

PREA Facility Audit Report: Final

Name of Facility: Cumberland Hope Community

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 12/03/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input 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 type="checkbox"/>
Auditor Full Name as Signed: Sharon Ray Shaver	Date of Signature: 12/03/2022

AUDITOR INFORMATION	
Auditor name:	Shaver, Sharon
Email:	sharonrshaver@gmail.com
Start Date of On-Site Audit:	10/17/2022
End Date of On-Site Audit:	10/18/2022

FACILITY INFORMATION	
Facility name:	Cumberland Hope Community
Facility physical address:	6050 KY-38, Evarts , Kentucky - 40828
Facility mailing address:	

Primary Contact	
Name:	Julie Hinkle
Email Address:	julie.hinkle@crccc.org
Telephone Number:	606-837-0100

Facility Director	
Name:	Julie Hinkle
Email Address:	julie.hinkle@crccc.org
Telephone Number:	(606) 837-0100

Facility PREA Compliance Manager	
Name:	Mary Garland
Email Address:	mary.garland@crccc.org
Telephone Number:	O: 606-837-0100

Facility Health Service Administrator On-Site	
Name:	Jennifer Simpson
Email Address:	jennifer.simpson@crccc.org
Telephone Number:	606-837-0100

Facility Characteristics	
Designed facility capacity:	104
Current population of facility:	68
Average daily population for the past 12 months:	55
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Females
Age range of population:	18 and up
Facility security levels/resident custody levels:	Community Level
Number of staff currently employed at the facility who may have contact with residents:	23
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	4

AGENCY INFORMATION	
Name of agency:	Cumberland River Behavioral Health
Governing authority or parent agency (if applicable):	
Physical Address:	1203 American Greeting Card Rd , Corbin , Kentucky - 40701
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information			
Name:	Renee McQueen	Email Address:	renee.mcqueen@crccc.org

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:

7

- 115.211 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
- 115.215 - Limits to cross-gender viewing and searches
- 115.221 - Evidence protocol and forensic medical examinations
- 115.231 - Employee training
- 115.233 - Resident education
- 115.241 - Screening for risk of victimization and abusiveness
- 115.253 - Resident access to outside confidential support services

Number of standards met:

34

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:	2022-10-17
2. End date of the onsite portion of the audit:	2022-10-18

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:	Just Detention International; CRBH Rape Victim Services; Harlan ARH Hospital;

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	104
15. Average daily population for the past 12 months:	55
16. Number of inmate/resident/detainee housing units:	2
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:	72
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:	2
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

<p>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:</p>	<p>5</p>
<p>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:</p>	<p>1</p>
<p>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:</p>	<p>0</p>
<p>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:</p>	<p>3</p>
<p>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:</p>	<p>0</p>
<p>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):</p>	<p>Residents are referred from various sources, including court orders, self-admit, and the department of corrections. Population characteristics are not tracked at the facility.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>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:</p>	<p>23</p>

<p>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:</p>	<p>4</p>
<p>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:</p>	<p>0</p>
<p>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:</p>	<p>The facility has no contract employees, and all services are provided by staff or volunteers.</p>

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>8</p>
<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None

<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>The auditor selected all targeted interviewees first and then identified their housing units. Once the number of individuals already selected was categorized by their housing units, then the auditor selected the remaining random individuals from each of the housing units according to factors such as age, race, ethnicity, and length of time in the facility to ensure a balanced representative number of interviewees from each of the housing units. The housing units are identified by the Phase of the program the resident is in, and the auditor selected residents from all phases of the program.</p>
<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>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):</p>	<p>The auditor spoke with various residents informally during the facility tour in addition to formal interviews. Resident interviews began directly after the facility tour. All interviews were held in a private conference room. The area was quiet and comfortable, with ample lighting. The auditor experienced no interruptions during the interview process. The facility provided a complete list of residents participating in the program on day one of the audit. All residents were knowledgeable about the zero-tolerance policy and knew how and to whom to report sexual abuse and sexual harassment. They were all aware of the PREA Hotline and that it can be used for anonymous calls. The auditor met no barriers to completing interviews. The residents participated willingly and seemed comfortable talking to the auditor.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>11</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>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:</p>	<p>2</p>
<p>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:</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>The facility indicated there were no individuals who met this targeted category criteria. The auditor interviewed the facility Director to confirm there were no individuals with a cognitive or functional disability assigned. In addition, the auditor spent time at the facility observing individuals in the living units and during meals, programming and recreation and observed nothing that would indicate otherwise.</p>
<p>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:</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>The facility indicated there were no individuals who met this targeted category criteria. The auditor interviewed the facility Director confirming there were no individuals with blindness. In addition, the auditor spent time at the facility observing individuals in the living units and during meals, programming and recreation and observed nothing that would indicate otherwise. The logistics of this facility would not be conducive for a blind person to navigate due to the multi-level building and stairways.</p>
<p>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:</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>The facility indicated there were no individuals who met this targeted category criteria. The auditor interviewed the facility Director to confirm there were no individuals hard-of-hearing or deaf. In addition, the auditor spent time at the facility observing individuals in the living units and during meals, programming and recreation and observed nothing that would indicate otherwise.</p>
<p>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:</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>The facility indicated there were no individuals who met this targeted category criteria. The auditor interviewed the facility Director to confirm there were no individuals who are LEP. In addition, the auditor spent time at the facility observing individuals in the living units and during meals, programming and recreation and observed nothing that would indicate otherwise.</p>

