

# PREA Facility Audit Report: Final

**Name of Facility:** Men's Addiction Recovery Campus Residential Program

**Facility Type:** Community Confinement

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 01/10/2022

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> 01/10/2022

AUDITOR INFORMATION	
<b>Auditor name:</b>	Shaver, Sharon
<b>Email:</b>	sharonrshaver@gmail.com
<b>Start Date of On-Site Audit:</b>	12/06/2021
<b>End Date of On-Site Audit:</b>	12/06/2021

FACILITY INFORMATION	
<b>Facility name:</b>	Men's Addiction Recovery Campus Residential Program
<b>Facility physical address:</b>	1791 River St, Bowling Green, Kentucky - 42101
<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>	2708600015

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>	Aaron Brown
<b>Email Address:</b>	aaron.brown@marcrecovery.com
<b>Telephone Number:</b>	O: (270) 418-7150

Facility Health Service Administrator On-Site	
<b>Name:</b>	Connie Cook
<b>Email Address:</b>	connie.cook@warmrecovery.com
<b>Telephone Number:</b>	270-826-0036

Facility Characteristics	
<b>Designed facility capacity:</b>	107
<b>Current population of facility:</b>	95
<b>Average daily population for the past 12 months:</b>	90
<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>	Males
<b>Age range of population:</b>	18-65
<b>Facility security levels/resident custody levels:</b>	Community Confinement
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	16
<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>	MARC, Inc.
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	1791 River St, Bowling Green, Kentucky - 42101
<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 Frields	<b>Email Address:</b>	nicole.frields@warmrecovery.com

**SUMMARY OF AUDIT FINDINGS**

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

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.

Number of standards exceeded:	
3	<ul style="list-style-type: none"> <li>• 115.231 - Employee training</li> <li>• 115.241 - Screening for risk of victimization and abusiveness</li> <li>• 115.253 - Resident access to outside confidential support services</li> </ul>
Number of standards met:	
38	
Number of standards not met:	
0	

# POST-AUDIT REPORTING INFORMATION

## GENERAL AUDIT INFORMATION

### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2021-12-06
2. End date of the onsite portion of the audit:	2021-12-06

### Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Hope Harbor, Inc.

## AUDITED FACILITY INFORMATION

14. Designated facility capacity:	107
15. Average daily population for the past 12 months:	90
16. Number of inmate/resident/detainee housing units:	47
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

## Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

### Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	99
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	1
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0

41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	0
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	Based on the Master Resident Census List for 12/06/2021, there were 99 residents present. Based on a conversation with the PREA Coordinator, no residents disclosed a sexual orientation of lesbian, gay or bisexual. There were no transgender or intersex residents present during the audit. None disclosed prior sexual victimization during the risk screening, were limited English proficient, or reported an allegation. One resident had a physical handicap and was interviewed by the auditor. The facility does not have segregation. The auditor selected 20 residents for interviews, including the one identified from the targeted categories (physical disability). Each resident was interviewed based on the questions in the "Interview Guide for Residents" publication. The facility is not a confinement facility, and the residents are not incarcerated individuals. The facility does not track data related to any of the targeted categories. All residents interviewed were selected by the auditor.
<b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b>	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	16
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	1

<p><b>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>The auditor interviewed 12 of the 16 facility staff and 3 members from the executive team. Interviews were conducted with the 12 staff members using the random staff protocols and the specialized staff questionnaire associated with their particular duties. It is important to note that due to the size of the facility and the small number of staff, individual staff members are responsible for multiple responsibilities at the facility, which required the auditor to utilize multiple specialized staff interview questionnaires with each individual interviewed. The facility currently has no active volunteers approved to come into the facility primarily due to the facility not being a secure confinement facility. Residents can leave the facility of their own free will to attend services and programming, school, and appointments. Hence, there is no need to bring volunteer services into the facility. There is one maintenance contract employee who regularly works at the facility. 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. During interviews, employees collectively revealed that they would take allegations of sexual abuse, sexual harassment, or retaliation at MARC very seriously and that they understand their first responder duties and 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 after that.</p>
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## INTERVIEWS

### Inmate/Resident/Detainee Interviews

#### Random Inmate/Resident/Detainee Interviews

<p><b>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>19</p>
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<p><b>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b></p>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Age</li> <li><input checked="" type="checkbox"/> Race</li> <li><input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</li> <li><input checked="" type="checkbox"/> Length of time in the facility</li> <li><input checked="" type="checkbox"/> Housing assignment</li> <li><input type="checkbox"/> Gender</li> <li><input type="checkbox"/> Other</li> <li><input type="checkbox"/> None</li> </ul>
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<p><b>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b></p>	<p>The auditor selected a balanced number of residents from each phase of the program using a random number generator to ensure interviews included a reasonable sampling from each type of housing provided at the facility (open dormitory, multiple resident rooms, single rooms). Housing is dictated by the resident's time in the program and phase progress. The residents interviewed provided a representative sample of the total population by age, race, length of time at the facility, and housing assignment.</p>
<p><b>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>The auditor experienced no barriers to conducting these interviews and all residents willingly participated.</p>
<p><b>Targeted Inmate/Resident/Detainee Interviews</b></p>	
<p><b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>1</p>
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
<p><b>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>1</p>
<p><b>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Facility staff indicated that no current residents had a cognitive or functional disability. The auditor observed the collective population and individual residents during the site visit in various settings (during meals, free/leisure time, group meetings, work details) and held informal conversations with multiple residents. It was evident to the auditor that no residents were present who met this targeted category.</p>

<p><b>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Facility staff indicated that no current residents were identified as blind or with low vision. The auditor observed the collective population and individual residents during the site visit in various settings (during meals, free/leisure time, group meetings, work details) and held informal conversations with multiple residents. It was evident to the auditor that no residents were present who met this targeted category.</p>
<p><b>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Facility staff indicated that no current residents were identified as deaf or hard-of-hearing. The auditor observed the collective population and individual residents during the site visit in various settings (during meals, free/leisure time, group meetings, work details) and held informal conversations with multiple residents. It was evident to the auditor that no residents were present who met this targeted category.</p>
<p><b>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>



