

# PREA Facility Audit Report: Final

**Name of Facility:** Women's Addiction Recovery Manor Residential Facility

**Facility Type:** Community Confinement

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 12/07/2021

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Sharon Ray Shaver	<b>Date of Signature:</b> 12/07/2021

AUDITOR INFORMATION	
<b>Auditor name:</b>	Shaver, Sharon
<b>Email:</b>	sharonrshaver@gmail.com
<b>Start Date of On-Site Audit:</b>	10/19/2021
<b>End Date of On-Site Audit:</b>	10/20/2021

FACILITY INFORMATION	
<b>Facility name:</b>	Women's Addiction Recovery Manor Residential Facility
<b>Facility physical address:</b>	56 N McKinley St, Henderson, Kentucky - 42420
<b>Facility Phone</b>	
<b>Facility mailing address:</b>	

Primary Contact	
<b>Name:</b>	Nicole Fields
<b>Email Address:</b>	nicole.fields@warmrecovery.com
<b>Telephone Number:</b>	270-826-0036

Facility Director	
<b>Name:</b>	Nicole Fields
<b>Email Address:</b>	nicole.fields@warmrecovery.com
<b>Telephone Number:</b>	270-826-0036

Facility PREA Compliance Manager	
<b>Name:</b>	Melinda Davis
<b>Email Address:</b>	melinda.davis@warmrecovery.com
<b>Telephone Number:</b>	O: (270) 577-8936

Facility Health Service Administrator On-Site	
<b>Name:</b>	Connie Cook
<b>Email Address:</b>	connie.cook@warmrecovery.com
<b>Telephone Number:</b>	270-860-7517

Facility Characteristics	
<b>Designed facility capacity:</b>	100
<b>Current population of facility:</b>	85
<b>Average daily population for the past 12 months:</b>	83
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Females
<b>Age range of population:</b>	18 and up
<b>Facility security levels/resident custody levels:</b>	community custody
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	23
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	1
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	0

AGENCY INFORMATION	
<b>Name of agency:</b>	Warm, Inc.
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	56 N McKinley St, Henderson, Kentucky - 42420
<b>Mailing Address:</b>	
<b>Telephone number:</b>	

Agency Chief Executive Officer Information:	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

Agency-Wide PREA Coordinator Information			
<b>Name:</b>	Nicole Fields	<b>Email Address:</b>	nicole.fields@warmrecovery.com

## AUDIT FINDINGS

### Narrative:

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-audit, on-site 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.

The Prison Rape Elimination Act (PREA) site review of the Women's Addiction Recovery Manor (WARM) was conducted October 19-21, 2021, by Sharon Ray Shaver, a Department of Justice (DOJ) certified PREA Auditor. This facility was audited through a contractual agreement between Women's Addiction Recovery Manor and SRS Professional Services, LLC executed on April 30, 2021. This is the third PREA audit for this facility. The audit notices were emailed directly to the agency's PREA Coordinator and an email verification from the facility was received on September 14, 2021, confirming that notices were posted throughout the facility. Correspondence between the auditor and the agency's designated PREA Coordinator, Nicole Frields, began on April 2, 2021, when an agreement was made to use the PREA Online Audits System (OAS) for the audit. Once the agency finalized uploads, the auditor began reviewing the Pre-Audit Questionnaire (PAQ) and documents using the PREA Compliance Audit Instrument and the Checklist of Policies/Procedures and other documents to create a log of additional information to be requested of the facility. A schedule for the onsite portion of the audit was established, and travel arrangements were secured directly by the auditor. As needed, written requests by email were submitted to the facility for additional documents and/or clarification of the documents provided. All requests for additional information were responded to promptly and comprehensively. Additional correspondence occurred between the auditor and the PREA Coordinator, up to the onsite portion of the audit and then after until the issuance of the final report.

Before the site visit, a plan for conducting interviews and the facility tour was developed between the PREA Coordinator and the auditor. Further discussion included corrective action expectations for any non-compliance identified during the audit and timelines after the site visit. The week before the on-site portion of the audit, the auditor requested documents from PREA Coordinator to be made available on day one of the site visit, including a complete roster of residents present on day one and specialized lists for those identified with disabilities; those who are limited English proficiency (LEP); those who identify as LGBTI (lesbian, gay, bisexual, transgender or intersex); those who have reported prior sexual abuse; those who have reported an allegation of sexual abuse at WARM. Also requested for the first day of the site visit was a list of all staff, contract employees, and volunteers; daily shift reports for specific dates identified by the auditor; a list of all allegations and investigations for the audit period and up to the current date. This information was provided upon arrival to the facility, along with some additional facility information for the auditor's use.

Audit notices were posted by the facility's PREA Coordinator on September 14, 2021. Verification was provided through email correspondence, dated photographs, interviews, and personal observations during the facility tour. Notices were printed and posted in all apartments, dorms, the dining room, and throughout the facility in common areas. These notices, posted in both English and Spanish, provided dates of the audit, the purpose of the audit, name of the auditor, accurate contact information for the auditor, and an explicit and factually accurate statement regarding the confidentiality of any communication and limitations to that confidentiality according to mandatory reporting laws, with the auditor and anyone who may respond to the notices.

The auditor reviewed relevant documents provided by the facility and on the agency website in addition to the PAQ and supporting documents uploaded. Using the PREA Compliance Audit Instrument and the Checklist of Documents during the review of the PAQ, a list was prepared for review during the on-site portion of the audit. Other documents reviewed will be referenced in the discussion associated with the individual standards. Throughout the audit, an extensive document review was conducted. Various policies, forms, contracts, and additional working documents were reviewed, evaluated, and triangulated against information obtained from interviews and personal observations during the site visit, which were instrumental in determining agency and facility compliance with the PREA Standards. WARM is subject to Recovery Kentucky (RKY) and Kentucky DOC (KYDOC) policies and both are referenced and adhered to according to their applicability to the program. Included below is the list of governing policies that will be referenced throughout the audit report and are annotated throughout this report using only the policy name, as the policies are not numbered. This list is not intended to be exhaustive but outlines the core policy documents used in the evaluation process:

- RKY Policy: Compliance with Prison Rape Elimination Act (PREA)
- KYDOC CPP 9.8, Search Policy
- RKY Communications with Persons with Limited English Proficiency
- KYDOC CPP 14.7, Sexual Abuse Prevention and Intervention Programs
- KYDOC CPP 14.8, Lesbian, Gay, Bisexual, Transgender, and Intersex Offenders

The auditor's search for state mandatory reporting laws found that Ky.Rev.Stat. 600.020, 620, and Ky.Rev.Stat. 209 states that everyone, excluding attorney-client and clergy-penitent, must report child abuse, dependency, and neglect, and vulnerable adult abuse or neglect to the Statewide Abuse Reporting Hotline. WARM is not a juvenile facility and does not house individuals under the age of 18.

The auditor conducted outreach to advocacy organizations and a general search of public information that could determine facility and

agency compliance and found none.

A web search discovered no articles related to sexual abuse or sexual harassment of residents. No relevant litigation, no DOJ involvement, no federal consent decrees, nor local oversight were discovered during the search. Interviews with the VP of Recovery Services/CEO designee confirmed no consent decrees or oversight exists.

**Site Visit:** The auditor arrived at 8:15 a.m. on 10/19/2021 and met with Nicole Fields, Facility Director/Vice President (VP) of Recovery Services/PREA Coordinator, and Melinda Davis, PREA Compliance Manager. An overview was presented of the facility operations and then took the auditor for a full tour of the facility and made staff introductions. The auditor spoke with a variety of staff and clients informally during the facility tour. Staff interviews began directly after the tour and resident interviews were conducted after lunch. During the site visit, the auditor observed placements of audit notices and found them to be posted throughout the facility in areas that are frequented by staff and residents. The auditor also confirmed during resident and staff interviews that they were aware of the audit notices and their ability to correspond with the auditor.

**Interviews:** All interviews were held in a private office off the administrative hallway. The area was quiet and comfortable, with ample lighting. The auditor experienced no interruptions during the interview process. The Facility Director provided a list of all employees and identified those who were on shift during the site visit. She also provided a complete list of residents participating in the program on day one of the audit.

Based on the Master Resident Census List for 10/19/2021, there were 49 residents present. Based on a conversation with the PREA Coordinator, there were four residents who disclosed a sexual orientation of lesbian, gay or bisexual and there were no transgender or intersex residents. There were two residents who disclosed prior sexual victimization, and none who had a physical disability, limited English proficiency, or reported an allegation. The facility does not have segregation. The auditor selected 18 residents for interviews, including the 6 identified from the targeted categories. Each resident was interviewed based on the questions in the "Interview Guide for Residents" publication. Of the 18 residents interviewed, targeted populations included 2-Reported Prior Victimization and 4-LGBT. All residents were selected by the auditor. Two of the residents interviewed were Peer Mentors. All residents were very knowledgeable about the zero-tolerance policy and knew how and to whom to make a report of sexual abuse/harassment. They were all aware of the PREA Hotline available for anonymous calls and that New Beginnings is the community service provider that is available to provide emotional support and counseling for victims of sexual abuse. All residents interviewed stated they were told about the PREA within the first few hours of arrival to the facility and remembered the screening being conducted initially and then sometime within the next month. Residents interviewed were very knowledgeable that any sexual activity at the center is strictly prohibited and were acutely aware that they could be terminated from the program for violations of these policies. It was clear during the interviews that zero-tolerance for sexual abuse and sexual harassment is embedded in the culture at WARM. All residents appeared relaxed during their interviews and forthcoming about their experiences at the Center. They all expressed that they felt safe at the facility, well taken care of, and that staff is responsive and concerned about their well-being.