<p>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:</p>	<p>5</p>
<p>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:</p>	<p>1</p>
<p>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:</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>There were no incidents reported during the audit period.</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>3</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>The facility has no means to segregate residents as this is not a secure confinement facility, and the facility has received no residents at high risk who could not live in general housing or any reports of sexual abuse or sexual harassment during the audit period.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>The auditor spoke with various residents informally during the facility tour in addition to formal interviews. Resident interviews began directly after the facility tour. All interviews were held in a private conference room. The area was quiet and comfortable, with ample lighting. The auditor experienced no interruptions during the interview process. The facility provided a complete list of residents participating in the program on day one of the audit from which the interviewees were selected. The auditor met no barriers to completing interviews. The residents participated willingly and seemed comfortable talking to the auditor.</p>

Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

71. Enter the total number of RANDOM STAFF who were interviewed:	8
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 checked="" type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input type="radio"/> Yes <input checked="" type="radio"/> No
a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)	<input type="checkbox"/> Too many staff declined to participate in interviews. <input checked="" type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles). <input type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews. <input type="checkbox"/> Other

<p>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>	<p>Due to the small number of staff employed by the facility, the auditor conducted a total of 15 interviews and administered the Random Staff Questionnaire to 8 staff. There were not enough staff employed by the facility for both random and specialized staff role interviews.</p>
<p align="center">Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>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.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p align="center">7</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<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>

80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff

	<input checked="" type="checkbox"/> Intake staff <input type="checkbox"/> Other
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.	<p>Due to the small number of staff employed by the facility, the auditor conducted a total of 15 interviews and administered the Specialized Staff Questionnaire to 8 staff. These 8 individual employees are responsible for multiple specialized duties at the facility.</p>

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: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

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. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<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 Cumberland Hope Community Center is located at 6050 Highway 38, Evarts, Kentucky 40828. It is a 108-bed facility with a current population of 72 on the first day of the audit. The facility's parent agency is Cumberland River Behavioral Health (CRBH), a non-profit community mental health center. The Cumberland Hope Community Center's mission is "to reach women suffering from drug and alcohol addiction and provide tools to live a sober, productive life in recovery by using a program that integrates a peer-driven, self-help model." Residents may be referred to the program by the Kentucky Department of Corrections, through the courts, through community mental health service resources, self-admit, or through Casey's Law (which allows the parents, relatives, or friends of an addicted person to lawfully intervene and request involuntary, court-ordered addiction treatment for their addicted loved one). Cumberland Hope Community Center is a part of Recovery Kentucky.

The Prison Rape Elimination Act (PREA) site review of the Cumberland Hope Community began on October 17, 2022. This is the third PREA audit for this facility. The Kentucky Department of Corrections conducts an internal audit twice per year. The audit notices were emailed directly to the facility's PREA Coordinator on August 7, 2022. An email verification from the facility was received on August 11, 2022, confirming that notices were posted throughout the facility. These notices, posted in both English and Spanish, provided dates of the audit, the purpose of the audit, the name of the auditor, accurate contact information for the auditor, and an explicit and factually accurate statement regarding the confidentiality of any communication and limitations to that confidentiality according to mandatory reporting laws, with the auditor and anyone who may respond to the notices. The auditor observed these notices posted throughout the facility during the site visit and confirmed during resident and staff interviews that all

were aware of the audit and their right to correspond confidentially with the auditor. The site visit consisted of a complete tour of the facility and grounds led by the PREA Coordinator and PREA Compliance Manager. Areas observed included the administration area; front office; dining area/multi-purpose room and kitchen; classrooms; conference room; recreation areas (both inside and outside); two dormitory-style housing units; and 38 double occupancy rooms. Each dormitory housing unit has a restroom with two sinks, two toilets, two showers with curtains, and an entry door for privacy. Each double occupancy room has a full bathroom with a secure door for privacy. Each room was nicely decorated and immaculately kept. The facility was clean and orderly throughout. The auditor observed staff utilizing the "knock-and-announce" method before entering any housing unit or restroom area. The facility does not have a camera system. The auditor noted no safety concerns. It was evident that the residents felt comfortable and safe in the environment provided at Cumberland Hope Community Center. The facility's culture is respectful and caring.

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.

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?

Yes

No

91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

Correspondence between the auditor and the PREA Coordinator and PREA Compliance Manager continued throughout the pre-audit and post-audit phases, and the facility was very responsive to all requests for documentation and information. Once the facility finalized uploads within OAS, the auditor reviewed the Pre-Audit Questionnaire (PAQ) and documents using the PREA Compliance Audit Instrument and the Checklist of Policies/Procedures and other documents to create a log of additional information to be requested of the facility. A schedule for the onsite portion of the audit was established, and travel arrangements were secured directly by the auditor. As needed, written requests by email were submitted to the facility for additional documents and/or clarification of the documents provided. Before the site visit, a plan for conducting interviews and the facility tour was developed between the PREA Coordinator and the auditor. Further discussion included corrective action expectations for any non-compliance identified during the audit and timelines after the site visit. The week before the on-site portion of the audit, the auditor requested documents from PREA Coordinator to be made available on day one of the site visit, including a complete roster of residents present on day one and specialized lists for those identified with disabilities; those who are limited English proficiency (LEP); those who identify as LGBTI (lesbian, gay, bisexual, transgender or intersex); those who have reported prior sexual abuse; those who have reported an allegation of sexual abuse at the facility. Also requested for the first day of the site visit was a list of all staff, contract employees, and volunteers; daily shift reports for specific dates identified by the auditor; a list of all allegations and investigations for the audit period and up to the current date. This information was provided upon arrival at the facility, along with some additional facility information for the auditor's use. Using the