<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Facility staff indicated that no current residents who were limited English proficient. The auditor observed the collective population and individual residents during the site visit in various settings (during meals, free/leisure time, group meetings, work details) and held informal conversations with multiple residents. It was evident to the auditor that no residents were present who met this targeted category.</p>
<p><b>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Facility staff indicated that no current residents disclosed identifying as lesbian, gay, or bisexual and the facility does not track this information. The auditor observed the collective population and individual residents during the site visit in various settings (during meals, free/leisure time, group meetings, work details) and held informal conversations with multiple residents. The auditor was not able to identify any residents present who met this targeted category.</p>
<p><b>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Facility staff indicated that no current residents had identified as transgender or intersex. The auditor observed the collective population and individual residents during the site visit in various settings (during meals, free/leisure time, group meetings, work details) and held informal conversations with multiple residents. The auditor was not able to identify any residents present who met this targeted category.</p>
<p><b>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Facility staff indicated that no current residents reported an allegation of sexual abuse or harassment in this facility. The auditor observed the collective population and individual residents during the site visit in various settings (during meals, free/leisure time, group meetings, work details) and held informal conversations with multiple residents. The auditor was not able to identify any residents present who met this targeted category. No allegations had been reported by any of the 20 residents interviewed.</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Facility staff indicated that no current residents disclosed any prior sexual victimization during the risk screening and the facility does not track this information. The auditor observed the collective population and individual residents during the site visit in various settings (during meals, free/leisure time, group meetings, work details) and held informal conversations with multiple residents. The auditor was not able to identify any residents present who met this targeted category.</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>This facility is not a secure confinement facility and does not have segregated housing or procedures.</p>

70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.
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**Staff, Volunteer, and Contractor Interviews**

**Random Staff Interviews**

71. Enter the total number of RANDOM STAFF who were interviewed:	6
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72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
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73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	<p>The auditor administered the random staff interview protocols to all 12 employees who were working during the site visit even though they are not accounted for in the numbers reported in this form. Due to the small number of staff at the facility, every staff member is tied to at least one of the specialized staff interview protocols so it was impossible to separate the staff between random staff and specialized staff. The auditor experienced no barriers to completing interviews and appropriate representation was able to be met.</p>
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**Specialized Staff, Volunteers, and Contractor Interviews**

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	9
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76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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<p>78. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>79. Were you able to interview the PREA Compliance Manager?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>
<p>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Agency contract administrator</p> <p><input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment</p> <p><input type="checkbox"/> Line staff who supervise youthful inmates (if applicable)</p> <p><input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable)</p> <p><input checked="" type="checkbox"/> Medical staff</p> <p><input type="checkbox"/> Mental health staff</p> <p><input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches</p> <p><input checked="" type="checkbox"/> Administrative (human resources) staff</p> <p><input type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff</p> <p><input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations</p> <p><input type="checkbox"/> Investigative staff responsible for conducting criminal investigations</p> <p><input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness</p> <p><input type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation</p> <p><input checked="" type="checkbox"/> Staff on the sexual abuse incident review team</p> <p><input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation</p> <p><input checked="" type="checkbox"/> First responders, both security and non-security staff</p> <p><input checked="" type="checkbox"/> Intake staff</p> <p><input type="checkbox"/> Other</p>

81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
83. Provide any additional comments regarding selecting or interviewing specialized staff.	The auditor interviewed at least one employee from every category of positions assigned to the facility as well as three executive-level staff who work out of the sister facility but hold responsibilities at MARC. Staff interviews covered all shifts.

## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: discussions related to testing critical functions are expected to be included in the relevant Standard-specific overall determination narratives.

84. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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### Was the site review an active, inquiring process that included the following:

85. Reviewing/examining all areas of the facility in accordance with the site review component of the audit instrument?	<input checked="" type="radio"/> Yes <input type="radio"/> No
86. Testing and/or observing all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., intake process, risk screening process, PREA education)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
88. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No

89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	The auditor arrived at 8:00 a.m. to conduct the site visit of MARC on December 6, 2021, and was met by the Program Director who also serves as the Campus Manager and is the designated PREA Compliance Manager. The Vice President (VP) of Recovery Services/PREA Coordinator and Health Services Director were also present during the site visit. The initial meeting with the Program Director involved an overview of the facility operations and staffing information, then a plan for the day's schedule was confirmed. After general introductions with staff, the Program
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Director took the auditor for a full tour of the facility. The auditor spoke with a variety of staff and clients informally during the facility tour and at various times during the remainder of the day. 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. A systems test was performed using one of the payphones in the common area and the auditor was able to reach the hotline recording and leave a message.

Opening in 2016, Men's Addiction Recovery Campus (MARC) is an adult community confinement facility housing adult, male residents. MARC is located at 791 River Street, Bowling Green Kentucky – 42101. 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 107, but due to the pandemic, referrals have been down over the past 12 months at an average daily population of 90. MARC is a non-profit organization and an affiliate of the Recovery Kentucky Initiative. Programs are offered at no cost to residents. MARC living units consist of 45 apartments and 2 dormitories. MARC consists of 1 building with 47 housing units: 35 single resident rooms; 10 multiple occupancy cells and 2 open-bay housing units. MARC has a video surveillance system to enhance the ability to monitor residents' activities and to enhance the ability to provide a safe environment for all. The system currently has 22 cameras. Cameras are located in the two open bay dormitories, and in common areas such as the group rooms, corridors, and laundry rooms. Cameras are not installed in the resident rooms. 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 8 double bunk beds to hold 16 residents in the open bay dormitory for SOS. 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 this track clients are housed in the open bay dormitory which is identical to the housing in SOS and also has 8 double bunk beds to hold 16 residents. Both dormitories have their own bathroom, and both 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 become eligible to apply for an assigned room, shared with other clients. These rooms are similar to efficiency apartment rooms with single, and quad apartments.

Clients sign a lease with Kentucky Housing Corporation for their housing for the duration of the program. 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 MARC, 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. Medical and mental health services are not provided at the facility. Residents may be referred through consultation with the SOS Coordinator/Medical Services Director or may self-refer directly through the community resource providers. Bluegrass Medical Care comes in every week to provide general clinic care. Bowling Green Medical Center is identified as the local hospital where SANE services are available. Victim support services are provided by Hope Harbor, Inc. All of these services are provided at no cost to the individual.