A list of 20 staff was provided to the auditor. The auditor interviewed the 10 staff present during the audit. Each of these staff members was asked random staff questions as well as the relevant specialized staff interview questions. The facility currently has no active volunteers approved to come into the facility due to the pandemic and there are no contract employees who work on a regular basis at the facility. Interviews were conducted with the 10 staff using the questions from the random staff protocols. In addition, specialized staff interviews were conducted for the following categories: agency contract administrator, medical and mental health staff (external community services), human resources staff, investigative staff, staff who perform risk screening, staff who conduct rounds, staff on the incident review team, designated staff charged with monitoring retaliation, first responders, and intake staff. There is no security staff working at the facility as this is not a secure facility. Due to the small staffing at this facility type, many of the duties are shared by multiple employees. Interviews collectively revealed that allegations of sexual abuse or sexual harassment at WARM are taken very seriously, and that staff understands their first responder duties as well as their reporting responsibility. In addition, they are aware of the consequences of violation of the zero-tolerance policy. They all indicated they received their PREA training at the time of hire and annually thereafter.

**Allegations:** There were no sexual abuse or sexual harassment allegations reported within the past twelve months.

## AUDIT FINDINGS

### Facility Characteristics:

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate or resident 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.

Opened in 2011, Women's Addiction Recovery Manor (WARM) is an adult community confinement facility housing adult, female residents. WARM is located at 56 N. McKinley St, Henderson, Kentucky. The mission of the facility is to provide hope to homeless women suffering from alcoholism and drug addiction. Their 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, they assist people in moving toward personal accountability, self-activation, and empowerment for reentry into relationships, work, and community. The designed facility capacity is 100, but due to the pandemic, referrals have been down over the past 12 months at an average daily population of 83. WARM is a non-profit organization and an affiliate of the Recovery Kentucky Initiative. WARM living units consist of 38 apartments and 2 dormitories. The building holds administrative offices, recreation and relaxation areas, a kitchen and dining area, and two large programming rooms that can be partitioned for smaller programming activities. WARM does not use a video monitoring system at this time. Clients are not incarcerated individuals, and this is not a secure facility. The population age is 18 and older and the average length of stay is between 6-9 months.

Residents enter into the program into the Safe Off the Streets (SOS) level of the program which includes their intake, orientation, and introduction into the program. Clients are stabilized and monitored for withdrawal symptoms and remain at this level for 3-7 days. There are 16 beds (double bunks) assigned to this open bay dormitory for SOS, but due to the COVID pandemic, only 8 beds were being utilized at the time of the audit. Also due to the pandemic, new clients are housed as a cohort during the initial quarantine period. During the Safe Off the Streets (SOS) phase, clients receive an 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. Clients 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.

Clients move from the SOS to the Motivational Track (MT1/MT2). While in MT1 clients are housed in the open bay dormitory which is identical to the housing in SOS. Both dormitories each have a bathroom with 2 showers, 2 toilets, 1 urinal, and 2 sinks. Bathrooms have a solid door, toilet stalls have doors, and showers are equipped with full shower curtains. In the Motivational Track (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.

When clients move into MT2 they are assigned a room, shared with another client. These rooms are similar to efficiency apartment rooms with two single beds, a dresser, a kitchen table and chairs, and a full private bathroom. Clients sign a lease with Kentucky Housing Corporation for their housing for the duration of the program. The east side of the building has 6 rooms and a small laundry room. There are 38 total rooms on the west wing on two floors. Each floor has a self-service laundry room. All residents are assigned job duties once they move out of the SOS, beginning in the kitchen, then moving to security, housekeeping, and maintenance. Client jobs change every two weeks, and the community votes in the supervisor for each of the work areas, which are held for two weeks at a time also.

In Phase I of the program, residents begin to work in-depth on the 12 steps of Alcoholics Anonymous and begin to study and understand their addiction. Phase I 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.

Phase II clients are near completion of the 12th step of Alcoholics 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 peer mentors 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.

Food is prepared by the residents under the general supervision of staff and recreation is self-led. Most of the residents' time is occupied in recovery-oriented programming, either in group settings or individual studies. No religious services are provided by the facility, however, residents can attend outside services of their choosing.

Although the SOS Coordinator/Medical Director is an RN, medical and mental health services are not provided at the facility. Residents may be referred through consultation with the SOS Coordinator/Medical Director or may self-refer directly through the community resource providers. The Deaconess Healthcare system is the primary medical and mental health service provider and has a Continuing Care Clinic within proximity to the facility where the residents are seen for initial screenings and any medical or mental health follow-ups from their initial intake. Additional referrals are made, as needed. The local hospital providing SANE services is Deaconess Henderson Hospital. Victim support services are provided by New Beginnings Sexual Assault Support Services. Other available community resources that provide mental health services include Oasis Women's Shelter, Lighthouse Counseling Services, and RiverValley Behavioral Health. All of these services are provided at no cost to the individual.

The contractual relationship between WARM and the Kentucky Department of Corrections (KYDOC) affords WARM access to resources and services of the KDOC. The KYDOC PREA Coordinator's office provides guidance and support, and limited oversight to WARM with the implementation and management of their PREA programs. Annual compliance visits are conducted by the KYDOC PREA Coordinator's Office although not all residents are under the supervision of KYDOC. The KYDOC provides access to the agency's PREA Hotline and distribution of the "Understanding the Prison Rape Elimination Act (PREA) for Offenders" publication for use in resident education.

**AUDIT FINDINGS**

**Summary of Audit Findings:**

The OAS will automatically calculate the number of standards exceeded, number of standards met, and the number of standards not met based on the auditor's compliance determinations. If relevant, the auditor should provide the list of standards exceeded and/or the list of standards not met (e.g. Standards Exceeded: 115.xx, 115.xx..., Standards Not Met: 115.yy, 115.yy ). Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

<b>Number of standards exceeded:</b>	1
<b>Number of standards met:</b>	40
<b>Number of standards not met:</b>	0

The Women's Addiction Recovery Manor was found to meet or exceed all standards. The facility exceeded the following standard:

**115.231 Employee Training**

## Standards

### Auditor Overall Determination Definitions

- Exceeds Standard  
(Substantially exceeds requirement of standard)
- Meets Standard  
(substantial compliance; complies in all material ways with the stand for the relevant review period)
- Does Not Meet Standard  
(requires corrective actions)

### Auditor Discussion Instructions

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.211	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="231 190 1508 257"><b>Auditor Discussion</b></p> <p data-bbox="231 257 1508 324">Evidence Reviewed: RKY PREA Policy; Organizational Chart; Observations During Site Visit; Interviews.</p> <p data-bbox="231 324 1508 548"><b>115.211(a):</b> Women's Addiction Recovery Manor (WARM) has zero-tolerance toward all forms of sexual assault and sexual harassment. WARM is a part of the Recovery Kentucky (RKY) network and follows the RKY Compliance with Prison Rape Elimination Act (PREA) Policy. This policy outlines the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents. The auditor's personal observations during the site visit and the interview with the PREA Coordinator confirmed the implementation of these measures at WARM.</p> <p data-bbox="231 548 1508 750"><b>115.211(b):</b> A review of the Center for Addiction Recovery of Henderson Incorporated's organization chart identifies Vice President of Recovery Services, Nicole Fields as the agency PREA Coordinator. She reports directly to the CEO, Dale Sights. The PREA Coordinator indicates that she has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards. Melinda Davis serves as the facility PREA Compliance Manager and also indicates that she has sufficient time and authority to oversee the facility's efforts to comply with the PREA standards.</p> <p data-bbox="231 750 1508 840">Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

<b>115.212</b>	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 353">Evidence Reviewed: Henderson Addiction Recovery LLC and Kentucky Department of Corrections Renewal Contract; Interviews.</p> <p data-bbox="229 353 1509 452"><b>115.212(a)(b)(c):</b> The Kentucky Department of Corrections has entered into or renewed a contract for the confinement of residents with Henderson Addiction Recovery LLC; however, Henderson Addiction recovery LLC does not contract with any other entity for the confinement of residents, therefore these provisions are not applicable.</p> <p data-bbox="229 452 1509 564">Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance through non-applicability with all provisions of this standard.</p>

115.213	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 190 1509 250"><b>Auditor Discussion</b></p> <p data-bbox="229 250 1509 311">Evidence Reviewed: RKY PREA Policy; WARM staffing plan; Personal Observations During Site Visit; Interviews.</p> <p data-bbox="229 311 1509 629"><b>115.213(a)(c):</b> The RKY PREA policy states that each RKY center shall develop a staffing plan that provides for adequate levels of supervision to protect residents against sexual abuse. This plan shall be reviewed at least once per year and approved by DOC as part of DOC's semi-annual inspection of the center. A review of the current staffing plan reveals that the facility has developed a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring to protect residents against sexual abuse. The average number of residents at WARM is 90. The average daily number of residents on which the staffing plan was predicated is 100. The staffing plan is reviewed, at least annually, by the Board of Directors. The auditor verified through interviews and review of the staffing plan that the Board of Directors reviews the staffing plan annually, with the last review being conducted on 09/16/2021. The Board of Directors determined that no changes were required at the time of the staffing plan review.</p> <p data-bbox="229 629 1509 752"><b>115.213(b):</b> The facility has indicated that no deviations have been made from the current staffing plan. The facility is required by contract to maintain a minimum of two staff on at all times. There is never a time when the facility drops below this staffing. This was confirmed through interviews with the PREA Coordinator and random staff interviews.</p> <p data-bbox="229 752 1509 853">Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

<b>115.215</b>	<b>Limits to cross-gender viewing and searches</b>
	<p data-bbox="240 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 1422 300">Evidence Reviewed: RKY PREA Policy; PREA Checklist; KYDOC CPP 9.8; Observations During Site Visit; Interviews.</p> <p data-bbox="240 331 1490 423"><b>115.215(a)(b)(c)(f):</b> Pat searches, frisk searches, and strip searches of residents are strictly prohibited at WARM. This is not a secure facility and body searches are not conducted. This was confirmed by the auditor through interviews with staff and residents. Staff is not trained on searches because searches are never conducted at the facility.</p> <p data-bbox="240 454 1477 613"><b>115.215(d):</b> RKY PREA Policy states that residents shall be provided facilities that enable them to shower, perform bodily functions, and change clothing in a private area. A staff member of the opposite gender shall announce his or her presence before entering a restroom area or resident's apartment. Based on interviews with staff and residents and observations during the site visit, all staff knock and announce their presence before entering a restroom or a resident's apartment. All bathroom areas have privacy curtains and/or doors for privacy.</p> <p data-bbox="240 645 1353 672"><b>115.215(e):</b> Any knowledge obtained about a resident's genital status would occur through self-disclosure only.</p> <p data-bbox="240 703 1469 730">Based on the auditor's review of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