PREA Compliance Audit Instrument and the Checklist of Documents during the review of the PAQ, an issue log was generated to be discussed during the site visit. Other documents reviewed are referenced in the discussion associated with the individual standards within this report. Throughout the audit, an extensive document review was conducted. Various policies, forms, contracts, and additional working documents were reviewed, evaluated, and triangulated against information obtained from interviews and personal observations during the site visit, which were instrumental in determining agency and facility compliance with the PREA Standards.

Cumberland Hope Community Center (CHCC) is subject to Recovery Kentucky (RKY), and Kentucky DOC (KYDOC) policies, and both are referenced and adhered to according to their applicability to the program. Included below is the list of governing policies referenced throughout the audit report. This list is not intended to be exhaustive but outlines the core policy documents used in the evaluation process:

- CHCC Sexual Abuse and Sexual Harassment Prevention and Intervention Program
- CHCC Employee Background Check Policy
- Cumberland River Behavioral Health, Inc. Personnel Policy & Procedure Guidelines
- RKY Policy: Compliance with Prison Rape Elimination Act (PREA)
- RKY Communications with Persons with Limited English Proficiency
- KYDOC CPP 9.8, Search Policy
- KYDOC CPP 14.7, Sexual Abuse Prevention and Intervention Programs
- KYDOC CPP 14.8, Lesbian, Gay, Bisexual, Transgender, and Intersex Offenders

The auditor's search for state mandatory reporting laws found that Ky.Rev.Stat.

600.020, 620, and Ky.Rev.Stat. 209 state 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. CHCC is not a juvenile facility and does not house individuals under 18. The auditor conducted outreach to advocacy organizations and a general search of public information that could determine facility and agency compliance and found none. A web search discovered no articles related to sexual abuse or sexual harassment of residents. No relevant litigation, no DOJ involvement, no federal consent decrees, nor local oversight were discovered during the search. Interviews with the CEO designee confirmed no consent decrees or oversight exists.

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
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	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
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	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
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	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
Total	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
Total	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
Total	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:	The facility did not have any sexual abuse allegations for 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
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)

Staff-on-inmate sexual abuse investigation files

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)

Sexual Harassment Investigation Files Selected for Review

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:	The facility did not have any sexual harassment allegations for 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)

Inmate-on-inmate sexual harassment investigation files

108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:

0

109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?

Yes

No

NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?

Yes

No

NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

Staff-on-inmate sexual harassment investigation files

111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:

0

112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?

Yes

No

NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT 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 harassment investigation files)
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114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	There were no allegations of sexual abuse or sexual harassment for the audit period.
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SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

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.	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Non-certified Support Staff

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.	<input type="radio"/> Yes <input checked="" type="radio"/> No
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AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

- The audited facility or its parent agency
- My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- A third-party auditing entity (e.g., accreditation body, consulting firm)
- Other

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	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Evidence Reviewed: Cumberland Hope Community Center (CHCC) PREA Policy; CHCC Organizational Chart; CHCC PREA Staff Designation Letter; Observations During Site Visit; Interviews.</p> <p>115.211(a): Cumberland Hope Community Center (CHCC) has zero-tolerance toward all forms of sexual assault and sexual harassment. The CHCC establishes its approach to preventing, detecting, and responding to sexual abuse and sexual harassment as outlined in the "Sexual Abuse and Sexual Harassment Prevention and Intervention Program (SASHPIP)" policy. Throughout this report, this policy will be referenced as the CHCC PREA policy. Staff is subject to disciplinary sanctions, including termination for violating CHCC, DOC, RKY, or parent agency sexual harassment or sexual abuse policies. Criminal acts committed by staff, contractors, or volunteers shall be reported to law enforcement. Other code of ethics violations or dual relationship policies shall be reported to relevant licensing or certification boards. The policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.</p> <p>115.211(b): CHCC has designated Administrative Assistant Renee McQueen as PREA Coordinator. CHCC is a part of the KYDOC, Recovery Kentucky Centers (RKY), and Cumberland River Behavioral Health (CRBH), and the PREA Coordinator reports to the Director, Julie Hinkle. The PREA Coordinator indicates that she has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in the CHCC facility. The facility also has a designated PREA Compliance Manager, Mary Garland. The PCM for CHCC is also the Housing Coordinator for the facility.</p> <p>Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard. Additionally, the CHCC facility has a designated PREA Coordinator and a PREA Compliance Manager, which exceeds the requirements of this standard.</p>

115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed: Memo RE: 115.212; Information Obtained from Interviews 115.212(a)(b)(c): Interviews and a memo from the Director of CHCC indicate that the facility/agency has not entered into or renewed a contract for the confinement of residents on or after August 20, 2012 or since the last PREA audit. The facility meets the provisions of this standard through non-applicability.

