained as a PREA Investigative Staff, as one staff on the Incident Review Team); Facility Health Service Administrator/SOS Coordinator (also interviewed as one staff trained as a PREA Investigative Staff, as one staff on the Incident Review Team, as a staff trained as a First Responder); Phase II Coordinator (also interviewed as one staff trained as a PREA Investigative Staff, as a staff trained as a First Responder, as one staff on the Incident Review Team, as a Random Sample of Staff regarding staff PREA training); three (3) resident monitors (one from each shift)(also interviewed as Random Sample of Staff regarding staff PREA training; as staff that perform screening for risk of victimization and abusiveness, staff trained as First Responder, Intake staff, facility staff responsible for conducting and documenting unannounced rounds)

Standard 115.265: Coordinated response

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

115.265 (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.

(a) The facility has a detailed coordinated response plan. Documentation and staff interviews confirm facility policy/training for actions required in response to an incident of sexual abuse among staff first responders, investigators, and facility/agency leadership.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED

-Completed WARM Pre-Audit Questionnaire
 -Recovery Kentucky Centers Policy: Compliance with Prison Rape Elimination Act (PREA) Resident Programs
 -WARM Staff interviews including Vice-President Recovery Services/Agency-Wide PREA Coordinator/Facility PREA Compliance Manager (also interviewed as the Agency Head Designee, as Program Director/Campus Manager, as the designated staff member charged with monitoring retaliation, and as designated staff that monitors volunteers/contractors, as one staff trained as a PREA Investigative Staff, as one staff on the Incident Review Team); Facility Health Service Administrator/SOS Coordinator (also interviewed as one staff trained as a PREA Investigative Staff, as one staff on the Incident Review Team, as a staff trained as a First Responder); Phase II Coordinator (also interviewed as one staff trained as a PREA Investigative Staff, as a staff trained as a First Responder, as one staff on the Incident Review Team, as a Random Sample of Staff regarding staff PREA training)

Standard 115.266: Preservation of ability to protect residents from contact with abusers

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

115.266 (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 residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.266 (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.

(a) WARM is a private not for profit Alcohol or Drug Rehabilitation Center and does not participate in any collective bargaining agreements. The facility has the ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation (or of a determination of whether and to what extent discipline is warranted) and has the ability to remove alleged resident sexual abusers.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED

-Completed WARM Pre-Audit Questionnaire

-WARM Staff interviews including Vice-President Recovery Services/Agency-Wide PREA Coordinator/Facility PREA Compliance Manager (also interviewed as the Agency Head Designee, as Program Director/Campus Manager, as the designated staff member charged with monitoring retaliation, and as designated staff that monitors volunteers/contractors, as one staff trained as a PREA Investigative Staff, as one staff on the Incident Review Team)

Standard 115.267: Agency protection against retaliation

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

115.267 (a)

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

115.267 (b)

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

115.267 (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 residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents 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 residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents 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 resident 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 resident 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 resident 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

115.267 (d)

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

115.267 (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

115.267 (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.

(a)-(e) The facility has detailed policy to confirm protection against retaliation and zero-tolerance for retaliation. Documentation and staff interviews confirmed facility protection against retaliation and zero-tolerance for retaliation.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED

-Completed WARM Pre-Audit Questionnaire
-Recovery Kentucky Centers Policy: Compliance with Prison Rape Elimination Act (PREA) Resident Programs
-WARM Staff/Volunteer Acknowledgement Sexual Abuse Prevention and Intervention that requires Staff/Volunteer Signature of receipt and understanding
-WARM Resident Education Acknowledgement that requires Resident Signature of receipt and understanding
-WARM Staff interviews including Vice-President Recovery Services/Agency-Wide PREA Coordinator/Facility PREA Compliance Manager (also interviewed as the Agency Head Designee, as

Program Director/Campus Manager, as the designated staff member charged with monitoring retaliation, and as designated staff that monitors volunteers/contractors, as one staff trained as a PREA Investigative Staff, as one staff on the Incident Review Team)

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

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

115.271 (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 115.221(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 115.221(a).] Yes No NA

115.271 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234? Yes No

115.271 (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

115.271 (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

115.271 (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 resident or staff?
 Yes No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.271 (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

115.271 (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

115.271 (h)

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

115.271 (i)

- Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? Yes No

115.271 (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

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (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 115.221(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.