115.216	<b>Residents with disabilities and residents who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 353">Evidence Reviewed: RKY PREA Policy; Policy and Procedures for Communications with Persons with Limited English Proficiency; KDOC CPP 14.7;</p> <p data-bbox="229 353 1509 645"><b>115.216(a):</b> RKY PREA Policy states that upon admission to the RKY Center, residents will receive education including but not limited to the following: zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, expectations for appropriate behavior, residents' rights, how to access support services, etc. This material shall be presented to the resident in both verbal and written form with special consideration for those who have limited reading ability or who are hearing and/or vision impaired or with limited English proficiency. Staff interviews revealed that there have been no residents who have had vision or hearing impairments at the facility. However, staff did indicate that when a resident has difficulty reading or comprehending the information, staff will take extra time to cover the information in detail to ensure the resident has an opportunity to understand it.</p> <p data-bbox="229 645 1509 833"><b>115.216(b):</b> In addition to the PREA policy, the facility has a policy regarding communications with persons with limited English proficiency that outlines the identification of LEP offenders and their language; obtaining a qualified interpreter; providing written translations; providing notices to LEP offenders; and monitoring language needs. Interviews with staff indicated that there have been no LEP residents at the facility. The facility is prepared to work with the referring agency to ensure that translation and/or interpreter services are coordinated with the referring agency should there be a need.</p> <p data-bbox="229 833 1509 1021"><b>115.216(c):</b> WARM follows the Kentucky Corrections CPP 14.7 which states that the use of offender interpreters for assistance in offender education on aspects of the department's efforts to prevent, detect and respond to sexual abuse and sexual harassment shall be prohibited except in circumstances where extended delays in obtaining an effective interpreter could compromise the offender's safety. Due to WARM indicating no such interpretations occurred and the fact that the DOC policy covers this standard, the auditor finds the facility compliant.</p> <p data-bbox="229 1021 1509 1111">Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

115.217	<b>Hiring and promotion decisions</b>
	<p data-bbox="240 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 1034 300">Evidence Reviewed: RKY PREA Policy; Employee Personnel Files; Interviews.</p> <p data-bbox="240 331 1497 524"><b>115.217(a)(b)(f):</b> The RKY PREA Policy states that prior to employment, all RKY center employees will submit to a routine background check. The check shall be conducted using NCIC data if possible. Background checks will be used to screen for prior convictions for sex offenses. Criminal background check requests will be performed every 5 years. Prior to hiring, the RKY center will also make a reasonable attempt to determine if the candidate has been civilly or administratively adjudicated to have engaged in inappropriate sexual conduct as described in the PREA standard. Contact with prior institutional employers will be made if applicable. Applicants will also be asked about previous misconduct.</p> <p data-bbox="240 555 1437 649"><b>115.217(c):</b> The facility indicates that in the past 12 months, 12/12 (100%) of persons hired who may have contact with residents had criminal background record checks. The auditor reviewed personnel records for five randomly selected employees and they all had a completed background check performed as required.</p> <p data-bbox="240 680 1394 739"><b>115.217(d):</b> The facility has one maintenance contractor who is approved to work at the facility and verification of a background check was provided to the auditor for review.</p> <p data-bbox="240 770 1490 864"><b>115.217(e):</b> Agency policy requires that criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with residents. All employees who have been employed for five years have evidence of a current background check.</p> <p data-bbox="240 896 1461 1088"><b>115.217(g):</b> Interview with the VP of Recovery Services found that at the time of the audit, the facility had not been documenting the disclosure questions asked of employees about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions. However, as corrective action, a form was created by the facility and implemented with all existing staff and new hires. In addition, existing employees will be asked about misconduct during ht the refresher training and documented annually. The facility imposes upon employees a continuing affirmative duty to disclose any such misconduct and this was confirmed through staff interviews.</p> <p data-bbox="240 1120 1490 1245"><b>115.217(h):</b> Interview with the HR Director and VP of Recovery Services confirmed that the facility will 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. There were no requests made during the past 12 months.</p> <p data-bbox="240 1276 1461 1335">Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

<b>115.218</b>	<b>Upgrades to facilities and technology</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 318">Evidence Reviewed: Interviews.</p> <p data-bbox="229 318 1509 448"><b>115.218(a)(b):</b> The facility indicates that they have not acquired a new facility, made a substantial expansion or modification to existing facilities, nor have they installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology.</p> <p data-bbox="229 448 1509 528">Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance through non-applicability with all provisions of this standard.</p>

115.221	<b>Evidence protocol and forensic medical examinations</b>
	<p data-bbox="242 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 273 1461 331">Evidence Reviewed: RKY PREA Policy; KYDOC CPP 14.7; MOU between Women’s Addiction Recovery Manor and New Beginnings; Observations During Site Visit; Interviews.</p> <p data-bbox="242 362 1493 524"><b>115.221(a):</b> RKY PREA Policy states that allegations of sexual abuse and sexual harassment shall be promptly, thoroughly, and objectively investigated. Sexual abuse investigations alleging force, coercion, or possible criminal behavior shall be conducted by specially trained investigators from the Kentucky Department of Corrections, Kentucky State Police, or other law enforcement agency. Administrative investigations are conducted by the facility and based on an interview with the PREA Coordinator, WARM follows the KYDOC policy 14.7 which includes a uniform evidence protocol.</p> <p data-bbox="242 555 1390 613"><b>115.221(b):</b> The facility does not house youthful residents. Therefore, the facility meets this standard through non-applicability.</p> <p data-bbox="242 645 1493 869"><b>115.221(c):</b> KYDOC CPP14.7 requires that the Medical Department shall promptly make arrangements for the alleged victim to be transported to an outside facility for an examination that may include: a collection of forensic evidence, testing for sexually transmitted diseases, prophylactic treatment, follow-up, and mental health assessment. Current and previous victims of sexual abuse shall receive any medical and mental health services related to the sexual abuse at no cost to the offender. All such services will be provided by community service providers and not at the facility. Furthermore, a review of incidence data and interviews with the VP of Recovery Services/PREA Coordinator and the RN confirms that no incidents occurred which would warrant a forensic examination within the audit period.</p> <p data-bbox="242 900 1485 1160"><b>115.221(d)(e):</b> The auditor’s review of the MOU between the Women’s Addiction Recovery Manor and New Beginnings residents is provided with confidential emotional support services related to sexual abuse. In the event that an incident occurs, the resident will be provided with a toll-free phone number for services. In addition, the comprehensive MOU between KYDOC and KASAP indicates that KASAP will provide emotional services for victims of sexual abuse. An interview with the Kentucky DOC PREA Coordinator confirms that these services are available for any resident of an RKY center regardless of whether they are under DOC supervision or not. A victim advocate, qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.</p> <p data-bbox="242 1191 1481 1317"><b>115.221(f):</b> There has been no investigation at the facility in the past 12 months that required an external/criminal investigation; however, the VP of Recovery Services/PREA Coordinator explained that once a case is turned over to the Kentucky State Police and/or Kentucky DOC for criminal investigation, she would request that the external agency investigate the case in accordance with CFR §115.71/§115.21, and would attempt to stay updated on the status of the case.</p> <p data-bbox="242 1348 1425 1442"><b>115.221(h):</b> Interview with the VP of Recovery Services/PREA Coordinator and the established MOU provides that the facility always makes a victim advocate from a rape crisis center available to victims, therefore this provision is not applicable.</p> <p data-bbox="242 1473 1461 1532">Based on the auditor’s review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

115.222	<b>Policies to ensure referrals of allegations for investigations</b>
	<p data-bbox="240 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 1442 331">Evidence Reviewed: RKY PREA Policy; KYDOC CPP 14.7; Kentucky State Policy Policy, General Order OM-C-1; Web Search; Website Search; Interviews.</p> <p data-bbox="240 367 1477 658"><b>115.222(a)(b):</b> The RKY PREA Policy indicates that all allegations of sexual abuse and sexual harassment shall be promptly, thoroughly, and objectively investigated. Sexual abuse investigations alleging force, coercion, or possible criminal behavior shall be conducted by specially trained investigators from the Kentucky Department of Corrections, Kentucky State Police, or other law enforcement agency. The facility indicates that no allegations were administratively or criminally investigated and completed because there were no allegations reported within the past 12 months. Interview with the VP of Recovery Services/PREA Coordinator and PREA Compliance Manager/Investigator confirmed that any allegations of a criminal nature will be reported to KSP immediately and Kentucky DOC, as appropriate. A review of warmrecovery.com found the facility's policy to investigate all allegations of sexual abuse and sexual harassment promptly, thoroughly, and objectively. Additionally, a review of the KYDOC website confirmed that the PREA policy CPP14.7 is published.</p> <p data-bbox="240 689 1469 784"><b>115.222(c):</b> Based on the cooperative agreement between RKY and Kentucky DOC, WARM is encompassed as part of the response coordination with KSP. The auditor reviewed the Kentucky State Police Policy, General Order OM-C-1, Criminal Investigations &amp; Reports and found that it outlines the responsibilities of the investigating entity.</p> <p data-bbox="240 815 1458 873">Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

115.231	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 318">Evidence Reviewed: RKY PREA Policy; RKY PREA Training; Employee Files; Observations During Site Visit; Interviews.</p> <p data-bbox="229 318 1509 645"><b>115.231(a)(c)(d):</b> The RKY PREA policy states that all new employees, volunteers, interns, and persons affiliated with the RKY Center and its residents on a regular or recurring basis will receive training regarding PREA standards, laws, and RKY policies related to Code of Ethics and Dual Relationships. Refresher training occurs on an annual basis. Training is tailored to be gender-specific to the facility. Completion of the training is to be documented by employee signature attesting that they have received and understand the training material. The auditor's review of the training module confirms it includes how employees are to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures and includes topics required by provision (a) 1-10 of this standard. The auditor reviewed 10 files and 10/10 (100%) had signed acknowledgments of training. Files revealed that refresher training is delivered and documented annually which exceeds the requirement of provision (c).</p> <p data-bbox="229 645 1509 801"><b>115.231(b):</b> The RKY PREA policy states that training shall be tailored to be gender-specific to the facility. The auditor's review of the training curriculum confirmed that it is appropriate to the gender of the facility. An employee would not be eligible to transfer from another RKY facility based on the auditor's interviews with the VP of Recovery Services/PREA Coordinator and the HR Director.</p> <p data-bbox="229 801 1509 887">Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard and exceeded provision (c).</p>