115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: CHCC PREA Policy; CHCC Staffing Plan; CRBH Staffing Pattern Review; Daily Staff Roster/Deviations; PREA Refresher Training Roster; New Hire Training Roster; PREA Acknowledgement Forms; Observations During Site Visit; Interviews.</p> <p>115.213(a)(b)(c): The CHCC PREA policy states that each RKY center shall develop a staffing plan that provides for adequate levels of supervision to protect residents against sexual abuse. This plan shall be reviewed at least once per year and approved by DOC as part of DOC’s semi-annual inspection of the center. A complete staffing review was conducted on 09/28/22 and CHCC developed an updated staffing plan dated 09/28/2022 that provides for adequate staffing levels. The average daily number of residents on which the staffing plan was predicated is 108, with the average daily number of residents being 70. The facility does not utilize video monitoring within the facility but has monitoring for outside the facility. Interviews with the Facility Director and PREA Coordinator indicated that video monitoring is considered during each staffing plan review; however, the incidence data and population type being that of non-incarcerated individuals, indicates no need at this time.</p> <p>115.213(b): The facility has indicated that there have been no incidents where the staffing plan was not complied with. Interviews with staff and residents confirmed that the facility maintains the minimum required staff on duty at all times and according to the staffing plan.</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>

115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Evidence Reviewed: CHCC PREA Policy; CHCC Memo Re: Pat Searches; CHCC Client Search Policy; KYDOC CPP 9.8; Personal Observations During Site Visit; Interviews.</p> <p>115.215(a)(b)(c): RKY policy and the CHCC PREA Policy state that there shall be no cross-gender strip searches or visual body cavity searches conducted at RKY centers. Any cross-gender pat-down searches will be conducted only by DOC staff following established DOC policy CPP 9.8 and should be limited to searches necessary for officer safety. The CHCC search policy states that only female staff shall perform searches on female clients, that searches are visual (clothed only), and that no "hands-on" searches are conducted at CHCC. The facility indicates that there have been no cross-gender strip or cross-gender visual body cavity searches of residents in the past 12 months. The facility also has no male staff employed at CHCC. It should be noted that residents are not incarcerated individuals, nor is everyone under DOC supervision.</p> <p>115.215(d): RKY policy and the CHCC PREA policy state 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 is required to announce their presence before entering a restroom area or a resident's apartment. CHCC does not have male staff at this time. The auditor observed and confirmed through interviews that all staff knock-and-announce before entering a resident's apartment or bathroom area.</p> <p>115.215(e): RKY PREA policy states that the facility shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. This information may only be obtained through an interview, by a licensed medical professional as part of a preventative or diagnostic medical procedure, or by review of medical records by a licensed practitioner. CHCC indicates searches of residents are never conducted by CHCC staff. No instances of transgender or intersex searches have occurred in the facility.</p> <p>115.215(f): The facility states that they do not conduct pat-down searches of residents, which was confirmed through interviews with staff and residents.</p> <p>Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard and exceeded based on the policies and practices that strictly prohibit physical searches of clients.</p>

115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: CRBH Administrative Regulation (Policy), Interpreter Services for Hearing Impaired and Non-English Speaking Clients; CHCC PREA Policy; English and Spanish Brochure and Signage; Deaf/Hearing interpreter instructions; KYDOC Policy CPP 14-7; Observations During Site Visit; Client and Staff Interviews.</p> <p>115.216(a): 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, and how to access support services. This material shall be presented to the resident in both verbal and written form with special consideration for those who have limited reading ability or who are hearing and/or vision impaired, or with limited English proficiency. Additionally, CRBC has a policy and instruction manual for staff communication with disabled clients. There were no residents with a hearing, visual, or cognitive impairment at the facility during the audit to interview. Staff interviews confirmed that there had been none admitted to the program within the past 12 months; however, staff was able to explain the steps they would take to ensure appropriate communication with a resident with special needs. The CRBH's public website also includes accessible options: ASL Interpreter services are arranged and available for Deaf and Hard of Hearing individuals; Deaf or Hard of Hearing callers should use TTY Relay 7-1-1 for services in the local community or across Kentucky; additionally, one can use FindHelpNow at https://findhelpnowky.org/ky.</p> <p>115.216(b): In addition to the PREA policy, the facility has a policy regarding communications with persons with limited English proficiency that outlines the identification of LEP offenders and their language; obtaining a qualified interpreter; providing written translations; providing notices to LEP offenders; and monitoring language needs. There were no LEP residents assigned to the facility at the time of the audit. Based on interviews with staff, it is very rare that they receive a resident who is not English proficient. PREA posters were observed by the auditor in both English and Spanish. The CRBH's public website also includes the following message "Specific language interpreting accommodations are reviewed and assessed on an individual basis."</p> <p>115.216(c): KYDOC CPP 14-7 states that the use of offender interpreters for assistance in offender education on aspects of the department's efforts to prevent, detect and respond to sexual abuse and sexual harassment shall be prohibited except in circumstances where extended delays in obtaining an effective interpreter could compromise the offender's safety. Due to CHCC indicating no such interpretations occurred and the fact that the DOC policy covers this standard, the</p>

auditor finds the facility compliant.

Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.