The contractual relationship between MARC and the Kentucky Department of Corrections (KDOC) affords MARC access to resources and services of the KDOC. The KDOC PREA Coordinator's office provides guidance and support, and limited oversight to MARC with the implementation and management of their PREA programs. Annual compliance visits are conducted by the KDOC PREA Coordinator's Office although not all residents are under the supervision of KDOC. The KDOC 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.

## Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

<p>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>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 including personnel records and resident files. 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. MARC is subject to Recovery Kentucky (RKY) and Kentucky DOC (KY DOC) 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:</p> <ul style="list-style-type: none"> <li>• RKY Policy: Compliance with Prison Rape Elimination Act (PREA)</li> <li>• KY DOC CPP 9.8, Search Policy</li> <li>• RKY Communications with Persons with Limited English Proficiency</li> <li>• KY DOC CPP 14.7, Sexual Abuse Prevention and Intervention Programs</li> <li>• KY DOC CPP 14.8, Lesbian, Gay, Bisexual, Transgender, and Intersex Offenders</li> </ul> <p>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. MARC is not a juvenile facility and does not house individuals under the age of 18. The auditor conducted outreach to Hope Harbor, Inc. 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.</p>
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**SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY**

**Sexual Abuse and Sexual Harassment Allegations and Investigations Overview**



Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

**92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:**

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0
<b>Total</b>	0	0	0	0

**93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:**

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	0	0	0	0

**Sexual Abuse and Sexual Harassment Investigation Outcomes**

**Sexual Abuse Investigation Outcomes**

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for "convicted.") Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

**94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:**

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0	0
<b>Total</b>	0	0	0	0	0

95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
<b>Total</b>	0	0	0	0

**Sexual Harassment Investigation Outcomes**

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
<b>Total</b>	0	0	0	0	0

97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
<b>Total</b>	0	0	0	0

**Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

**Sexual Abuse Investigation Files Selected for Review**

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual abuse investigation files:	There were no sexual abuse allegations reported during the audit period.
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)

**Inmate-on-inmate sexual abuse investigation files**

100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
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101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
<b>Staff-on-inmate sexual abuse investigation files</b>	
103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
<b>Sexual Harassment Investigation Files Selected for Review</b>	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual harassment investigation files:	There were no sexual harassment allegations reported during the audit period.
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
<b>Inmate-on-inmate sexual harassment investigation files</b>	
108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0

<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p> <input type="radio"/> Yes  <input type="radio"/> No  <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) </p>
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<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p> <input type="radio"/> Yes  <input type="radio"/> No  <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) </p>
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**Staff-on-inmate sexual harassment investigation files**

<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
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<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p> <input type="radio"/> Yes  <input type="radio"/> No  <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) </p>
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<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p> <input type="radio"/> Yes  <input type="radio"/> No  <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) </p>
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<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>No text provided.</p>
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**SUPPORT STAFF INFORMATION**

**DOJ-certified PREA Auditors Support Staff**

<p>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p> <input type="radio"/> Yes  <input checked="" type="radio"/> No </p>
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**Non-certified Support Staff**