115.232	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 318">Evidence Reviewed: RKY PREA Policy; RKY PREA Training; Contractor File; Interviews.</p> <p data-bbox="229 318 1509 613"><b>115.232(a)(b)(c):</b> RKY PREA policy states that all new employees, volunteers, interns, and persons affiliated with the RKY Center and its residents on a regular or recurring basis will receive training regarding PREA standards, laws, and RKY policies related to Code of Ethics and Dual Relationships. Based on auditor's interviews with the VP of Recovery Services/PREA Coordinator and HR Director, the contractors and volunteers receive the same training as employees which includes notification of the facility's zero-tolerance policy. The facility indicated that there is currently one contractor approved to conduct work at the facility. Documentation of training is maintained by the facility and the acknowledgment was provided to the auditor for review. Residents are allowed to leave the center and attend programming that would traditionally be delivered in a facility by external volunteers; therefore, WARM does not maintain volunteer services at this time.</p> <p data-bbox="229 613 1509 696">Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

115.233	<p data-bbox="229 69 1509 1236"><b>Resident education</b></p> <p data-bbox="229 129 1509 190"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="229 197 1509 257"><b>Auditor Discussion</b></p> <p data-bbox="229 264 1509 369">Evidence Reviewed: RKY PREA Policy; DOC PREA Visit Checklist; PREA Poster English &amp; Spanish; PREA Brochure English &amp; Spanish; Resident Training Records; Completed Resident Acknowledgement Forms; Observations During Site Visit; Interviews.</p> <p data-bbox="229 392 1509 616"><b>115.233(a):</b> RKY PREA Policy requires that upon admission to the RKY Center, residents will receive education including but not limited to the following: zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, expectations for appropriate behavior, residents' rights, and how to access support services. Residents and staff who report sexual abuse or harassment shall be protected from retaliation. In the last 12 months, the facility indicates that (296) residents received this information during intake. The auditor reviewed training records and found over 70 completed acknowledgment forms indicating the residents received and understood the training.</p> <p data-bbox="229 638 1509 705"><b>115.233(b):</b> The facility indicates that residents are not transferred between facilities; therefore, the facility meets this standard through non-applicability.</p> <p data-bbox="229 728 1509 996"><b>115.233(c)(d):</b> RKY PREA Policy indicates that the training material shall be presented to the resident in both verbal and written form with special consideration for those who have limited reading ability or who are hearing and/or vision impaired or with limited English proficiency. The policy also states that documentation of such training shall be maintained in the resident file. There were no residents that met the criteria for LEP, nor any resident disabilities that would require specialized training in the program within the past 12 months. Interviews with intake staff indicated they are aware of how to access additional services to ensure effective communication with any new arrival or existing resident who may require services. These staff also said that they will read the information to anyone who has reading limitations. All residents interviewed confirmed that they understood the information provided during intake about PREA.</p> <p data-bbox="229 1019 1509 1131"><b>115.233(e):</b> The agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats. During the site visit and through interviews with staff and residents, the auditor confirmed such education is available through the required formats and accessible.</p> <p data-bbox="229 1153 1509 1220">Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>
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115.234	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 215 453 237"><b>Auditor Discussion</b></p> <p data-bbox="244 275 1477 331">Evidence Reviewed: RK PREA Policy; Specialized Training: Investigating Sexual Abuse in Confinement Settings Curricula; PREA Visit Checklist; Interviews.</p> <p data-bbox="244 365 1493 521"><b>115.234(a):</b> The RKY PREA Policy states that sexual abuse investigations alleging force, coercion, or possible criminal behavior shall be conducted by specially trained investigators from the Kentucky Department of Corrections, Kentucky State Police, or other law enforcement agency. The facility is only responsible for conducting administrative investigations. The PREA Compliance Manager (PCM) is the designated Facility Investigator. The auditor's interview with the PCM and review of the training certificate confirmed that she has received the required training.</p> <p data-bbox="244 555 1485 745"><b>115.234(b)(c):</b> A review of the Specialized Training Curricula reveals that the training includes material regarding PREA Updates and Standards Overview; Legal Issues and Liability; Culture; Trauma and Victim Response; Medical and Mental Health Care; First Response and Evidence Collection; Adult Interviewing Techniques; Juvenile Interviewing Techniques; Report Writing and Prosecutorial Collaboration. An interview with the PCM confirms that she is knowledgeable about her responsibilities as a Facility Investigator. The facility maintains documentation that the investigator has received the required training and provided this certificate for review by the auditor verified the training through review of certificate.</p> <p data-bbox="244 779 1461 835">Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

115.235	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence Reviewed:</b> Organizational Chart; Interviews.</p> <p><b>115.235(a)(b)(c)(d):</b> The facility does not employ medical or mental health practitioners. The facility's SOS Coordinator is a registered nurse (RN) who triages residents for referrals, as needed, to community medical and/or mental health practitioners upon request or upon identified need. Forensic medical examinations are not conducted at the facility. The facility meets the standard through non-applicability as medical and mental health services are not provided at the facility.</p>

115.241	<b>Screening for risk of victimization and abusiveness</b>
	<p data-bbox="240 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 1362 300">Evidence Reviewed: RKY PREA Policy; Screening Instrument; PREA Visit Checklist; Resident Files; Interviews.</p> <p data-bbox="240 331 1490 658"><b>115.241(a)(c)(d)(e):</b> RKY PREA Policy states that residents shall be assessed for risk of sexual abuse victimization and/or predatory behaviors within 72 hours of admission using a validated risk assessment tool. The facility reports that all residents entering the facility were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility. A review of the screening instrument used by the facility confirms that the facility considers provision (d)1-9, of this standard. The auditor reviewed 17 files and found risk screenings were conducted on all 17. Of the files reviewed 7 were completed within 24 hours, 4 within 72 hours, and 5 were just over 72 hours. Interviews with the VP of Recovery Services/PREA Coordinator and RN confirmed that systems have been put into place to ensure that the initial screening will be completed within the required time. Screenings for five new arrivals were provided to the auditor to confirm that the processes are in place. Interviews with staff and residents confirmed these assessments are conducted in accordance with the policy and standard requirements and using the objective instrument.</p> <p data-bbox="240 696 1481 992"><b>115.241(f)(g):</b> RKY PREA policy states that residents may also be re-assessed within 30 days based on any relevant additional information. Of the 17 files reviewed, all but one had a documented rescreening with 9 being completed within 30 days and 5 were just over 30 days from intake. Of the 17, 1 was not yet due for a rescreening. Interviews with the VP of Recovery Services/PREA Coordinator and RN confirmed that systems have been put into place to ensure that the 30-day screenings will be completed within the required time. Documentation for the one resident whose 30-day screening was not due at the time of the site visit was provided to the auditor during the post-audit period which indicated completed within 30 days as required. Interviews with the VP of Recovery Services/PREA Coordinator and RN further confirmed that a resident's risk level will be reassessed due to a referral, a request, an incident of sexual abuse, and receipt of any additional relevant information.</p> <p data-bbox="240 1021 1469 1084"><b>115.241(h):</b> Interviews with staff and residents confirmed that residents are not disciplined for refusing to answer screening questions or for not disclosing complete information.</p> <p data-bbox="240 1113 1474 1308"><b>115.241(i):</b> Access to information obtained during the assessment is be limited to staff necessary to make program and housing placement decisions. Based on interviews with the VP of Recovery Services/PREA Coordinator and the RN, sensitive information such as medical history and screening information obtained is kept in a separate file that is maintained by the RN and is restricted to staff with a need to know the information. The auditor observed during the file review process that there is a general resident file that contains the education and other general information and a file that contains the sensitive information. The file with sensitive information is kept in a locked filing cabinet in the RN's office.</p> <p data-bbox="240 1337 1461 1400">Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

115.242	<p><b>Use of screening information</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Evidence Reviewed: RKY PREA Policy; Screening Instrument; PREA Visit Checklist; Observations During Site Visit; Interviews.</p> <p><b>115.242(a)(b):</b> RKY PREA Policy states that information obtained from the risk assessment shall be used to determine appropriate housing and/or bed placement or appropriateness for an RKY program. Interviews with the VP of Recovery Services/PREA Coordinator and Medical Services Director determined that any risk assessment indicating a risk for sexual abuse of a particular resident is weighed into the decision for housing and program placement. Any information obtained from the risk screening instrument that indicates a resident may be at high risk for sexual victimization or abusiveness is immediately forwarded by the SOS Monitor who conducts the initial risk screening to the Medical Services Director and VP of Recovery Services. All residents are housed in an open dormitory setting under direct supervision for the first two phases of the program. The facility is a peer support housing facility and resident behaviors are monitored not only by staff but also by peer monitors. Once a resident is assigned to a room through the housing coordinator, an assessment for compatibility is made by the Housing Coordinator with input from the Medical Services Director and the VP of Recovery Services. The resident's own concerns about safety and roommate assignments are taken into consideration when making housing decisions and if incompatibility arises, then the Housing Coordinator assists the resident in changing roommates. As for work placements, if a resident is at high risk for sexual victimization or abusiveness, the resident will not be assigned a work detail that is isolated or that has non-traditional work hours where there is little to no staff oversight. All programming is under some type of supervision and there is no educational programming offered in the program.</p> <p><b>115.242(c)(d):</b> Based on an interview with the VP of Recovery Services/CEO designee, the facility has not received an admission of a known transgender or intersex person within the audit period, however, decisions will be made based on an individual basis, taking into consideration safety concerns of the individual and all residents should the matter present. Coordination of placement would be handled in collaboration with any referring agency.</p> <p><b>115.242(e):</b> All residents are able to shower privately and separately from other residents at WARM.</p> <p><b>115.242(f):</b> WARM has no dedicated wings and residents are not housed according to their sexual orientation or gender identity.</p> <p>Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>
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115.251	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="244 271 1433 331">Evidence Reviewed: RKY PREA Policy; PREA reporting hotline poster English &amp; Spanish; PREA Brochure English and Spanish; Observations During Site Visit; Interviews.</p> <p data-bbox="244 360 1493 622"><b>115.251(a)(b):</b> RKY PREA Policy states that residents shall be provided multiple internal ways to privately report sexual abuse incidents. Residents shall also have at least one way to report incidents to an outside agency. A resident or third party may report a sexual offense verbally or in writing. Reports may be made anonymously. They shall report any retaliation against someone who has reported such an incident. They shall also report any knowledge of staff who neglect to report the above incidents. A review of the PREA Brochure reveals that residents are informed on the multiple ways to report sexual abuse or sexual harassment. The Kentucky DOC reporting hotline is available as an outside agency to any resident of the WARM and allows the reporter to remain anonymous upon request.</p> <p data-bbox="244 651 1481 813"><b>115.251(c):</b> RKY PREA Policy states that staff members shall immediately report to their supervisor all knowledge, suspicions, or information of an incident of a sexual offense within a Kentucky or other correctional facility. The facility states that all reports are required to be documented within 24 hours. Staff members may also make reports to the PREA hotline. Interviews with staff confirmed their knowledge of the requirement to accept reports made verbally, in writing, anonymously, and from third parties and the requirement to document verbal reports.</p> <p data-bbox="244 842 1469 972"><b>115.251(d):</b> Based on the interview with the VP of Recovery Services/PREA Coordinator, staff may also use the Kentucky DOC PREA hotline to make a private report if they felt the need. Interviews with staff indicate that they are aware they may use any of the reporting methods available to the residents for making a report privately if they felt the need to do so; however, they all understood their duty to immediately report any suspicion of sexual abuse or harassment.</p> <p data-bbox="244 1001 1461 1061">Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