115.217	Hiring and promotion decisions
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1410 456">Evidence Reviewed: CHCC Employee Background Check Policy; CRBH Personnel Policy; RKY PREA Policy; Employee File Reviews; Observations During Site Visit; Interviews.</p> <p data-bbox="280 497 1474 1281">115.217(a)(b)(e)(f): The CHCC Employee Background Check Policy establishes a policy to investigate the background of all employees every five years. In addition, Cumberland Hope Community may conduct background investigations when employees are being considered for promotions, transfers, or in furtherance of an internal investigation of alleged misconduct. Background investigations will be conducted at Cumberland Hope Community’s discretion and following federal and state laws. RKY PREA Policy states that before employment, all RKY center employees will submit to a routine background check. The check shall be conducted using NCIC data. Background checks will be used to screen for prior convictions for sex offenses. Criminal background check requests will be performed every five years. Before 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. Interviews with the Facility Director confirmed that a background check is completed on all employees, and applicants are asked about prior misconduct during the initial interview. The facility provided updated forms for all 22 current employees indicating they have been asked the misconduct questions referenced in subpart (a) of this standard.</p> <p data-bbox="280 1321 1465 1478">115.217(c): The facility indicates that in the past 12 months, 8/8 (100%) of persons hired who may have contact with residents had criminal background record checks. In addition to the past 12 months, the auditor reviewed ten hiring packets, all of which contained evidence of criminal background checks before employment.</p> <p data-bbox="280 1518 1474 1635">115.217(d): The facility has indicated no contracts for recurring services. The auditor's interview with the Facility Director indicated that background checks would be conducted on any contractor before using their services on-site.</p> <p data-bbox="280 1675 1481 1957">115.217(g): CHCC Background Check policy states that backgrounds will be conducted on all employees for every five years of employment. The auditor reviewed documentation for 22 employees and determined that (8) were not due for 5-year checks, (3) were not completed within five years, and (11) contained one or more 5-year background checks for a compliance rate of 86%. However, all were brought up to date at the time of the audit. In addition, employee interviews confirmed they are aware of their continuing duty to disclose any misconduct.</p> <p data-bbox="280 1998 1458 2069">115.217(h): The facility indicated they had received no requests from hiring agencies involving any former employee(s), although the Facility Director indicated</p>

	<p>that the information would be provided should she receive such a request.</p>
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Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.

115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Memo from Facility Director; Observations During Site Visit; Interviews.</p> <p>115.218(a)(b): The facility indicated that they had not acquired a new facility, made a substantial expansion or modification to existing facilities, nor have they installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology. herefore, the facility meets this standard through the non-applicability of the provisions.</p> <p>Based on the auditor’s review and analysis of the evidence, the facility has demonstrated compliance with this standard.</p>

115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Evidence Reviewed: RKY PREA policy; KYDOC CPP 14-7; CHCC PREA Policy; Memo from Director re: SA and FME History; Memo from Director re: SA investigation procedures; CHCC PREA Sexual Assault Plan; CHCC Victims of Rape emotional support flyer; 24-hour crisis line pamphlet; Kentucky State Police Physical Collections Evidence Guide; MOU between KYDOC and Kentucky Association of Sexual Assault Programs (KASAP); Regional Map for KASAP Services; Personal Observations During Site Visit; Interviews.</p> <p>115.221(a): RKY PREA Policy and the CHCC PREA Policy state that allegations of sexual abuse and sexual harassment shall be promptly, thoroughly, and objectively investigated. Specially trained investigators shall conduct sexual abuse investigations alleging force, coercion, or possible criminal behavior from the Kentucky Department of Corrections, Kentucky State Police, or other law enforcement agency (as applicable). Kentucky DOC policy 14.7 does indicate a uniform protocol. Additionally, the facility provided the Kentucky State Police Physical Evidence Collections Guide for the auditor's review.</p> <p>115.221(b): The facility does not house youthful offenders. Therefore, the facility meets this provision through non-applicability.</p> <p>115.221(c): KYDOC CPP14-7 requires that the Medical Department 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. CHCC indicates no forensic medical exams were conducted during the past 12 months. All such services will be provided by community service providers and not at the facility. A memorandum from the Facility Director confirms that no FMEs were required during the audit period, and if an instance of sexual abuse occurs, the client will be referred to Harlan ARH Hospital for SANE services.</p> <p>115.221(d)(e): The comprehensive MOU between KYDOC and KASAP indicates that KASAP will provide emotional services for victims of sexual abuse. An interview with the Kentucky DOC PREA Coordinator confirms that these services are available for any resident of an RKY center, regardless of whether or not they are under DOC supervision. A victim advocate, qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals. In addition to these services, CHCC, through CRBH Victim Services, provides support services, including a 24-hour crisis line. This agency also provides gender-specific support groups for survivors of sexual assault.</p>

115.21(f): There has never been an investigation at the facility that required an external/criminal investigation; however, the Facility Director explained that once a case is turned over to the Kentucky State Police and Kentucky DOC for criminal investigation, she would request that the external agency investigate the matter by CFR §115.71/§115.21, and would attempt to stay updated on the status of the case.

115.221(h): Interview with the Facility Director 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.

Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard. In addition, the auditor finds that the facility and agency exceed provision (d) of this standard by providing a 24/7 victim services hotline and gender-specific support groups for survivors of sexual assault.