<p>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p> <input checked="" type="radio"/> Yes  <input type="radio"/> No </p>
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a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:	1
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## AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?	<p><input checked="" type="radio"/> The audited facility or its parent agency</p> <p><input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p>
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## 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="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 318">Evidence Reviewed: RKY PREA Policy; Organizational Chart; Observations During Site Visit; Interviews.</p> <p data-bbox="229 318 1509 542"><b>115.211(a):</b> Men's Addiction Recovery Campus (MARC) has zero tolerance toward all forms of sexual assault and sexual harassment. MARC 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 observations during the site visit and the interview with the PREA Coordinator confirmed the implementation of these measures at MARC.</p> <p data-bbox="229 542 1509 766"><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. During her interview, the PREA Coordinator indicated that she has sufficient time and authority to develop, implement, and oversee the agency's efforts to comply with the PREA standards. Program Director Aaron Brown is the designated PREA Compliance Manager and indicated during his interview that he has sufficient time and authority to oversee the facility's efforts to comply with the PREA standards.</p> <p data-bbox="229 766 1509 884">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
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: Henderson Addiction Recovery LLC and Kentucky Department of Corrections Renewal Contract; Interviews.</p> <p><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>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="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 318">Evidence Reviewed: RKY PREA Policy; MARC Staffing Plan; Personal Observations During Site Visit; Interviews.</p> <p data-bbox="229 318 1509 703"><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 KY 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 adequate staffing levels and, where applicable, video monitoring to protect residents against sexual abuse. The facility has 22 cameras placed in strategic locations to assist management in providing resident supervision and maintaining a safe environment. The Program Director and SOS Coordinator have full access to all cameras on the system to view live and recorded footage. Live monitoring is also accessible through the computer in the SOS Monitor Office. The average number of residents at MARC for the past 12 months is 90. The average daily number of residents on which the staffing plan was predicated is 107. According to the VP of Recovery Services and the Program Director, the staffing plan is reviewed, at least annually, or when other relevant factors may dictate the need. The last review was conducted on 09/01/2021, and it was determined that no changes were needed.</p> <p data-bbox="229 703 1509 864"><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 the premises 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 and random resident interviews.</p> <p data-bbox="229 864 1509 972">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>
	<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; PREA Checklist; KY DOC CPP 9.8; Observations During Site Visit; Interviews.</p> <p data-bbox="229 318 1509 434"><b>115.215(a)(c)(f):</b> Pat searches, frisk searches, and strip searches of residents are strictly prohibited at MARC. 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="229 434 1509 497"><b>115.215(b):</b> MARC is a male facility.</p> <p data-bbox="229 497 1509 725"><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 or doors for privacy. Resident interviews confirmed that they are never observed while in the restroom, changing clothes, or taking a shower by any other person.</p> <p data-bbox="229 725 1509 842"><b>115.215(e):</b> Any knowledge obtained about a resident's genital status would occur through self-disclosure only based on interviews with the Program Manager and SOS Coordinator.</p> <p data-bbox="229 842 1509 904">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="242 210 451 235"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1422 331">Evidence Reviewed: RKY PREA Policy; Policy and Procedures for Communications with Persons with Limited English Proficiency; KY DOC CPP 14.7; Observations During Site Visit; Interviews.</p> <p data-bbox="242 371 1477 698"><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 or vision impaired. Staff interviews revealed that there have been no residents who have had vision or hearing impairments at the facility. However, staff explained that when a resident has difficulty reading or comprehending the information, staff take extra time to cover the information in detail to ensure the resident has an opportunity to understand it. In addition, interview with the Program Manager confirmed that residents are screened in advance by the referring agency for any special needs prior to assignment to the facility to ensure accommodations can be met and ensure appropriate placement.</p> <p data-bbox="242 739 1485 1066"><b>115.216(b):</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 limited English proficiency (LEP). In addition to the PREA policy, the facility has a policy 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 no LEP residents have participated in the program during the audit period. However, based on the Program Manager's interview, the facility is prepared to work with the referring agency to ensure that translation and interpreter services are coordinated with the referring agency should there be a need.</p> <p data-bbox="242 1099 1493 1256"><b>115.216(c):</b> MARC follows the KYCPP 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. MARC indicated no such interpretations have occurred, which was confirmed through interviews with the Program Manager and SOS Coordinator.</p> <p data-bbox="242 1299 1460 1359">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 1027 300">Evidence Reviewed: RKY PREA Policy; Employee Personnel Files; Interviews.</p> <p data-bbox="240 336 1485 631"><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 five 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. MARC shall not hire or promote anyone who has violated sections 1-3 of this standard. Interviews with the VP of Recovery Services, the Administration/HR Director, and the Program Director confirm that incidents regarding sexual harassment for new hires, promotions, contractors, or volunteers will be reviewed on a case-by-case basis.</p> <p data-bbox="240 667 1485 1124"><b>Corrective Action Taken:</b> At the time of the audit, the facility did not have a documented procedure in place to ensure applicants were being asked directly about the misconduct described in provision (a) of this standard. The VP of Recovery Services developed a form for new employee applicants and existing employees to complete annually. This form asks if the applicant/employee: 1) has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; 2) 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; and 3) been civilly or administratively adjudicated to have engaged in the activity described. In addition, the form includes the continuing affirmative duty to disclose any such misconduct. According to a follow-up interview with the Program Director, the facility has implemented the use of this form for all prospective employees and obtained signatures of all current employees. In addition, this form will be signed annually by all current employees during the annual PREA refresher training. The auditor was provided 16 completed employee disclosure forms for review. The facility has demonstrated compliance with this standard within the post-audit period. Interviews with the VP of Recovery Services and the Program Director confirmed that incidents of sexual harassment would be given serious consideration in determining whether to hire or promote anyone or to enlist the services of any contractor who may have contact with residents.</p> <p data-bbox="240 1160 1414 1258"><b>115.217(c):</b> The facility indicates that in the past 12 months, 9/9 (100%) of persons hired who may have contact with residents had criminal background record checks. The auditor reviewed personnel records for (13) randomly selected employees, and they all had a completed background check performed as required.</p> <p data-bbox="240 1294 1449 1357"><b>115.217(d):</b> The facility has one 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 1393 1485 1491"><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 1527 1426 1585"><b>115.217(g):</b> Interviews with the VP of Recovery Services and Program Manager confirmed that material omissions regarding conduct described in provision (a) or the provision of materially false information are grounds for termination.</p> <p data-bbox="240 1621 1485 1720"><b>115.217(h):</b> Interview with the 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 1756 1461 1818">Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

115.218	<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: Observations During Site Visit; MARC 2017 PREA Final Report; Facility Schematics; Interviews.</p> <p data-bbox="229 318 1509 456"><b>115.218(a):</b> The facility indicates that they have not acquired a new facility, made a substantial expansion or modification to existing facilities since their last PREA audit. This was further confirmed by the auditor's review of the last audit report and observations made during the site visit.</p> <p data-bbox="229 456 1509 658"><b>115.218(b):</b> The facility indicated the installation of a camera system in 2017 just after the last PREA audit due to the size of the facility and the number of residents. In addition, three additional cameras were installed within the past 12 months in the laundry facility rooms to enhance the facility's ability to prevent, detect and respond to incidents of sexual harassment and sexual abuse. The auditor's observation confirmed that these cameras were placed strategically to cover blind spots and in areas that do not have frequent and regular visibility by staff. Interview with the Program Director confirmed that consideration of the safety of residents is a top priority when adding cameras and making placement decisions.</p> <p data-bbox="229 658 1509 763">Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

115.221	<b>Evidence protocol and forensic medical examinations</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; KY DOC CPP 14.7; MOU between MARC and Hope Harbor, Inc; Observations During Site Visit; Interviews.</p> <p data-bbox="229 318 1509 533"><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 Program Director, MARC follows the KY DOC CPP 14.7 which includes a uniform evidence protocol.</p> <p data-bbox="229 533 1509 631"><b>115.221(b):</b> The facility does not house youthful residents. Therefore, the facility meets this provision through non-applicability.</p> <p data-bbox="229 631 1509 869"><b>115.221(c):</b> KY DOC CPP 14.7 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. Community service providers will provide all such services and not at the facility. Furthermore, a review of incidence data and interviews confirms that no incidents occurred, which would warrant a forensic examination within the audit period.</p> <p data-bbox="229 869 1509 1191"><b>115.221(d)(e):</b> The auditor's review of the MOU between the Men's Addiction Recovery Campus and Hope Harbor, Inc. residents are 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 to contact for services. In addition, the comprehensive MOU between KY DOC 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 or qualified community-based organization staff member will accompany and support the victim through the forensic medical examination process and investigatory interviews and provide emotional support, crisis intervention, information, and referrals as requested by the victim.</p> <p data-bbox="229 1191 1509 1370"><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="229 1370 1509 1505"><b>115.221(h):</b> Interview with the VP of Recovery Services/PREA Coordinator, the Program Manager, 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="229 1505 1509 1617">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>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: RKY PREA Policy; KY DOC CPP 14.7; Kentucky State Police Policy, General Order OM-C-1; Web Search; Website Search; Interviews.</p> <p><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. Interviews with the VP of Recovery Services/PREA Coordinator and Program Director/PREA Compliance Manager confirmed that any allegations of a criminal nature will be reported to KSP immediately and Kentucky DOC, as appropriate. A review of MARCrecovery.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 KY DOC website confirmed that the PREA policy CPP14.7 is published.</p> <p><b>115.222(c):</b> Based on the cooperative agreement between RKY and Kentucky DOC, MARC 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>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="244 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="244 271 1449 297">Evidence Reviewed: RKY PREA Policy; RKY PREA Training; Employee Files; Observations During Site Visit; Interviews.</p> <p data-bbox="244 338 1485 667"><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. The Auditor reviewed 15 files and 15/15 (100%) had signed acknowledgments of training. Staff interviews determined that everyone had received training in which they understood and they were able to articulate all aspects of the training. Files revealed that refresher training is delivered and documented annually which exceeds the 2-year requirement of provision (c).</p> <p data-bbox="244 696 1485 824"><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 and Program Director.</p> <p data-bbox="244 864 1461 927">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="244 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="244 271 1129 297">Evidence Reviewed: RKY PREA Policy; RKY PREA Training; Contractor File; Interviews.</p> <p data-bbox="244 331 1477 656"><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 the auditor's interviews with the VP of Recovery Services and the Program Director, contractors and volunteers receive the same training as employees which includes notification of the facility's zero-tolerance policy. All volunteers are prior residents and have received the training during their participation in the program. The facility indicated that one contractor was trained within the past 12 months. Documentation of training is maintained by the facility and the signed acknowledgment was provided to the auditor for the one contractor for review. A blank acknowledgment form was provided for the auditor's review that volunteers are required to sign should it be necessary. Residents are allowed to leave the center and attend programming that would traditionally be delivered in a facility by external volunteers; therefore, MARC does not maintain volunteer services at this time.</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>