115.252	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence Reviewed:</b> Policy Review; Interviews.</p> <p><b>115.252:</b> The agency does not have an administrative procedure for dealing with resident grievances regarding sexual abuse. Therefore, the facility meets this standard through non-applicability.</p>

115.253	<b>Resident access to outside confidential support services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 353">Evidence Reviewed: Kentucky Association of Sexual Assault Programs (KASAP) MOU with KYDOC; KASAP Regional Map; WARM/New Beginnings MOU; Resident Education; Acknowledgement Form; Observations During Site Visit; Interviews.</p> <p data-bbox="229 353 1509 712"><b>115.253(a)(b)(c):</b> The facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse through New Beginnings. The facility provides a brochure from New Beginnings with contact information, including a hotline number, and address. New Beginnings provides an option for hearing-impaired residents to make contact via phone, email, or physical address. The acknowledgment forms, signed by the offender, show their understanding of available resources. The facility also provides residents with access to outside victim advocates for emotional support services related to sexual abuse through resources available through the Kentucky Association of Sexual Assault Programs (KASAP) agreement with the Kentucky DOC. The facility states that communications are not monitored and that the residents are informed of the limits of confidentiality regarding a report of sexual abuse. Interview with residents confirmed that they are all aware of these services, how to access them, and that they are confidential. Resident interviews indicated they all were aware of the services provided by New Beginnings and how to access these services.</p> <p data-bbox="229 712 1509 795">Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

115.254	<b>Third party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 353">Evidence Reviewed: RKY PREA Policy; PREA Hotline Posters; PREA Brochure; Web Search; Observations During Site Visit; Interviews.</p> <p data-bbox="229 353 1509 613"><b>115.254(a):</b> RKY PREA policy states that a resident or third party may report a sexual offense verbally or in writing. Reports may be made anonymously. A review of the KYDOC website (<a href="https://corrections.ky.gov/About/Pages/Prison-Rape-Elimination-Act-(PREA).aspx">https://corrections.ky.gov/About/Pages/Prison-Rape-Elimination-Act-(PREA).aspx</a>) confirms that third-party reports can be made by reporting any incident of sexual abuse or sexual harassment involving an offender housed within a Department of Corrections facility, by calling the PREA Hotline toll free at 1-833-DOC-PREA (1-833-362-7732). The facility also has a method for 3rd Party Reporting listed on their public website at <a href="https://warmrecovery.com/prea/">https://warmrecovery.com/prea/</a>.</p> <p data-bbox="229 613 1509 696">Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

115.261	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 318">Evidence Reviewed: RKY PREA Policy; Kentucky Law KRS620; KRS209; Observations During Site Visit; Interviews.</p> <p data-bbox="229 318 1509 510"><b>115.261(a):</b> RKY PREA Policy states that staff members shall immediately report to their supervisor all knowledge, suspicions, or information of an incident of a sexual offense within a Kentucky or other correctional facility. They shall report any retaliation against someone who has reported such an incident. They shall also report any knowledge of staff who neglect to report the above incidents. Staff members may also make reports to the PREA hotline. Interviews with staff indicated their awareness of their duty to immediately report all such information.</p> <p data-bbox="229 510 1509 734"><b>115.261(b)(c):</b> RKY-WARM PREA Policy states that all information in a report or investigation of a sexual offense shall be kept confidential except to the extent necessary to report to an appropriate supervisor, adequately investigate the incident, provide treatment, or make security or management decisions. An individual interviewed in the course of resolving the complaint shall be cautioned to treat the information as confidential. Breach of this confidentiality shall be grounds for disciplinary action. The auditor reviewed the resident acknowledgment forms that advise the resident of their limits to confidentiality and staff obligations to report. Medical and mental health services are not conducted at the facility.</p> <p data-bbox="229 734 1509 958"><b>115.261(d):</b> Kentucky law requires mandatory reporting of child abuse, neglect, and dependency (KRS 620) and the abuse, neglect, or financial exploitation of adults who have a physical or mental disability and are unable to protect themselves; this might include an elderly person (KRS 209). Reports are typically made to the Cabinet for Health and Family Services. The Cabinet, in turn, will investigate the allegation and is sometimes required to notify the appropriate law enforcement agency. WARM does not house residents under the age of 18 and there have been no incidents involving a vulnerable adult within the audit period.</p> <p data-bbox="229 958 1509 1093"><b>115.261(e):</b> RKY PREA Policy states that notifications for the purpose of an investigation shall be immediately made to the designated facility investigator. In addition, all allegations of sexual assaults that involve potentially criminal behavior shall be referred for a criminal investigation to the Kentucky State Police.</p> <p data-bbox="229 1093 1509 1167">Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

115.262	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="244 271 1070 297">Evidence Reviewed: RKY PREA Policy; Observations During Site Visit; Interviews.</p> <p data-bbox="244 331 1469 591"><b>115.262(a):</b> RKY PREA Policy states that if at any time it is learned that a resident is subject to a substantial risk of imminent sexual assault, immediate action shall be taken to protect the resident. The facility reports that in the past 12 months, there were no incidents where the agency or facility determined that a resident was subject to a substantial risk of imminent sexual abuse. Staff interviews confirmed that any knowledge or suspicion of a substantial risk of imminent sexual assault must be acted on immediately to ensure the safety of the individual and the VP of Recovery Services/PREA Coordinator would be notified for advisement and further instructions. Based on an interview with the VP of Recovery Services/PREA Coordinator, alternative placements would be coordinated through the referring agency if a resident cannot be housed safely at the facility.</p> <p data-bbox="244 624 1461 678">Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

115.263	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="244 271 756 297">Evidence Reviewed: RKY PREA Policy; Interviews.</p> <p data-bbox="244 331 1469 490"><b>115.263(a)(b)(c)(d):</b> Policy states that within 72 hours of receiving an allegation that a resident was sexually abused while confined at another facility, the RKY Center Director shall notify the Head of the facility where the alleged incident occurred. The notification shall be documented. All allegations received from other facilities shall be investigated. During the past 12 months, the facility indicates that they did not receive an allegation that a resident was abused while confined at another facility.</p> <p data-bbox="244 524 1461 582">Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

115.264	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1171 297">Evidence Reviewed: RKY PREA Policy; KYDOC CPP 14.7; Training Curriculum; Interviews.</p> <p data-bbox="242 331 1485 456"><b>115.264(a):</b> Upon receiving the report, the staff on duty shall ensure the separation of the alleged victim and perpetrator and if possible secure and protect any crime scene to keep potential evidence in place for examination and investigation. If the crime scene cannot be secured, the crime scene shall be photographed or videotaped. The facility indicated no allegations of sexual abuse were received in the past 12 months.</p> <p data-bbox="242 490 1493 680"><b>115.264(b):</b> KYDOC CPP 14.7 states that if the incident occurred within the previous ninety-six (96) hours, the alleged victim and alleged perpetrator shall not take any actions that could destroy physical evidence which includes: washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating. The training curriculum provides staff with first responder instructions. The facility staff is responsible only for maintaining the crime scene until external investigators arrive to collect evidence. A review of the PREA training curriculum for the facility confirms that the information is discussed during training. Based on interviews with staff, they are all very knowledgeable about their responsibilities as first responders.</p> <p data-bbox="242 714 1461 772">Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

115.265	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: RKY PREA Policy; Coordinated Response Plan; Interviews.</p> <p><b>115.265(a):</b> The RKY PREA Policy requires all RKY facilities to create an action plan unique to their facility. WARM has developed a written institutional plan to coordinate actions among staff first responders, community medical and mental health providers, investigators, and facility leadership. Interviews with staff indicate they are all aware of their individual and collective responsibilities in response to an allegation of sexual abuse.</p> <p>Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

115.266	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 318">Evidence Reviewed: Interviews.</p> <p data-bbox="229 318 1509 443"><b>115.266(a):</b> Based on the interview with the VP of Recovery Services/CEO Designee, the agency has not entered into or renewed any collective bargaining agreement or other agreement that would limit the agency's ability to remove alleged staff sexual abusers from contact with any residents when warranted.</p> <p data-bbox="229 443 1509 528">Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