115.222	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: RKY PREA policy; CHCC PREA Policy; Kentucky State Police Policy, General Order OM-C-1; CHCC Web Site Search and memo from Director; Investigation File Review; Interviews.</p> <p>115.222(a)(b): The RKY PREA Policy and the CHCC PREA Policy indicate that all allegations of sexual abuse and sexual harassment shall be promptly, thoroughly, and objectively investigated. Specially trained investigators shall conduct sexual abuse investigations alleging force, coercion, or possible criminal behavior from the Kentucky Department of Corrections, Kentucky State Police, or other law enforcement agency. The facility indicates that no sexual abuse nor sexual harassment allegations were made. Therefore, no administrative nor criminal investigation was conducted. An interview with the Facility Director and PREA Coordinator confirmed that any claims of a criminal nature would be reported to KSP immediately and Kentucky DOC, as appropriate. A review of the agency’s website confirms that the policy regarding PREA investigations has been published.</p> <p>115.222(c): Based on the cooperative agreement between RKY and Kentucky DOC, the CHCC is encompassed as part of the coordination with KSP. The auditor reviewed the Kentucky State Police Policy, General Order OM-C-1, Criminal Investigations & 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	Employee training
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Evidence Reviewed: RKY PREA Policy; CHCC PREA Policy; CHCC PREA Training Module Rev. 2021; New Hire PREA Training Roster with PREA Acknowledgement Forms; PREA Refresher Training Roster with PREA Acknowledgement Forms; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.231(a)(c)(d): The RKY PREA policy and CHCC PREA Policy state 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 will occur on an annual basis. Training shall be tailored to be gender-specific to the facility. Completion of the training will be documented by employee signature attesting that they have received and understand the training material. The CHCC training module confirms that the facility trains 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 and includes topics required by provision (a) 1-10 of this standard. The auditor reviewed the CHCC New Hire Training Roster, as well as 13 signed acknowledgment forms for training participants. Additionally, the auditor reviewed the PREA Refresher Training Roster, as well as 8 signed acknowledgment forms for training participants. Training files revealed that refresher training is delivered and documented annually, which exceeds the requirement of provision (c).</p> <p>115.231(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 for the gender of the facility. An employee would not be eligible to transfer from another RKY facility and would be processed as a new hire.</p> <p>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	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: RKY PREA Policy; CHCC PREA Policy; CHCC PREA Training Module Rev. 2021; Volunteer PREA Acknowledgement Forms; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.232(a)(b)(c): RKY PREA policy and CHCC PREA Policy state 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. The facility states that contractors and volunteers must receive the same training as employees. The Auditor reviewed signed acknowledgments for two volunteers and one service contractor who was on premises working, confirming that they have all received the required training based on the level of service being provided at the facility.</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>

115.233	Resident education
	<p data-bbox="280 188 1038 224">Auditor Overall Determination: Exceeds Standard</p> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1437 501">Evidence Reviewed: RKY PREA Policy; CHCC PREA Policy; CHCC Resident PREA Education; CRBH Interpreter Services for Hearing impaired and LEP; PREA poster English & Spanish; PREA Brochure English & Spanish; Resident Acknowledgement Forms; Observations During Site Visit; Interviews.</p> <p data-bbox="280 542 1477 1281">115.233(a): RKY PREA Policy and CHCC PREA Policy indicate 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 108 residents received this information during intake. The auditor reviewed (18) resident files and found that all had signed acknowledgment forms confirming their understanding of PREA education. There were no new intakes during the site visit to observe; however, the staff on duty provided a simulation of the intake and explained the process for delivering the PREA information to new residents. In addition to the initial PREA education provided to residents during intake, each resident must write out the PREA education materials as an assignment when they transfer from SOS to MT1 (generally within seven days) and then again when they transfer from MT to Phase I. These assignments reinforce zero tolerance for sexual abuse and sexual harassment at the facility. Residents were well-educated on the PREA zero-tolerance policy. This exercise demonstrates the facility exceeds the requirements of this standard.</p> <p data-bbox="280 1321 1374 1397">115.233(b): The facility indicates that residents are not transferred between facilities; therefore, the facility meets this standard through non-applicability.</p> <p data-bbox="280 1438 1477 1760">115.233(c)(d): RKY PREA policy and the CHCC PREA policy indicate that the training material shall be presented to the resident in both verbal and written form with particular consideration for those who have limited reading ability or who are hearing and vision impaired or with limited English proficiency. The policy also states that documentation of such training shall be maintained in the resident file. Training documentation is described in section (a) of this section. The facility had no residents who were LEP, hearing impaired, visually impaired, or cognitively impaired during the audit.</p> <p data-bbox="280 1800 1445 2002">115.233(e): The agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats. During the site visit and interviews with staff and residents, the auditor confirmed that education is available through the required formats and accessible if needed.</p> <p data-bbox="280 2042 1342 2119">Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance and exceeded the provisions of this standard.</p>

115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: RKY PREA Policy; CHCC PREA Policy; List of KYDOC Trained Investigators; Director's Memo re: CHCC Investigators; CHCC Specialized Training Forms: Investigating Sexual Abuse in Confinement Settings Curricula; Interviews.</p> <p>115.234(a): The RKY PREA policy and CHCC PREA Policy state 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. An interview with the Facility Director confirms that administrative investigations are conducted by facility investigators, and any allegations of a criminal nature will be forwarded to a law enforcement agency with jurisdiction.</p> <p>115.234(b)(c): The auditor's review of the Specialized Training Curricula reveals that the training includes material regarding PREA Updates and Standards Overview; Legal Issues and Liability; Culture; Trauma and Victim Response; Medical and Mental Health Care; First Response and Evidence Collection; Adult Interviewing Techniques; Juvenile Interviewing Techniques; Report Writing and Prosecutorial Collaboration. CHCC indicates that five staff are trained to conduct administrative investigations at the facility, and the auditor was provided a sample of three certificates, confirming the required training. Three trained investigators were interviewed, and all were knowledgeable about their specialized investigations training.</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>