115.233	<b>Resident education</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1436 331">Evidence Reviewed: RKY PREA Policy; PREA Brochure English &amp; Spanish; Resident Training Records; Observations During Site Visit; Interviews.</p> <p data-bbox="242 369 1485 763"><b>115.233(a)(d):</b> RKY PREA policy indicates 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 404 residents received this information during intake in the past 12 months. The auditor randomly reviewed training records for 20 residents, indicating that training was received and understood. The intake packet contains all of the information covered when a new resident arrives at the facility. The SOS Monitor on duty covers the orientation packet with the resident and explains the resident's right to be free from sexual abuse and sexual harassment while at the facility. The resident signs the acknowledgment form that states their understanding of the information provided. These forms are maintained in the resident's facility file. Intake is conducted in a private setting based on interviews with the SOS Coordinator, SOS Monitors, and randomly interviewed residents. There were no intakes during the site visit but the auditor observed a simulation of the intake with an SOS Monitor and the SOS Coordinator.</p> <p data-bbox="242 795 1469 855"><b>115.233(b):</b> The facility indicates that residents are not transferred between facilities and each new intake receives training; therefore, the facility meets this provision through non-applicability.</p> <p data-bbox="242 896 1485 1122"><b>115.233(c):</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 with a disability that would require special accommodations for 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.</p> <p data-bbox="242 1155 1485 1314"><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, the auditor observed the zero-tolerance posters, KY DOC Hotline posters, Hope Harbor posters, and the KY DOC Understanding the PREA pamphlet throughout the facility. Resident and staff interviews confirmed knowledge of this information and everyone interviewed understood the policy and how to access the available services.</p> <p data-bbox="242 1346 1461 1406">Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

115.234	<b>Specialized training: 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 1490 331">Evidence Reviewed: RKY PREA Policy; Specialized Training Certificate: Investigating Sexual Abuse in Confinement Settings Curricula; PREA Visit Checklist; Interviews.</p> <p data-bbox="240 371 1490 501"><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 and has two designated investigators.</p> <p data-bbox="240 528 1490 757"><b>115.234(b):</b> The KY DOC extends their training to RKY facilities, and both designated investigators have attended the specialized investigator's training. The auditor reviewed the Specialized Training Curricula and found the following modules covered: 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. Collectively these modules cover all of the required topics of this provision. Interviews were held with both investigators, and the auditor found them both knowledgeable of their duties and responsibilities as investigators and confirmed their attendance and understanding of the specialized training.</p> <p data-bbox="240 784 1490 842"><b>115.234(c):</b> The facility provided documentation that the designated investigators have completed the required specialized training in conducting sexual abuse investigations.</p> <p data-bbox="240 878 1461 936">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
	<p data-bbox="244 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="244 271 983 297">Evidence Reviewed: Organizational Chart; Training Certificate; Interviews.</p> <p data-bbox="244 338 1490 600"><b>115.235(a)(b)(c)(d):</b> The facility does not operate a medical department. One registered nurse works between MARC and Women's Addiction Recovery Manor (WARM) and is responsible for triaging residents for referrals, as needed, to community medical and mental health practitioners upon request of upon identified need. Forensic medical examinations are not conducted at the facility. At the time of the audit, the auditor determined that the Medical Services Director had not completed the PREA specialized training. However, during her interview, she was knowledgeable of all the topics required in provision (a). During the post-audit phase, the Medical Services Director attended the PREA Specialized Training for Medical &amp; Mental Health Staff and provided a certificate for the auditor's review. Forensic medical examinations are not conducted at the facility.</p> <p data-bbox="244 640 1310 667">Based on the evidence stated, the facility has demonstrated compliance with all provisions of this standard.</p>