115.267	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="231 197 1508 257"><b>Auditor Discussion</b></p> <p data-bbox="231 257 1508 324">Evidence Reviewed: RKY PREA Policy; PREA Visit Checklist; Interviews.</p> <p data-bbox="231 324 1508 616"><b>115.267(a-e):</b> RKY PREA Policy states that residents and staff who report sexual abuse or harassment shall be protected from retaliation. These residents and staff will be monitored for at least 90 days following a report. A member of the facility management staff will be designated to monitor the situation. Changes in housing assignments or work schedules may be necessary. Obligation to monitor can be terminated if it is determined that an allegation of retaliation is unfounded. The facility reports that the VP of Recovery Services/PREA Coordinator is the designated retaliation monitor for WARM. The auditor's interview with the designated retaliation monitor confirmed that the required monitoring for retaliation will be monitored if a report of sexual abuse or harassment is received and that there is zero-tolerance for retaliation at the facility. The facility reports that there were no retaliation incidents reported within the past 12 months.</p> <p data-bbox="231 616 1508 696">Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

115.271	<b>Criminal and administrative agency investigations</b>
	<p data-bbox="240 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 970 300">Evidence Reviewed: RKY PREA Policy; KSP Memorandum; Interviews.</p> <p data-bbox="240 331 1485 689"><b>115.271(a)(b):</b> RKY PREA policy states that allegations of sexual abuse and sexual harassment shall be promptly, thoroughly, and objectively investigated. Sexual abuse investigations alleging force, coercion, or possible criminal behavior shall be conducted by specially trained investigators from the Kentucky Department of Corrections, Kentucky State Police, or other law enforcement agency. RKY center staff shall also receive specialized training in conducting investigations. The PREA Compliance Manager (PCM) is the designated investigator and may conduct an administrative investigation into an allegation of sexual abuse or sexual harassment. Based on interviews with the PCM, the auditor determined that she is aware of the requirement to conduct thorough, prompt, and objective investigations. Any allegation that appears to be criminal in nature will be immediately reported to the Kentucky State Police for a criminal investigation and in coordination with any referring agency. Based on interviews with the VP of Recovery Services/PREA Coordinator and the PCM, an investigation will be conducted on all allegations including third-party and anonymous reports. There were no third-party or anonymous allegations reported during the audit period.</p> <p data-bbox="240 721 1485 1048"><b>115.271(c)(d)(f)(h):</b> The facility investigator is limited to administrative actions, but follows the KYDOC CPP 14.7 policy for gathering and preserving direct and circumstantial evidence when required. There were no administrative or criminal investigations conducted during the audit period to review. The auditor's interview with the PCM confirmed that she would interview the alleged victim, suspected perpetrator, and witnesses, and review for any prior complaints and reports of sexual abuse involving the suspected perpetrator. She would document the investigation in a written report that includes a description of the physical and testimonial evidence, the reasoning behind credibility assessments, the review of prior complaints and reports of sexual abuse involving the suspected perpetrator, and investigative facts and findings. She explained that the facility conducts no compelled interviews and would defer all such interviews to the appropriate law enforcement agency. She further confirmed, along with the VP of Recovery Services, that the administrative investigation includes efforts to determine whether staff actions or failures to act contributed to the incident.</p> <p data-bbox="240 1079 1485 1205"><b>115.271(e):</b> Interview with the PCM determined that the agency investigator would 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 a resident or staff member. It was confirmed that the agency investigates 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.</p> <p data-bbox="240 1236 1485 1397"><b>115.271(g)(l):</b> The facility staff does not conduct criminal investigations. Criminal investigations will be conducted by the KSP. The auditor's review of a Memorandum from Kentucky State Police confirming all Troopers receive training in sexual abuse investigations during basic training, which is consistent with the requirements of §115.34. Interview with the VP of Recovery Services/CEO designee confirms that should a case be turned over to an external law enforcement agency for investigation, the facility would attempt to stay in contact with the external investigator to remain informed about the case.</p> <p data-bbox="240 1429 1485 1621"><b>115.271(i):</b> RKY PREA Policy states that all case records associated with claims of sexual offenses, including incident reports, investigation reports, resident information, case disposition, medical and counseling evaluation findings, and recommendations for aftercare or counseling shall be retained in accordance with the records retention schedule. All resident records will be maintained by the facility for a minimum of 5 years. The Records Request policy states that PREA records will be maintained by PREA standard 115.271 which was confirmed through an interview with the VP of Recovery Services.</p> <p data-bbox="240 1653 1485 1747"><b>115.271(j):</b> RKY PREA Policy states that the departure of the alleged perpetrator or victim from the employment or control of the facility or department shall not provide a basis for terminating an investigation. Additionally, this was confirmed through interviews with the PCM/Investigator and the VP of Recovery Services/CEO designee.</p> <p data-bbox="240 1778 1485 1836">Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

<b>115.272</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: RKY PREA Policy; KYDOC CPP 14.7; Interviews.</p> <p><b>115.272(a):</b> KYDOC CPP 14.7 states no standard higher than a preponderance of the evidence shall be imposed in determining whether allegations of sexual abuse or sexual harassment are substantiated for administrative investigations. Based on the auditor's interview with the PREA Compliance Manager/Facility Investigator and the VP of Recovery Services, WARM follows the CPP 14.7 policy.</p> <p>Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

<b>115.273</b>	<b>Reporting to residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 318">Evidence Reviewed: RKY PREA Policy; KYDOC CPP 14.7; KYDOC Notification to Victim Form; Interviews.</p> <p data-bbox="229 318 1509 577"><b>115.273(a)(b)(c)(d):</b> RKY PREA Policy states that alleged victims shall be informed when a report has been found to be substantiated, unsubstantiated, or unfounded, the alleged perpetrator is no longer housed at the RKY facility, the alleged perpetrator is no longer employed by or affiliated with the RKY facility, and/or the alleged perpetrator has been indicted or convicted. The duty to inform the alleged victim ends when the victim leaves the RKY program. The facility indicates no investigations were completed by the agency/facility in the past 12 months. The auditor's interview with the VP of Recovery Services and the PREA Compliance Manager/Facility Investigator confirmed that they will follow the notification requirements of this standard utilizing the Kentucky DOC notification to victim form to document the notification.</p> <p data-bbox="229 577 1509 734"><b>115.273(e):</b> KYDOC CPP 14.7 states that following an investigation where the alleged victim has reported the case of sexual abuse, the alleged victim shall be informed within thirty (30) days of the conclusion of the investigation. It shall be documented. There were no incidents of sexual abuse or harassment reported in the past 12 months therefore no such notification was required.</p> <p data-bbox="229 734 1509 819">Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

115.276	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="244 271 762 297">Evidence Reviewed: RKY PREA Policy; Interviews.</p> <p data-bbox="244 331 1485 656"><b>115.276(a)(b)(c)(d):</b> RKY PREA policy states that staff shall be subject to disciplinary sanctions up to and including termination for violating RKY, DOC, or parent agency sexual harassment or sexual abuse policies. Criminal acts committed by staff, contractors, or volunteers shall be reported to law enforcement. Other violations of the code of ethics or dual relationship policies shall be reported to any relevant licensing or certification boards. Interviews with the VP of Recovery Services/CEO designee and the HR Director confirms that termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse. Additionally, employees are held accountable through a disciplinary process for violations of agency policies commensurate with the nature and circumstances of the incident. If staff is suspected of committing criminal acts, they will automatically be reported to the KSP, even if the employee resigns; any relevant licensing body will be notified of terminations for violations of sexual abuse/harassment policies, as appropriate. WARM reports no staff violations of the sexual harassment or sexual abuse policies in the last 12 months.</p> <p data-bbox="244 689 1461 745">Based on the auditor’s review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

115.277	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="244 271 762 297">Evidence Reviewed: RKY PREA Policy; Interviews.</p> <p data-bbox="244 331 1490 622"><b>115.277(a)(b):</b> RKY PREA Policy states that staff shall be subject to disciplinary sanctions up to and including termination for violating RKY, DOC, or parent agency sexual harassment or sexual abuse policies. Criminal acts committed by staff, contractors, or volunteers shall be reported to law enforcement. Other violations of the code of ethics or dual relationship policies shall be reported to any relevant licensing or certification boards. Interviews with the VP of Recovery Services/CEO designee and HR Director confirm that termination is the presumptive disciplinary sanction for contractors or volunteers who engage in sexual abuse or violate agency policies. Any contractor or volunteer suspected of committing a criminal act will automatically be reported to the KSP by the facility and any relevant licensing body will be notified of terminations for violations of sexual abuse/harassment policies, as appropriate. WARM reports no contractor or volunteer violations of the sexual harassment or sexual abuse policies in the last 12 months.</p> <p data-bbox="244 656 1461 712">Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