115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: CHCC PREA Policy; KYDOC Training Curricula for PREA - Specialized Training for Medical and Mental Health Professionals Training Course with participation roster; Information Obtained from Interviews.</p> <p>115.235(a)(b)(c): The facility employs one nurse who triages residents for referrals, as needed, to community medical and mental health practitioners upon request or upon identified need. The facility provided the KYDOC specialized training curricula and confirmation that their nurse had completed the course. An interview with the nurse confirmed she has taken the prescribed training and understands the topics covered. The CHCC PREA Policy establishes the requirement for medical and mental health staff to receive the basic mandated training and to be specially trained in accordance with this standard. The facility has no contract providers, mental health and medical services are provided by community health providers.</p> <p>Based on analysis and evaluation of the evidence, the facility has demonstrated compliance with this standard.</p>

115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Evidence Reviewed: CHCC PREA Policy; RKY PREA Policy; Blank Screening Instrument; Completed Initial Risk Screenings; Completed Follow-up Risk Screenings; Observations During Site Visit; Interviews.</p> <p>115.241(a)(c)(d)(e): RKY PREA policy and CHCC PREA Policy state that residents shall be assessed for risk of sexual abuse victimization and predatory behaviors within 72 hours of admission using a validated risk assessment tool. The facility reports that 96 residents entering the facility were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility. A review of the screening instrument used by the facility confirms that it is objective and that the facility considers provisions (d)1-9 of this standard. In addition, the auditor reviewed (18) incarcerated individual case files and confirmed that all contained initial and follow-up risk assessments. The facility also enters the risk screening information into the KYDOC database (KOMS) for residents who are under their supervision. Interviews with staff and residents confirmed these assessments are conducted following the policy and standard requirements and using the objective instrument.</p> <p>115.241(b)(f): In addition to the 72-hour requirement for initial screening, the policy states that residents may be re-assessed within 30 days based on any relevant additional information. The facility reports that 85 residents were rescreened within 30 days of arrival. Access to information obtained during assessment shall be limited to staff necessary to make program and housing placement decisions. The auditor's review of the completed risk assessments for 18 residents confirmed that initial risk screenings are conducted within 24 hours of arrival, and follow-up assessments are conducted within 30 days of arrival. Based on an interview with the Facility Director/PREA Coordinator, the facility had no new information that prompted a reassessment. However, protocols are in place to complete one if additional information becomes available or after the report of a sexual abuse allegation.</p> <p>115.241(i): Based on interviews with the Facility Director and PREA Compliance Manager, sensitive information such as medical history and screening information obtained is kept in a separate file maintained by the PREA Compliance Manager and restricted to staff with a need to know the information.</p> <p>Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard. In addition, the facility exceeds this standard based on the risk assessments being completed within 24 hours instead of 72 hours.</p>

115.242	Use of screening information
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1406 416">Evidence Reviewed: RKY PREA Policy; CHCC PREA Policy; Screening Instrument; Observations During Site Visit; Information Obtained from Interviews.</p> <p data-bbox="280 456 1481 1240">115.242(a)(b): RKY PREA policy and CHCC PREA Policy state that information obtained from the risk assessment shall be used to determine appropriate housing and/or bed placement or appropriateness for the RKY program. Based on interviews with the Facility Director and PREA Coordinator, the PREA Compliance Manager is also the facility's Housing Specialist, and the auditor determined that information from the risk screening instrument is used to make housing decisions. 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 to the Housing Coordinator. The facility is a peer support housing facility, and resident behaviors are monitored not only by staff but also by peer monitors. Before a resident is assigned to a room, an assessment for compatibility is made by the Housing Coordinator with input from the PREA Coordinator and Facility Director. The resident's own concerns about safety and roommate assignment are taken into consideration when making housing decisions, and if incompatibility arises, then the Housing Coordinator assists the resident in changing roommates. As for work placements, if a resident is at high risk for sexual victimization or abusiveness, the resident will not be assigned a work detail that is isolated or has non-traditional work hours where there is little to no staff oversight. All programming is under some type of supervision.</p> <p data-bbox="280 1281 1481 1688">115.242(c)(d): The facility had one transgender female assigned to the facility during the audit. The auditor's interview with the Facility Director, PREA Coordinator, and PREA Compliance Manager confirmed that housing needs are coordinated between the Facility Director and the referring agency at the time of the initial assignment to ensure the needs of the individual and other residents are consistently met. An interview with the transgender resident confirmed that staff met with her to discuss her views toward housing arrangements upon arrival. The resident explained to the auditor that she had been welcomed and treated with respect by the other residents and staff. No special arrangements were necessary, and she was housed in the SOS unit and the other new arrival residents.</p> <p data-bbox="280 1729 1453 1805">115.242(e): All residents can shower privately and separately from other residents at CHCC.</p> <p data-bbox="280 1845 1453 1921">115.242(f): CHCC has no dedicated wings, and residents are not housed according to their sexual orientation or gender identity.</p> <p data-bbox="280 1962 1417 2029">Based on analysis and evaluation of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: RKY PREA Policy; CHCC PREA Policy; CHCC Memo Regarding SA and SH allegations; PREA Reporting Hotline Poster English & Spanish; PREA Brochure English and Spanish; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.251(a)(b): RKY PREA Policy and CHCC PREA Policy state 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. A review of the PREA Brochure reveals that residents are informed on the multiple ways to report sexual abuse or sexual harassment. The Kentucky DOC reporting hotline is available as an outside agency to any resident of the CHCC and allows the reporter to remain anonymous upon request. Resident interviews confirmed their awareness of these methods of reporting.</p> <p>115.251(c): 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 and document any verbal reports received. Interviews with staff confirmed their knowledge of the requirement to accept reports made verbally, in writing, anonymously, and from third parties and the requirement to document verbal reports.</p> <p>115.251(d): Based on the interview with the Facility Director and PREA Coordinator, staff may also use the Kentucky DOC PREA hotline to make a private report if needed. Interviews with staff indicate that they are aware they may use any reporting methods available to the residents for making a report privately if they felt the need to do so; additionally, they all understood their duty to immediately report any suspicion of sexual abuse or harassment.</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>