115.241	<b>Screening for risk of victimization and abusiveness</b>
	<p data-bbox="242 147 766 174"><b>Auditor Overall Determination:</b> Exceeds Standard</p> <p data-bbox="242 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="242 273 1449 300">Evidence Reviewed: RKY PREA Policy; Screening Instrument; Resident Files; Observations During Site Visit; Interviews.</p> <p data-bbox="242 336 1493 533"><b>115.241(a)(b)(c):</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. The auditor reviewed 21 files and found risk screenings were conducted on all 21. Of the files reviewed 21 were completed within 24 hours. Interviews with staff and residents confirmed these assessments are conducted during intake on day one, in a private setting, and using the objective instrument.</p> <p data-bbox="242 568 1485 824"><b>115.241(d)(e):</b> A review of the screening instrument used by the facility confirms that the facility considers provision (d)1-9, of this standard. The instrument also includes prior acts of sexual abuse, prior convictions for violent offenses, and any history of prior institutional violence or sexual abuse. Based on the number of yes answers to the questions on the screening tool, the resident may rate out as 'High Risk for Victimization' or 'High Risk for Abusiveness'. Interviews with the SOS Monitors confirmed that if any new intake flags at high risk for either victimization or abusiveness the Program Director and the SOS Coordinator will be notified immediately for further instructions. The Program Director and the SOS Coordinator confirmed that anyone who scores out as high risk for victimization would be placed closes to the SOS Monitor station and that anyone who is high risk for abusiveness would not be suitable for the program.</p> <p data-bbox="242 860 1485 1191"><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. The Auditor reviewed 21 reassessments and found that 15 of 21 30-day reassessments were conducted, 2 were not due yet and 3 were overdue, and 1 left the facility before the 30 days. The new SOS Coordinator explained during his interview that when he assumed his duties he found that the previous Coordinator was documenting only the DOC clients' 30-day reassessments; Based on interviews and files reviews, MARC has completed any of the outstanding assessments and implemented procedures to ensure they continue to be reassessed within 30 days. Interview with both the Program Director and the SOS Coordinator confirmed that systems have been put into place to ensure that the 30-day screenings will be completed and documented within the required time. The interview 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. The facility indicates no cases where such reassessments were required.</p> <p data-bbox="242 1227 1469 1294"><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="242 1330 1493 1527"><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 the interviews with the Program Director, sensitive information such as medical history and screening information obtained is kept in a separate file that is maintained by the Medical Services Director 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 separate locked filing cabinet in the file room.</p> <p data-bbox="242 1563 1493 1664">Based on the evidence reviewed, the facility has demonstrated compliance with all provisions of this standard. The initial risk assessments are required to be conducted within 72-hours of arrival at the facility. All initial assessments reviewed were conducted within 24-hours of arrival. Therefore, the facility exceeds provision (a) of this standard.</p>

115.242	<b>Use of screening information</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; Screening Instrument; Observations During Site Visit; Interviews.</p> <p data-bbox="229 318 1509 766"><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. The auditor's interview with the Program 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 Program Director, Medical Services Director, and SOS Coordinator. 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 Program Director, the SOS Coordinator, and the Medical Services Director. As for work placements, if a resident is at high risk for sexual victimization, the resident will not be assigned a work detail that is isolated or has non-traditional work hours where there is little to no staff oversight. All programming is under supervision and no educational programming is offered at the facility.</p> <p data-bbox="229 766 1509 1079"><b>115.242(c)(d):</b> Based on an interview with the Program Director, the facility has had one transgender female admitted to the program within the past 12 months. The auditor reviewed the resident's file and found documentation of the initial screening instrument and notations involving consideration of the resident's safety for housing placement. All showers and toilets are private, so the resident was able to shower and use the restroom without being viewed by others. The facility took the individual's safety concerns into consideration and she was released from the program by DOC based on medical needs after three weeks so there was no 30-day reassessment conducted prior to release. Interviews with staff confirmed that the resident's own perception of safety was given serious consideration but no concerns were expressed, and she experienced no issues during her time at the facility.</p> <p data-bbox="229 1079 1509 1142"><b>115.242(e):</b> All residents are able to shower privately and separately from other residents at MARC.</p> <p data-bbox="229 1142 1509 1267"><b>115.242(f):</b> MARC has no dedicated wings, and residents are not housed according to their sexual orientation or gender identity. This was confirmed through the auditor's review of the housing plan and interviews with the Program Director and Housing Coordinator.</p> <p data-bbox="229 1267 1509 1382">Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

115.251	<p data-bbox="229 69 1509 1317"><b>Resident reporting</b></p> <p data-bbox="229 136 1509 192"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="229 199 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 262 1509 318">Evidence Reviewed: RKY PREA Policy; PREA Reporting Hotline Poster English &amp; Spanish; KY DOC PREA Brochure English and Spanish; Observations During Site Visit; Interviews.</p> <p data-bbox="229 369 1509 801"><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. The KY DOC PREA Brochure is made available to all residents and provides 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 MARC and allows the reporter to remain anonymous upon request. Interviews with residents confirmed that there are no communication restrictions for outside contact, and they are permitted to use the phone at any time needed. The auditor placed a test call from one of the payphones at the facility and was able to make it toll-free, and the call was answered by an investigator for the KY DOC. The investigator confirmed that any report made would be routed to the facility administrator and the KY DOC PREA Coordinator's office and that the caller would be allowed to remain anonymous upon request. Interviews with 20 residents confirmed that they were all aware of the multiple ways to make a report of sexual abuse, sexual harassment, or retaliation, including internal and external methods.</p> <p data-bbox="229 831 1509 1070"><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. 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. The facility indicates that there have been no verbal reports of sexual harassment or sexual abuse of a resident. Residents may report sexual abuse or harassment, or retaliation to any staff, or have someone from the outside make a report on their behalf.</p> <p data-bbox="229 1099 1509 1234"><b>115.251(d):</b> Based on the interview with the Program Director, staff may also use the KY 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="229 1263 1509 1317">Based on review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>
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115.252	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: 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> Exceeds Standard
	<p data-bbox="244 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="244 273 1485 331">Evidence Reviewed: Kentucky Association of Sexual Assault Programs (KASAP) MOU with KY DOC; KASAP Regional Map; MARC/Hope Harbor, Inc. MOU; Resident Education; Acknowledgement Form; Observations During Site Visit; Interviews.</p> <p data-bbox="244 362 1477 622"><b>115.253(a)(b)(c):</b> As part of the KY Recovery System, residents at the facility have 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. In addition, the Program Director secured an MOU with Hope Harbor to provide a 24/7 crisis hotline, and individual and group counseling, as needed. Hope Harbor provides counseling and victim advocacy and comes into the center every other month to talk to residents about sexual abuse and provides education. Information flyers for Hope Harbor are posted throughout the facility. Based on interviews with the Program Director, no phone calls are monitored. All residents interviewed were aware of the services through KASAP and Hope Harbor.</p> <p data-bbox="244 665 1461 757">Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard. The sexual awareness education provided to residents every other week as part of the Hope Harbor MOU with MARC exceeds the requirements 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 360">Evidence Reviewed: RKY PREA Policy; PREA Hotline Posters; PREA Brochure; Web Search; Observations During Site Visit; Interviews.</p> <p data-bbox="229 360 1509 636"><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 KY DOC website (<a href="https://corrections.ky.gov/About/Pages/Prison-Rape-Elimination-Act-(P">https://corrections.ky.gov/About/Pages/Prison-Rape-Elimination-Act-(P</a>  <a href="https://corrections.ky.gov/About/Pages/Prison-Rape-Elimination-Act-(P">REA).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 publishes the KY DOC reporting hotline number as a method for third-party reporting on their public website at <a href="https://MARCrecovery.com/prea/">https://MARCrecovery.com/prea/</a>.</p> <p data-bbox="229 636 1509 714">Based on review and analysis of the evidence, the facility has demonstrated compliance with this standard.</p>