(a)-(l) Documentation and staff interviews confirm facility policy is in line with the PREA standard subsection language. The facility policy requires that all allegations of sexual harassment/sexual abuse be referred immediately for investigation to an agency with the legal authority to conduct administrative and/or criminal investigations. The agency with the authority to conduct administrative and/or criminal investigations would be Kentucky Department of Corrections (KY DOC) and/or Kentucky State Police (KSP). (The facility insures that there are 3 full time, administrative staff that have been trained as PREA Investigative Staff in order to preserve all physical evidence/documentation of all reports of sexual harassment and/or sexual abuse (including but not limited to violation of the facilities rules/policies regarding personal relationships between residents and/or staff) for the Kentucky Department of Corrections (KY DOC) Investigators that do conduct all administrative and/or criminal investigations.) Documentation and staff interviews confirmed that all allegations/reports of sexual harassment and/or sexual abuse be referred immediately for investigation.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED

-Completed WARM Pre-Audit Questionnaire
 -Recovery Kentucky Centers Policy: Compliance with Prison Rape Elimination Act (PREA) Resident Programs
 -PREA informational Posters and Brochures posted and displayed for resident and staff access in the facility
 -WARM Staff interviews including Vice-President Recovery Services/Agency-Wide PREA Coordinator/Facility PREA Compliance Manager (also interviewed as the Agency Head Designee, as Program Director/Campus Manager, as the designated staff member charged with monitoring retaliation, and as designated staff that monitors volunteers/contractors, as one staff trained as a PREA Investigative Staff, as one staff on the Incident Review Team)

Standard 115.272: Evidentiary standard for administrative investigations

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

115.272 (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.

(a) Documentation and staff interviews confirm facility policy is in line with the PREA standard language. The facility shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual harassment or sexual abuse are substantiated for administrative investigations. The facility policy requires that all allegations of sexual harassment/sexual abuse be referred immediately for investigation to an agency with the legal authority to conduct administrative and/or criminal investigations. The agency with the authority to conduct administrative and/or criminal investigations would be Kentucky Department of Corrections (KY DOC) and/or Kentucky State Police (KSP). (The facility insures that there are 3 full time, administrative staff that have been trained as PREA Investigative Staff in order to preserve all physical evidence/documentation of all reports of sexual harassment and/or sexual abuse (including but not limited to violation of the facilities rules/policies regarding personal relationships between residents and/or staff) for the Kentucky Department of Corrections (KY DOC) Investigators that do conduct all administrative and/or criminal investigations.)

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED

-Completed WARM Pre-Audit Questionnaire

-WARM Staff interviews including Vice-President Recovery Services/Agency-Wide PREA Coordinator/Facility PREA Compliance Manager (also interviewed as the Agency Head Designee, as Program Director/Campus Manager, as the designated staff member charged with monitoring retaliation, and as designated staff that monitors volunteers/contractors, as one staff trained as a PREA Investigative Staff, as one staff on the Incident Review Team)

Standard 115.273: Reporting to residents

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

115.273 (a)

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

115.273 (b)

- If the agency did not conduct the investigation into a resident'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 resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.273 (c)

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? Yes No

115.273 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, 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 a resident's allegation that he or she has been sexually abused by another resident, 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

115.273 (e)

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

115.273 (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.