115.278	<p data-bbox="229 69 1509 1335"><b>Disciplinary sanctions for residents</b></p> <p data-bbox="229 132 1509 192"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="229 192 1509 253"><b>Auditor Discussion</b></p> <p data-bbox="229 253 1509 313">Evidence Reviewed: RKY PREA Policy; KYDOC CPP 14.7; Interviews.</p> <p data-bbox="229 313 1509 694"><b>115.278(a)(b)(c):</b> KYDOC CPP 14.7 states that offenders may be disciplined for substantiated incidents of offender-on-offender sexual abuse according to CPP 15.2. The facility reports that there were no incidents in the past 12 months, of resident-on-resident sexual abuse. It is recommended that WARM place this language in their PREA policy; however if a sexual abuse case is substantiated, the resident found to have perpetrated the sexual abuse will be terminated from the program as residents at this facility are not considered incarcerated persons. The KYDOC CPP 14.7 further states that if an offender has pending disciplinary sanctions for alleged offender-on-offender sexual abuse, consideration shall be given as to whether the offender’s mental disabilities or mental illness contributed to his or her behavior when determining what level of sanction, if any, will be imposed. WARM would confer with the referring agency and/or the relevant law enforcement agency with regard to additional disciplinary action for the perpetrator. Residents with mental disabilities or mental illness will be referred to an appropriate community resource, as deemed necessary. The facility reports that there were no incidents in the past 12 months, of resident-on-resident sexual abuse.</p> <p data-bbox="229 694 1509 817"><b>115.278(d):</b> The facility does not offer therapy, counseling, or other interventions designed to address and correct underlying reasons for motivating sexual abuse. Residents would be referred back to the referring agency or to a community service resource, as needed.</p> <p data-bbox="229 817 1509 1086"><b>115.278(f):</b> RKY PREA Policy states that an offender may be discharged for reporting a false allegation of sexual abuse or sexual harassment only where the facility can demonstrate the false allegation was knowingly made in bad faith. A report made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute a false report or lying even if an investigation does not establish evidence sufficient to substantiate the allegation. Interview with the VP of Recovery Services/PREA Coordinator confirmed that false reporting is taken seriously and considered a serious violation within the resident code of conduct.</p> <p data-bbox="229 1086 1509 1243"><b>115.278(g):</b> The resident PREA acknowledgment form advises the residents of the zero-tolerance policy, which includes any consensual activity. The form also has the statement that “No means No and Yes is not allowed.” During staff interviews, the auditor found it was common knowledge among staff and residents that sexual activity of any kind is prohibited at the facility and it is explained in the residents' code of conduct.</p> <p data-bbox="229 1243 1509 1335">Based on the auditor’s review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>
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115.282	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="244 271 963 297">Evidence Reviewed: RKY PREA Policy; KYDOC CPP 14.7; Interviews.</p> <p data-bbox="244 331 1490 689"><b>115.282 (a)(b)(c)(d):</b> RKY PREA Policy states that residents who have been victims of sexual abuse shall be offered referrals for emergency medical and mental health evaluations and as deemed appropriate, any necessary treatment related to the sexual abuse, to include timely and comprehensive information about lawful pregnancy-related medical services and be referred for test for sexually transmitted infections if requested. Medical and mental health services shall be available on an ongoing basis. Interviews with the VP of Recovery Services/PREA Coordinator and Medical Services Director confirmed that victims of sexual abuse will be provided with referrals/treatment for medical and mental health services with a community provider at no cost. General medical services are provided by a Deaconess Community Clinic; routine referrals are seen within 7 days and emergent referrals are seen within 24 hours. Emergency medical services will be provided at Deaconess Henderson Hospital, located at 1305 N. Elm Street Henderson, Kentucky, where they have SANE services available. There are several resources available for mental health services: New Beginnings, Light House, Oasis, or River Valley. There have been no incidents within the audit period requiring emergency medical or mental health evaluations or treatment.</p> <p data-bbox="244 723 1461 779">Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

115.283	<p data-bbox="229 69 1509 1227"><b>Ongoing medical and mental health care for sexual abuse victims and abusers</b></p> <p data-bbox="229 129 1509 181"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="229 190 1509 248"><b>Auditor Discussion</b></p> <p data-bbox="229 257 1509 293">Evidence Reviewed: RKY PREA Policy; KYDOC CPP 14.7; Interviews.</p> <p data-bbox="229 315 1509 555"><b>115.283(a)(b)(g):</b> RKY PREA Policy states that residents who have been victims of sexual abuse shall be offered referrals for emergency medical and mental health evaluations and as deemed appropriate. Medical and mental health services shall be available on an ongoing basis and at no charge to the resident. WARM residents receive medical and mental health services through the Deaconess Health System and various other providers to include New Beginnings, Light House, Oasis, and River Valley. The residents at WARM are not considered incarcerated individuals and have full access to community services. The facility assists the residents with follow-up services and connects them with community resources as part of the after-care release planning.</p> <p data-bbox="229 577 1509 674"><b>115.283(c):</b> WARM does not provide medical treatment at the facility. The residents at WARM are not considered incarcerated individuals and have full access to community services. Therefore, the residents do receive treatment equivalent to the community level of care.</p> <p data-bbox="229 696 1509 792"><b>115.283(d)(e):</b> RKY PREA Policy states that if pregnancy results for conduct specified in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. There have been no incidents during the audit period.</p> <p data-bbox="229 815 1509 987"><b>115.283(f):</b> RKY PREA Policy states that residents who have been victims of sexual abuse shall be offered referrals for emergency medical and mental health evaluations and as deemed appropriate, any necessary treatment related to the sexual abuse, to include timely and comprehensive information about lawful pregnancy-related medical services and be referred for test for sexually transmitted infections if requested. The residents at WARM are not considered incarcerated individuals and have full access to community services.</p> <p data-bbox="229 1010 1509 1106"><b>115.283(h):</b> The facility does not conduct mental health evaluations nor treatment, but will make referrals as needed to a community service provider. Confirmed resident-on-resident abusers would be terminated from the program, in consultation with the referring agency, according to an interview with the VP of Recovery Services/PREA Coordinator.</p> <p data-bbox="229 1128 1509 1227">Based on the auditor’s review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>
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115.286	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 318">Evidence Reviewed: RKY PREA Policy; Interviews.</p> <p data-bbox="229 318 1509 685"><b>115.286(a)-(e):</b> RKY PREA policy states that within 30 days of the conclusion of an investigation, a review will be conducted by RKY center management team. The purpose of the review is to determine whether there is a need to revise policy and/or procedures, adjust staffing levels, address behavioral norms within the facility, review and correct physical plant issues, employ monitoring technology, etc. The review team will prepare a written report of recommendations and submit this to the agency head and PREA compliance manager. The auditor's interviews with the PREA Coordinator, Medical Services Director, and PREA Compliance Manager confirmed their knowledge that a review is to be conducted within 30 days after the conclusion of an investigation and that they should subsequently document consideration of all items described in provision (d)1-6 of this standard. These interviews further confirmed their knowledge of the purpose of using the incident reviews to enhance the facility's zero-tolerance policy and prevention of sexual abuse procedures. There were no sexual abuse or sexual harassment allegations reported within the past 12 months therefore the facility conducted no incident reviews.</p> <p data-bbox="229 685 1509 795">Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

115.287	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1433 297">Evidence Reviewed: RKY PREA Policy; Web Search; 2020 KYDOC Annual Report; WARM Annual Report; Interviews.</p> <p data-bbox="240 331 1474 524"><b>115.287(a)-(d):</b> RKY PREA policy states that all case records associated with claims of sexual offenses, including incident reports, investigation reports, resident information, case disposition, medical and counseling evaluation findings, and recommendations for aftercare or counseling shall be retained in accordance with the records retention schedule. This data shall be reviewed on an ongoing basis in an effort to identify problem areas and take corrective action. Yearly reports shall be made public. WARM posts its annual report on their public website at <a href="https://warmrecovery.com/prea/">https://warmrecovery.com/prea/</a> and their data is also included in the KDOC's individual/aggregated data reports as they are a contract facility.</p> <p data-bbox="240 557 1433 616"><b>115.287(e):</b> The facility does not contract with private agencies for the confinement of residents. Therefore, this facility meets this provision through non-applicability.</p> <p data-bbox="240 649 1449 707"><b>115.287(f):</b> The DOJ has not requested information from WARM, but according to an interview with the VP of Recovery Services/PREA Coordinator, this information is provided to the KDOC and included in their aggregated data for reporting.</p> <p data-bbox="240 741 1461 799">Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

<b>115.288</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 318">Evidence Reviewed: RKY PREA Policy; KYDOC CPP 14.7; Website Search; Interviews.</p> <p data-bbox="229 318 1509 479"><b>115.288 (a):</b> Based on the auditor's interview with the VP of Recovery Services/CEO designee data collected is used to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including (a) identifying problem areas; (b) taking corrective action on an ongoing basis; and (c) preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole.</p> <p data-bbox="229 479 1509 640"><b>115.288(b)(c)(d):</b> WARM sexual abuse data is provided to the KDOC to be included in the agency's aggregated data for contracted facilities. A review of the 2020 Annual PREA Report for the KYDOC reveals that data is compared for the years, 2016, 2017, 2018; 2019; and 2020. The 2020 PREA Annual report is published on the KY DOC website. The agency indicates that they redact personal identifiers from the annual report.</p> <p data-bbox="229 640 1509 719">Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

115.289	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 318">Evidence Reviewed: RKY PREA Policy; Observations During Site Visit; Interviews.</p> <p data-bbox="229 318 1509 613"><b>115.289(a)(d):</b> RKY PREA Policy states that all case records associated with claims of sexual offenses, including incident reports, investigation reports, resident information, case disposition, medical and counseling evaluation findings, and recommendations for aftercare or counseling shall be retained in accordance with the records retention schedule. All resident records will be maintained by the facility for a minimum of 5 years. Interview with the VP of Recovery Services/PREA Coordinator confirmed that records will be maintained for a minimum of 10 years. The auditor observed the facility's records area and found that all files are stored in a locked filing cabinet inside of a secure office with restricted access. Access to these files is restricted to those persons who need to know.</p> <p data-bbox="229 613 1509 837"><b>115.289(b)(c):</b> WARM has had no sexual abuse incident since inception and this is reflected in their annual report posted to their public website. This same information is reported to the Kentucky DOC as part of the contractual agreement for bed space. Therefore, the Kentucky DOC collects and publishes aggregated sexual abuse data to its public website from facilities under its direct control and private facilities with which it contracts. The PREA Coordinator compiles and publishes this annual report, as noted in §115.88. The most current report published by WARM and the Kentucky DOC is 2020. Each report is published on the respective agency's public website. Neither report contains personally-identifying information.</p> <p data-bbox="229 837 1509 920">Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

115.401	<b>Frequency and scope of audits</b>
	<p data-bbox="240 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 970 300">Evidence Reviewed: Personal Observations During Site Visit; Interviews.</p> <p data-bbox="240 331 1484 524"><b>115.401(a):</b> Women's Addiction Recovery Manor (WARM) is a stand-alone facility and affiliate of the Recovery Kentucky Centers throughout the state. The facility has operated since 2007. The Kentucky Department of Corrections contracts with WARM for bed space for paroling and/or community status offenders which require that WARM comply with the PREA standards. This audit is occurring within the third year of the current audit cycle. This is the third audit of the facility. WARM's last audit was conducted in January 2018, with a Final Report published on May 23, 2018.</p> <p data-bbox="240 555 1437 645"><b>115.401(h):</b> The auditor was allowed access to all areas of the facility. The auditor was provided a complete tour of the facility and grounds, led by the Facility Director who is also the Vice President of Recovery Services and the designated PREA Coordinator.</p> <p data-bbox="240 676 1185 703"><b>115.401(i):</b> All documents requested were promptly provided in electronic and/or paper format.</p> <p data-bbox="240 734 1465 797"><b>115.401(m):</b> The auditor was provided a private office to conduct interviews with residents and staff. All residents and staff were randomly selected by the auditor for interviews and records reviews.</p> <p data-bbox="240 828 1489 954"><b>115.401(n):</b> There are no restrictions to whom the residents may correspond, either by phone or by mail. Resident interviews confirmed that the information about the PREA audit was posted for at least two months before the audit. The auditor observed a notice posted on each resident's apartment door and walls or bulletin boards in all common areas of the facility. Interviews further confirmed that the residents were aware they could communicate with the auditor confidentially.</p> <p data-bbox="240 985 1461 1048">Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: Public Website Search; Interviews.</p> <p><b>115.403(f):</b> The auditor observed the last audit for WARM posted on its public website at <a href="https://warmrecovery.com/prea/">https://warmrecovery.com/prea/</a>. In addition, the Kentucky Department of Corrections (KDOC) also publishes Final Reports for facilities under contract for bed space. Since WARM is under contract with the KDOC their report is also published at <a href="https://corrections.ky.gov">https://corrections.ky.gov</a>.</p> <p>Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