115.261	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: RKY PREA Policy; Kentucky Law KRS620; KRS209; Observations During Site Visit; Interviews.</p> <p><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><b>115.261(b)(c):</b> RKY 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. Staff interviews confirmed their understanding that information related to sexual abuse allegations is confidential and should only be discussed with parties who need to know.</p> <p><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. MARC does not house residents under the age of 18 and there have been no incidents involving a vulnerable adult within the audit period. This was confirmed through interviews with the Program Director and Medical Services Director.</p> <p><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. Based on interviews with the Program Director, all potentially criminal behavior will be reported to the appropriate law enforcement agency and referring agency, as appropriate.</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>

115.262	<b>Agency protection 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; Observations During Site Visit; Interviews.</p> <p data-bbox="229 318 1509 600"><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 Program Director and SOS Coordinator would be notified for advisement and further instructions. Based on an interview with the Program Director, alternative placements would be coordinated through the referring agency if a resident cannot be housed safely at the facility.</p> <p data-bbox="229 600 1509 680">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="244 338 1469 499"><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="244 539 1461 602">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="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 318">Evidence Reviewed: RKY PREA Policy; KY DOC CPP 14.7; Training Curriculum; Interviews.</p> <p data-bbox="229 318 1509 524"><b>115.264(a):</b> Upon receiving a report of sexual abuse, 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. This was confirmed through interviews with the Program Director, SOS Coordinator, and Medical Services Director.</p> <p data-bbox="229 524 1509 748"><b>115.264(b):</b> KY DOC 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="229 748 1509 848">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
	<p data-bbox="244 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="244 271 1050 297">Evidence Reviewed: RKY PREA Policy; Coordinated Response Plan; Interviews.</p> <p data-bbox="244 338 1469 465"><b>115.265(a):</b> The RKY PREA Policy requires all RKY facilities to create an action plan unique to their facility. MARC 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 data-bbox="244 506 1461 566">Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

<b>115.266</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="244 271 564 297">Evidence Reviewed: Interviews.</p> <p data-bbox="244 338 1485 432"><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="244 472 1461 530">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="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 318">Evidence Reviewed: RKY PREA Policy; PREA Visit Checklist; Interviews.</p> <p data-bbox="229 318 1509 636"><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 Program Director is the designated retaliation monitor for MARC. 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="229 636 1509 712">Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

115.271	<b>Criminal and administrative agency investigations</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1485 300">Evidence Reviewed: RKY PREA Policy; KYDOC CPP 14.7; KSP Memorandum; Interviews; Specialized Training Certificates.</p> <p data-bbox="242 338 1485 701"><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 facility has two designated investigators, and the auditor confirmed through training documents and interviews that they have received the specialized training. The auditor determined that they are 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 and the Program Director, an investigation will be conducted on all allegations, including third-party and anonymous reports. There were no reports, including third-party or anonymous allegations reported during the audit period.</p> <p data-bbox="242 739 1469 1066"><b>115.271 (c)(d)(f)(h):</b> The facility investigator is limited to administrative actions but follows the KY DOC 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 two investigators confirmed that the alleged victim, alleged suspect, and witnesses would be interviewed. They also stated they would review any prior complaints and reports of sexual abuse involving the suspected perpetrator. The investigation would be documented 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. The investigators explained that the facility conducts no compelled interviews and would defer all such interviews to the appropriate law enforcement agency. The administrative investigation includes efforts to determine whether staff actions or failures to act contributed to the incident.</p> <p data-bbox="242 1104 1469 1234"><b>115.271(e):</b> Interviews with both investigators confirmed that they 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="242 1272 1485 1435"><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="242 1473 1485 1637"><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="242 1675 1485 1771"><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 Program Director and the VP of Recovery Services/CEO designee.</p> <p data-bbox="242 1809 1453 1868">Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

115.272	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: RKY PREA Policy; KY DOC CPP 14.7; Interviews.</p> <p><b>115.272(a):</b> KY DOC 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 two designated facility investigators, all investigations completed at the facility will follow the KY DOC CPP 14.7 policy, and no standard higher than a preponderance of the evidence will be imposed in determining whether allegations of sexual abuse or sexual harassment are substantiated.</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>

115.273	<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; KY DOC CPP 14.7; KDOC Notification to Victim Form; Interviews.</p> <p data-bbox="229 318 1509 600"><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 facility in the past 12 months. The auditor's interview with the Program Director confirmed that they would follow the notification requirements of this standard utilizing the Kentucky DOC notification to victim form to document the notification.</p> <p data-bbox="229 600 1509 757"><b>115.273(e):</b> KY DOC 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 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="229 757 1509 848">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="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 734"><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 Administration/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. MARC reports no staff violations of the sexual harassment or sexual abuse policies in the last 12 months, which was confirmed through interviews with the VP of Recovery Services, the Administration/HR Director, and the Program Director.</p> <p data-bbox="229 734 1509 815">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="244 271 756 297">Evidence Reviewed: RKY PREA Policy; Interviews.</p> <p data-bbox="244 338 1490 633"><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. MARC reports no contractor or volunteer violations of the sexual harassment or sexual abuse policies in the last 12 months.</p> <p data-bbox="244 674 1461 732">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	<b>Disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: RKY PREA Policy; KY DOC CPP 14.7; Interviews.</p> <p><b>115.278(a)(b)(c):</b> The facility observes the KY DOC CPP 14.7 for meeting compliance with this standard which states that offenders may be disciplined for substantiated incidents of offender-on-offender sexual abuse according to KY DOC CPP 15.2. The facility reports that there were no incidents in the past 12 months, of resident-on-resident sexual abuse. 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 KY DOC 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. MARC 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. MARC does not have a formal disciplinary system for residents outside of the KY DOC referral system.</p> <p><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><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 Program Director and SOS Coordinator confirmed that false reporting is taken seriously and considered a serious violation within the resident code of conduct.</p> <p><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 interviews, the auditor found it was common knowledge among staff and residents that sexual activity of any kind is prohibited at the facility. Sexual activity is prohibited in the resident's code of conduct.</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>