(a)-(e) Documentation and staff interviews confirm facility policy is in line with the PREA standard language. Including but not limited to, the facility, following an investigation into a resident’s allegation of sexual harassment/abuse suffered in the facility, shall inform the resident as to whether the allegation has been determined to be “substantiated”, “unsubstantiated”, or “unfounded”. The facility shall request the relevant information from the investigative agency in order to inform the resident, all such notifications and/or attempted notifications are documented in the resident’s file.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED

-Completed WARM Pre-Audit Questionnaire
 -WARM Staff interviews including Vice-President Recovery Services/Agency-Wide PREA Coordinator/Facility PREA Compliance Manager (also interviewed as the Agency Head Designee, as Program Director/Campus Manager, as the designated staff member charged with monitoring retaliation, and as designated staff that monitors volunteers/contractors, as one staff trained as a PREA Investigative Staff, as one staff on the Incident Review Team); Facility Health Service Administrator/SOS Coordinator (also interviewed as one staff trained as a PREA Investigative Staff, as one staff on the Incident Review Team, as a staff trained as a First Responder)

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

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

115.276 (a)

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

115.276 (b)

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

115.276 (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

115.276 (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.

(a)-(d) Documentation and staff interviews confirms facility policy that a staff who violates facility zero-tolerance sexual harassment/sexual abuse policies are subject to disciplinary action. Disciplinary actions include but are not limited to a variety of sanctions, including termination. The facility requires all allegations of sexual abuse to be reported to law enforcement immediately regardless of whether the staff resigns or is terminated.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED

-Completed WARM Pre-Audit Questionnaire

-Recovery Kentucky Centers Policy: Compliance with Prison Rape Elimination Act (PREA) Resident Programs

-WARM Staff/Volunteer Acknowledgement Sexual Abuse Prevention and Intervention that requires Staff/Volunteer Signature of receipt and understanding

-WARM Staff interviews including Vice-President Recovery Services/Agency-Wide PREA Coordinator/Facility PREA Compliance Manager (also interviewed as the Agency Head Designee, as Program Director/Campus Manager, as the designated staff member charged with monitoring retaliation, and as designated staff that monitors volunteers/contractors, as one staff trained as a PREA Investigative Staff, as one staff on the Incident Review Team)

Standard 115.277: Corrective action for contractors and volunteers

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

115.277 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? 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

115.277 (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 residents? 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.

(a)-(b) Documentation and staff interviews confirm facility policy that all volunteers, vendors, and contractors are trained/sign an acknowledgment form stating that they understand the zero-tolerance policy for sexual contact with all residents and informed on how to report any knowledge, suspicion, or information regarding sexual harassment/sexual abuse that occurred in the facility directly to the Agency-Wide PREA Coordinator/Facility PREA Compliance Manager of the facility. Any volunteer, vendor, and/or contractor who were to engage in sexual harassment/sexual abuse would be prohibited from contact with residents and would be reported to law enforcement immediately.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED

-Completed WARM Pre-Audit Questionnaire

-Recovery Kentucky Centers Policy: Compliance with Prison Rape Elimination Act (PREA) Resident Programs

-WARM Staff/Volunteer Acknowledgement Sexual Abuse Prevention and Intervention that requires Staff/Volunteer Signature of receipt and understanding

-WARM Staff interviews including Vice-President Recovery Services/Agency-Wide PREA Coordinator/Facility PREA Compliance Manager (also interviewed as the Agency Head Designee, as Program Director/Campus Manager, as the designated staff member charged with monitoring retaliation, and as designated staff that monitors volunteers/contractors, as one staff trained as a PREA Investigative Staff, as one staff on the Incident Review Team)

Standard 115.278: Interventions and disciplinary sanctions for residents

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

115.278 (a)

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

115.278 (b)

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

115.278 (c)

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

115.278 (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 resident to participate in such interventions as a condition of access to programming and other benefits? Yes No

115.278 (e)

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

115.278 (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

115.278 (g)

- Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)
 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.