<b>Appendix: Provision Findings</b>		
<b>115.211 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
<b>115.211 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	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 community confinement facilities?	yes
<b>115.212 (a)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	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 adopt and 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.)	na
<b>115.212 (b)</b>	<b>Contracting with other entities for the confinement of residents</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.)	na
<b>115.212 (c)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	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.)	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.)	na
<b>115.213 (a)</b>	<b>Supervision and monitoring</b>	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes

<b>115.213 (b)</b>	<b>Supervision and monitoring</b>	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	na
<b>115.213 (c)</b>	<b>Supervision and monitoring</b>	
	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
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns?	yes
	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
	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
<b>115.215 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
<b>115.215 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	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 the facility does not have female inmates.)	yes
<b>115.215 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes
<b>115.215 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical 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
	Does the facility have procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical 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
	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

<b>115.215 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
	If the 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
<b>115.215 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
	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

115.216 (a)	<b>Residents with disabilities and residents who are limited English proficient</b>	
	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
	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
	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
	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
	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
	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
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	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
	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
	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
	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: Who are blind or have low vision?	yes
115.216 (b)	<b>Residents with disabilities and residents who are limited English proficient</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
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

<b>115.216 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	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
<b>115.217 (a)</b>	<b>Hiring and promotion decisions</b>	
	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
	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
	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 two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the 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
	Does the agency prohibit the enlistment of the 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
	Does the agency prohibit the enlistment of the 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 two questions immediately above ?	yes
<b>115.217 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
<b>115.217 (c)</b>	<b>Hiring and promotion decisions</b>	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	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
<b>115.217 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
<b>115.217 (e)</b>	<b>Hiring and promotion decisions</b>	
	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

<b>115.217 (f)</b>	<b>Hiring and promotion decisions</b>	
	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
	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
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.217 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.217 (h)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.218 (a)</b>	<b>Upgrades to facilities and technology</b>	
	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.)	na
<b>115.218 (b)</b>	<b>Upgrades to facilities and technology</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 any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	na
<b>115.221 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.221 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
	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? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes

<b>115.221 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	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
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
<b>115.221 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	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
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
<b>115.221 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
<b>115.221 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency 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
<b>115.221 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	yes
<b>115.222 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

<b>115.222 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy 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
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
<b>115.222 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	If a separate entity is responsible for conducting criminal investigations, does the policy 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
<b>115.231 (a)</b>	<b>Employee training</b>	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	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
	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
	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
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	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
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	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
	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
<b>115.231 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	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

<b>115.231 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with residents received such training?	yes
	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
	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
<b>115.231 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.232 (a)</b>	<b>Volunteer and contractor training</b>	
	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
<b>115.232 (b)</b>	<b>Volunteer and contractor training</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
<b>115.232 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.233 (a)</b>	<b>Resident education</b>	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
<b>115.233 (b)</b>	<b>Resident education</b>	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes

<b>115.233 (c)</b>	<b>Resident education</b>	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
<b>115.233 (d)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
<b>115.233 (e)</b>	<b>Resident education</b>	
	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
<b>115.234 (a)</b>	<b>Specialized training: Investigations</b>	
	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 receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
<b>115.234 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	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 criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
<b>115.234 (c)</b>	<b>Specialized training: Investigations</b>	
	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 criminal or administrative sexual abuse investigations. See 115.221(a).)	yes

<b>115.235 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
<b>115.235 (b)</b>	<b>Specialized training: Medical and mental health care</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 does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
<b>115.235 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
<b>115.235 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
	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.)	na
<b>115.241 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
	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
<b>115.241 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.241 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

<b>115.241 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
	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
	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
	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
	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
	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
	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
	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
	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
<b>115.241 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
	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
	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
<b>115.241 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.241 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	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

<b>115.241 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.241 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.242 (a)</b>	<b>Use of screening information</b>	
	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
	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
	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
	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
	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
<b>115.242 (b)</b>	<b>Use of screening information</b>	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
<b>115.242 (c)</b>	<b>Use of screening information</b>	
	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
	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
<b>115.242 (d)</b>	<b>Use of screening information</b>	
	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
<b>115.242 (e)</b>	<b>Use of screening information</b>	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes

<b>115.242 (f)</b>	<b>Use of screening information</b>	
	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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
<b>115.251 (a)</b>	<b>Resident reporting</b>	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	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
	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
<b>115.251 (b)</b>	<b>Resident reporting</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
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
<b>115.251 (c)</b>	<b>Resident reporting</b>	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.251 (d)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes

<b>115.252 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.252 (b)</b>	<b>Exhaustion of administrative remedies</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.)	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.)	na
<b>115.252 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	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.)	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.)	na
<b>115.252 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	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.)	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 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.)	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.)	na
<b>115.252 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	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.)	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.)	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.)	na

<b>115.252 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	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.)	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.)	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.)	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.)	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.)	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.)	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.)	na
<b>115.252 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	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.)	na
<b>115.253 (a)</b>	<b>Resident access to outside confidential support services</b>	
	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
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
<b>115.253 (b)</b>	<b>Resident access to outside confidential support services</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
<b>115.253 (c)</b>	<b>Resident access to outside confidential support services</b>	
	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
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
<b>115.254 (a)</b>	<b>Third party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes

<b>115.261 (a)</b>	<b>Staff and agency reporting duties</b>	
	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
	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
	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
<b>115.261 (b)</b>	<b>Staff and agency reporting duties</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
<b>115.261 (c)</b>	<b>Staff and agency reporting duties</b>	
	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
	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
<b>115.261 (d)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.261 (e)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.262 (a)</b>	<b>Agency protection duties</b>	
	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
<b>115.263 (a)</b>	<b>Reporting to other confinement facilities</b>	
	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
<b>115.263 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.263 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.263 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

<b>115.264 (a)</b>	<b>Staff first responder duties</b>	
	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
	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
	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
	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
<b>115.264 (b)</b>	<b>Staff first responder duties</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
<b>115.265 (a)</b>	<b>Coordinated response</b>	
	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
<b>115.266 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	
	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
<b>115.267 (a)</b>	<b>Agency protection against retaliation</b>	
	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
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.267 (b)</b>	<b>Agency protection against retaliation</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

<b>115.267 (c)</b>	<b>Agency protection against retaliation</b>	
	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
	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
	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
	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
	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:4. Monitor resident housing changes?	yes
	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
	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
	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 reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
<b>115.267 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of residents, does such monitoring also include periodic status checks?	yes
<b>115.267 (e)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.271 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	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
	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
<b>115.271 (b)</b>	<b>Criminal and administrative agency investigations</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

<b>115.271 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
<b>115.271 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	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
	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
<b>115.271 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	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
<b>115.271 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.271 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
<b>115.271 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	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 any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
<b>115.272 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	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

<b>115.273 (a)</b>	<b>Reporting to residents</b>	
	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
<b>115.273 (b)</b>	<b>Reporting to residents</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
<b>115.273 (c)</b>	<b>Reporting to residents</b>	
	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
	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
	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
	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
<b>115.273 (d)</b>	<b>Reporting to residents</b>	
	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
	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
<b>115.273 (e)</b>	<b>Reporting to residents</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.276 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.276 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

<b>115.276 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.276 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	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
	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
<b>115.277 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
<b>115.277 (b)</b>	<b>Corrective action for contractors and volunteers</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
<b>115.278 (a)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.278 (b)</b>	<b>Disciplinary sanctions for residents</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
<b>115.278 (c)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.278 (d)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.278 (e)</b>	<b>Disciplinary sanctions for residents</b>	
	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

<b>115.278 (f)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.278 (g)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.282 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.282 (b)</b>	<b>Access to emergency medical and mental health services</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
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.282 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.282 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.283 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.283 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</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
<b>115.283 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.283 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. Note: in "all-male" facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes

<b>115.283 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
<b>115.283 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.283 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.283 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.286 (a)</b>	<b>Sexual abuse incident reviews</b>	
	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
<b>115.286 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.286 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.286 (d)</b>	<b>Sexual abuse incident reviews</b>	
	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
	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
	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
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	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
<b>115.286 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

<b>115.287 (a)</b>	<b>Data collection</b>	
	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
<b>115.287 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.287 (c)</b>	<b>Data collection</b>	
	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
<b>115.287 (d)</b>	<b>Data collection</b>	
	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
<b>115.287 (e)</b>	<b>Data collection</b>	
	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
<b>115.287 (f)</b>	<b>Data collection</b>	
	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.)	na
<b>115.288 (a)</b>	<b>Data review for corrective action</b>	
	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
	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
	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
<b>115.288 (b)</b>	<b>Data review for corrective action</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
<b>115.288 (c)</b>	<b>Data review for corrective action</b>	
	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
<b>115.288 (d)</b>	<b>Data review for corrective action</b>	
	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
<b>115.289 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes

<b>115.289 (b)</b>	<b>Data storage, publication, and destruction</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
<b>115.289 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.289 (d)</b>	<b>Data storage, publication, and destruction</b>	
	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
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	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
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	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.)	no
	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
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with residents?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. 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, there has never been a Final Audit Report issued.)	yes