115.282	<b>Access to emergency medical and mental health 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 318">Evidence Reviewed: RKY PREA Policy; KY DOC CPP 14.7; Interviews.</p> <p data-bbox="229 318 1509 734"><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, Program Director, 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. Bluegrass Medical Care provides general medical services; routine referrals are seen within 7 days, and emergent referrals are seen within 24 hours. In addition, emergency medical services will be provided at Bowling Green Medical Center, located at 250 Park Street, Bowling Green, Kentucky, where SANE services are available. There have been no incidents within the audit period requiring emergency medical or mental health evaluations or treatment.</p> <p data-bbox="229 734 1509 815">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="231 71 1508 1283"><b>Ongoing medical and mental health care for sexual abuse victims and abusers</b></p> <p data-bbox="231 1283 1508 1317"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="231 1317 1508 1350"><b>Auditor Discussion</b></p> <p data-bbox="231 1350 1508 1384">Evidence Reviewed: RKY PREA Policy; KY DOC CPP 14.7; Interviews.</p> <p data-bbox="231 1384 1508 1529"><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. MARC residents receive medical and mental health services through Hope Harbor Inc. and Bluegrass Medical Care or Bowling Green Medical Center. The residents at MARC 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. This information was confirmed during the auditor's interview with the Program Manager, Medical Services Director, and Transitional Program Coordinator.</p> <p data-bbox="231 1529 1508 1597"><b>115.283(c):</b> MARC does not provide medical treatment at the facility. The residents at MARC 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="231 1597 1508 1664"><b>115.283(d)(e):</b> MARC is a male facility, therefore, this provision is not applicable.</p> <p data-bbox="231 1664 1508 1821"><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 MARC are not considered incarcerated individuals and have full access to community services.</p> <p data-bbox="231 1821 1508 1977"><b>115.283(h):</b> The facility does not conduct mental health evaluations or 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 information obtained during the interview with the VP of Recovery Services and Program Director.</p> <p data-bbox="231 1977 1508 2045">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 703"><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 the RKY center management team. The purpose of the review is to determine whether there is a need to revise policy 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 interview with the VP of Recovery Services, Program Director, and Medical Services Director confirmed their knowledge that a review is to be conducted within 30 days after the conclusion of an investigation and that the standard requires subsequently document consideration of all items described in provision (d)1-6. 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. No sexual abuse or sexual harassment allegations were reported within the past 12 months; therefore, the facility conducted no incident reviews.</p> <p data-bbox="229 703 1509 781">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="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 318">Evidence Reviewed: RKY PREA Policy; Web Search; 2020 KY DOC Annual Report; MARC Annual Report; Interviews.</p> <p data-bbox="229 318 1509 568"><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. MARC posts its annual report on their public website at <a href="https://MARCrecovery.com/prea/">https://MARCrecovery.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="229 568 1509 631"><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="229 631 1509 815"><b>115.287(f):</b> The DOJ has not requested information from MARC, but according to an interview with the VP of Recovery Services and the Program Director this information is provided to the KDOC and included in their aggregated data for reporting. Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

115.288	<b>Data review for corrective action</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 1126 297">Evidence Reviewed: RKY PREA Policy; KY DOC CPP 14.7; Website Search; Interviews.</p> <p data-bbox="244 338 1481 465"><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="244 506 1469 633"><b>115.288(b)(c)(d):</b> MARC 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 Kentucky DOC reveals that data is compared for the years, 2016, 2017, 2018; 2019; and 2020. The 2020 PREA Annual report is published on the Kentucky DOC website. The agency indicates that they redact personal identifiers from the annual report.</p> <p data-bbox="244 665 1458 723">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 595"><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 and the Program Manager 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 file room with restricted access. Access to these files is restricted to those persons who need to know.</p> <p data-bbox="229 595 1509 837"><b>115.289(b)(c):</b> MARC has had no sexual abuse incident since its 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 MARC 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 916">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>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="244 271 970 297">Evidence Reviewed: Personal Observations During Site Visit; Interviews.</p> <p data-bbox="244 338 1477 499"><b>115.401(a)(b):</b> Men's Addiction Recovery Campus (MARC) is a stand-alone facility and affiliate of the Recovery Kentucky Centers throughout the state. The facility has operated since 2016 The Kentucky Department of Corrections contracts with MARC for bed space for paroling and/or community status offenders which requires that MARC 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. MARC's last PREA Audit final report was published on October 25, 2017.</p> <p data-bbox="244 539 1433 602"><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 Program Director who is also the designated PREA Compliance Manager for the facility.</p> <p data-bbox="244 642 1410 705"><b>115.401(i):</b> The auditor randomly selected records for review and all documents requested were promptly provided in electronic or paper format.</p> <p data-bbox="244 745 1449 808"><b>115.401(m):</b> The auditor was provided a private setting in the main conference room to conduct interviews with residents and staff. All residents and staff interviewed were randomly selected by the auditor.</p> <p data-bbox="244 848 1489 1005"><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 at the entry of the facility, on the walls and bulletin boards in housing areas, and in all common areas of the facility. Interviews with staff and residents further confirmed that they were aware they could communicate with the auditor confidentially.</p> <p data-bbox="244 1046 1461 1108">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 MARC posted on its public website. In addition, the Kentucky Department of Corrections (KDOC) also publishes Final Reports for facilities under contract for bed space. Since MARC 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.)	na
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	na
<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.)	yes
<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).	na
<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).)	na
<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.)	yes
	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.)	yes
	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.)	yes
	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.)	yes
<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.)	yes
<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.)	na

<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.)	na
<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.)	yes
<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.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	yes
	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