(a)-(g) Documentation and staff interviews confirm facility policy that all residents shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following a finding that the resident engaged in resident-resident sexual abuse.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED

-Completed WARM Pre-Audit Questionnaire

-Recovery Kentucky Centers Policy: Compliance with Prison Rape Elimination Act (PREA) Resident Programs

-WARM Resident Education Acknowledgement that requires Resident Signature of receipt and understanding

-PREA informational Posters and Brochures posted and displayed for resident and staff access in the facility

-WARM Staff interviews including Vice-President Recovery Services/Agency-Wide PREA Coordinator/Facility PREA Compliance Manager (also interviewed as the Agency Head Designee, as Program Director/Campus Manager, as the designated staff member charged with monitoring retaliation, and as designated staff that monitors volunteers/contractors, as one staff trained as a PREA Investigative Staff, as one staff on the Incident Review Team); Facility Health Service Administrator/SOS Coordinator (also interviewed as one staff trained as a PREA Investigative Staff, as one staff on the Incident Review Team, as a staff trained as a First Responder); Phase II Coordinator (also interviewed as one staff trained as a PREA Investigative Staff, as a staff trained as a First Responder, as one staff on the Incident Review Team, as a Random Sample of Staff regarding staff PREA training); three (3) resident monitors (one from each shift)(also interviewed as Random Sample of Staff regarding staff PREA training; as staff that perform screening for risk of victimization and abusiveness, staff trained as First Responder, Intake staff, facility staff responsible for conducting and documenting unannounced rounds); and 20 female residents

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

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

115.282 (a)

- Do resident 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

115.282 (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 § 115.262? Yes No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.282 (c)

- Are resident 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

115.282 (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.

(a)-(d) Documentation and staff interviews confirmed facility policy requires that all residents shall have access to unconditional, immediate emergency medical and mental health services at no cost to the resident and/or their family. Mental health services can be provided locally by New Beginnings Sexual Assault Support Services if/when needed. No SAFE or SANE staff are employed at this facility; however, these professionals are provided at Methodist Hospital Henderson County Campus Emergency Department where forensic examinations would be conducted at no cost to the resident and/or to their family.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED

-Completed WARM Pre-Audit Questionnaire
-Recovery Kentucky Centers Policy: Compliance with Prison Rape Elimination Act (PREA) Resident Programs
-PREA informational Posters and Brochures posted and displayed for resident and staff access in the facility
-WARM Staff interviews including Vice-President Recovery Services/Agency-Wide PREA Coordinator/Facility PREA Compliance Manager (also interviewed as the Agency Head Designee, as Program Director/Campus Manager, as the designated staff member charged with monitoring retaliation, and as designated staff that monitors volunteers/contractors, as one staff trained as a PREA Investigative Staff, as one staff on the Incident Review Team); Facility Health Service Administrator/SOS Coordinator (also interviewed as one staff trained as a PREA Investigative Staff, as one staff on the Incident Review Team, as a staff trained as a First Responder); Phase II Coordinator (also interviewed as one staff trained as a PREA Investigative Staff, as a staff trained as a First Responder, as one staff on the Incident Review Team, as a Random Sample of Staff regarding staff PREA training); three (3) resident monitors (one from each shift)(also interviewed as Random Sample of Staff regarding staff PREA training; as staff that perform screening for risk of victimization and abusiveness, staff trained as First Responder, Intake staff, facility staff responsible for conducting and documenting unannounced rounds); and 20 female residents

Standard 115.283: 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

115.283 (a)

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

115.283 (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

115.283 (c)

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

115.283 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) Yes No NA

115.283 (e)

- If pregnancy results from the conduct described in paragraph § 115.283(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.) Yes No NA

115.283 (f)

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

115.283 (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

115.283 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? 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.

(a)-(h) Documentation and staff interviews confirmed facility policy requires that all residents shall have access to unconditional ongoing medical and mental health care for sexual abuse victims (evaluation and treatment shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care consistent with the community level of care because it would be community level of care) at no cost to the resident and/or their family. Mental health services can be provided locally New Beginnings Sexual Assault Support Services if/when needed. No SAFE or SANE staff are employed at this facility; however, these professionals are provided at Methodist Hospital Henderson County Campus Emergency Department where forensic examinations would be conducted at no cost to the resident and/or to their family if/when needed.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED

-Completed WARM Pre-Audit Questionnaire
 -Recovery Kentucky Centers Policy: Compliance with Prison Rape Elimination Act (PREA) Resident Programs
 -PREA informational Posters and Brochures posted and displayed for resident and staff access in the facility
 -WARM Staff interviews including Vice-President Recovery Services/Agency-Wide PREA Coordinator/Facility PREA Compliance Manager (also interviewed as the Agency Head Designee, as Program Director/Campus Manager, as the designated staff member charged with monitoring retaliation, and as designated staff that monitors volunteers/contractors, as one staff trained as a PREA Investigative Staff, as one staff on the Incident Review Team); Facility Health Service Administrator/SOS Coordinator (also interviewed as one staff trained as a PREA Investigative Staff, as one staff on the Incident Review Team, as a staff trained as a First Responder); Phase II Coordinator (also interviewed as one staff trained as a PREA Investigative Staff, as a staff trained as a First Responder, as one staff on the Incident Review Team, as a Random Sample of Staff regarding staff PREA training); three (3) resident monitors (one from each shift)(also interviewed as Random Sample of Staff regarding staff PREA training; as staff that perform screening for risk of victimization and abusiveness, staff trained as First Responder, Intake staff, facility staff responsible for conducting and documenting unannounced rounds); and 20 female residents

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

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

115.286 (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

115.286 (b)

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

115.286 (c)

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

115.286 (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 §§ 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.286 (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.

(a)-(e) Documentation and staff interviews confirmed facility policy identifies staff that serve on an Incident Review Team that does include upper-level management officials. The Incident Review Team considerations of all allegations would include but are not limited to the following: whether the allegation or investigation indicated a need to change policy or practice to better prevent, detect, or respond to sexual abuse; whether the incident or allegation was motivated by race, ethnicity, gender identity, status or perceived status, or whether incident was motivated or otherwise caused by other group dynamics in the facility. The Incident Review Team would examine the area where the incident allegedly occurred to assess physical layout, assess the adequacy of staffing level in that area during different shifts, and assess whether monitoring technology should be implemented. The Incident Review Team documents all findings.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED

-Completed WARM Pre-Audit Questionnaire
 -WARM Staff interviews including Vice-President Recovery Services/Agency-Wide PREA Coordinator/Facility PREA Compliance Manager (also interviewed as the Agency Head Designee, as Program Director/Campus Manager, as the designated staff member charged with monitoring retaliation, and as designated staff that monitors volunteers/contractors, as one staff trained as a PREA Investigative Staff, as one staff on the Incident Review Team); Facility Health Service Administrator/SOS Coordinator (also interviewed as one staff trained as a PREA Investigative Staff, as one staff on the Incident Review Team, as a staff trained as a First Responder); Phase II Coordinator (also interviewed as one staff trained as a PREA Investigative Staff, as a staff trained as a First Responder, as one staff on the Incident Review Team, as a Random Sample of Staff regarding staff PREA training)

Standard 115.287: Data collection

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

115.287 (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

115.287 (b)

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

115.287 (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

115.287 (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

115.287 (e)

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

115.287 (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.

(a)-(f) Documentation and staff interviews confirmed agency policy to review data collected pursuant to PREA Standard 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training including but not limited to identifying problem areas, taking corrective action on an ongoing basis, and preparing annual reports of its findings. This report is reviewed and approved by the CEO of WARM and then posted on the website (www.warmrecovery.com).

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED

-Completed WARM Pre-Audit Questionnaire

-Recovery Kentucky Centers Policy: Compliance with Prison Rape Elimination Act (PREA) Resident Programs

-WARM Staff interviews including Vice-President Recovery Services/Agency-Wide PREA Coordinator/Facility PREA Compliance Manager (also interviewed as the Agency Head Designee, as Program Director/Campus Manager, as the designated staff member charged with monitoring retaliation, and as designated staff that monitors volunteers/contractors, as one staff trained as a PREA Investigative Staff, as one staff on the Incident Review Team)

Standard 115.288: Data review for corrective action

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

115.288 (a)

- Does the agency review data collected and aggregated pursuant to § 115.287 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 § 115.287 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 § 115.287 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

115.288 (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

115.288 (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

115.288 (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.

(a)-(d) Documentation and staff interviews confirmed agency policy to review data collected pursuant to PREA Standard 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training including but not limited to identifying problem areas, taking corrective action on an ongoing basis, and preparing annual report of its findings. This report is reviewed and approved by the CEO of WARM and then posted on website (www.warmrecovery.com).

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED

- Completed WARM Pre-Audit Questionnaire
- Recovery Kentucky Centers Policy: Compliance with Prison Rape Elimination Act (PREA) Resident Programs
- WARM Staff interviews including Vice-President Recovery Services/Agency-Wide PREA Coordinator/Facility PREA Compliance Manager (also interviewed as the Agency Head Designee, as Program Director/Campus Manager, as the designated staff member charged with monitoring retaliation, and as designated staff that monitors volunteers/contractors, as one staff trained as a PREA Investigative Staff, as one staff on the Incident Review Team)

Standard 115.289: Data storage, publication, and destruction

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

115.289 (a)

- Does the agency ensure that data collected pursuant to § 115.287 are securely retained? Yes No

115.289 (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

115.289 (c)

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

115.289 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.287 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.

(a)-(d) Documentation and staff interviews confirmed facility policy that ensures data collected to PREA Standard 115.287 is securely retained. The facility removes all personal identifiers and will maintain sexual abuse data collected for at least ten (10) years after the date of the initial collection.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED

-Completed WARM Pre-Audit Questionnaire

-Recovery Kentucky Centers Policy: Compliance with Prison Rape Elimination Act (PREA) Resident Programs

-WARM Staff interviews including Vice-President Recovery Services/Agency-Wide PREA Coordinator/Facility PREA Compliance Manager (also interviewed as the Agency Head Designee, as Program Director/Campus Manager, as the designated staff member charged with monitoring retaliation, and as designated staff that monitors volunteers/contractors, as one staff trained as a PREA Investigative Staff, as one staff on the Incident Review Team)

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 residents 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.

(a)-(n) WARM is a non-profit organization/facility constructed in 2011. WARM had first PREA audit 4/20/2015. The second PREA audit pre-audit was initiation on 1/10/2018. The documents were timely and complete. These documents included but were not limited to agency and facility policies and procedures demonstrating compliance with the PREA Community Confinement Standards, staffing plans, floor plans, protocols, training records, and other documents related to demonstrating compliance with the PREA Community Confinement Standards. This auditor did not receive any correspondence or requests from staff or residents prior to the on-site audit (a notice was posted/observed with contact information for the PREA Auditor/audit date six weeks prior to the on-side audit as required). Staff and resident interviews occurred efficiently and privately. The entire facility was toured. Overall, the facility was well prepared for the PREA audit and performed well in all areas. After reviewing all pertinent information and after conducting resident and staff interviews, the auditor found that the agency/facility leadership have clearly made PREA compliance a high priority and have devoted a significant amount of time and resources to PREA policy development, training of all staff and volunteers in the facility, and immediate education upon intake with all residents regarding PREA aspects.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED

-Completed WARM Pre-Audit Questionnaire

-Recovery Kentucky Centers Policy: Compliance with Prison Rape Elimination Act (PREA) Resident Programs

-WARM Staff interviews including Vice-President Recovery Services/Agency-Wide PREA Coordinator/Facility PREA Compliance Manager (also interviewed as the Agency Head Designee, as Program Director/Campus Manager, as the designated staff member charged with monitoring retaliation, and as designated staff that monitors volunteers/contractors, as one staff trained as a PREA Investigative Staff, as one staff on the Incident Review Team)

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 within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. 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.

(f) WARM had first PREA audit 4/20/2015 and a PREA Final Report dated 5/11/2015. Website: www.warmrecovery.com.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED

-Completed WARM Pre-Audit Questionnaire

-WARM Staff interviews including Vice-President Recovery Services/Agency-Wide PREA Coordinator/Facility PREA Compliance Manager (also interviewed as the Agency Head Designee, as Program Director/Campus Manager, as the designated staff member charged with monitoring retaliation, and as designated staff that monitors volunteers/contractors, as one staff trained as a PREA Investigative Staff, as one staff on the Incident Review Team)

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 resident 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.

Tina Sallee

05/23/2018

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.