115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: CHCC PREA Policy; Grievance Policy; Policy Review; Information Obtained from Interviews.</p> <p>115.252(a): The CHCC PREA Policy establishes that all procedures regarding the filing and responding to a grievance alleging sexual abuse shall comply with the CHCC Resident Grievance Policy (115.252). The auditor interviewed the Facility Director and the PREA Coordinator, who explained the facility's grievance process as outlined in the policy. In addition, they both confirmed that residents are made aware of the grievance procedures during intake and that residents have filed no grievances during the audit period.</p> <p>115.252(b)(c)(d)(e)(f)(g): The CHCC Policy establishes that there is no time limit on when a resident may submit a grievance regarding an allegation of sexual abuse. A resident filing a sexual abuse-related grievance is not required to use any informal grievance process or to attempt to resolve with staff alleged to be the perpetrator of sexual abuse. A resident who wants to file a sexual abuse grievance can submit it without submitting it to the staff member that is the subject of the complaint, and the grievance shall not be referred to the staff member who is the subject of the complaint. The policy creates a three-stage process. Stage I: The aggrieved resident shall state her complaint to the facility director. If the facility director is the subject of the complaint, the resident shall be allowed to express her complaint to the Executive Director of the mental health - mental retardation board; if this occurs, then this proceeds to stage III. The facility director shall appoint an impartial grievance hearing committee from staff. The Committee may request that the grievance be made in writing, and the resident shall be obligated to comply with the request. The Committee's decision shall be given in writing to the resident within five (5) working days (Sat-Sun & holidays excluded) after the receipt of the grievance. Stage II: If the aggrieved resident is not satisfied with the answer of the Grievance Hearing Committee, or if the answer is not received from the Grievance Hearing Committee within the time allowance stated in Stage II, the resident may appeal the answer to the Director of the Center. The appeal shall be made by the resident and received by the Facility Director within five (5) working days (Saturday, Sunday, and holidays excluded) after receiving the answer, or if no answer is received within five (5) working days (Saturday, Sunday, and holidays excluded) after expiration of the Grievance Committee's time allowance as stated in Stage I. The Director may request that the appeal be stated in writing, and the resident shall be obligated to comply with the request. The decision of the Director shall be given in writing to the resident within five (5) working days (Saturday, Sunday, and holidays excluded) after receipt of the appeal. Stage III: If the aggrieved resident is not satisfied with the decision of the facility director or their designee, the resident may, during the next five (5) working days (Sat-Sun & holidays excluded), request a formal hearing before a grievance hearing committee. The Executive Director of the</p>

Mental Health-Mental Retardation Board shall appoint the Grievance Hearing Committee and shall designate a Chairman. The Committee shall be composed of at least three (3) impartial Cumberland River Comprehensive Care staff members. The Committee shall investigate the grievance, accumulate and study the facts in the case, conduct necessary hearings, and submit a written report of its findings, together with a recommendation for disposition to the Executive Director within ten (10) days (Saturday, Sunday, and holidays excluded) after notification of the Committee appointment, unless extended for cause. The resident may have a spokesman of their choice to represent them at their scheduled hearing. At the hearing, the resident, or their spokesperson, shall not be permitted to confront and cross-examine other individuals but shall be furnished, in advance of the hearing, a list of those persons scheduled to appear before the Committee. Upon reviewing the Committee's recommendations, the Executive Director shall render a final decision and notify the resident in writing. The agency shall issue the final decision within ninety (90) days of the initial filing of the grievance minus any time consumed by the resident in preparing any administrative appeal. The agency may advise the resident in writing that it will claim an extension, up to seventy (70) calendar days beyond the initial ninety (90) calendar days, if it needs additional time to make an appropriate decision. When the resident is advised of this in writing, the written information provides a date by which a decision will be made. A copy of the Committee's report of findings and recommendations and a copy of the Board Chairman's final decision shall be forwarded to the Center for permanent and confidential filing. At any level of the administrative process on a grievance over sexual abuse, including the final level, if the resident does not receive a response within the time allowed for a reply, including any properly noticed extension, the resident may consider the absence of a response to be a denial at that level. Residents filed no grievances alleging sexual abuse within the audit period.

115.252(e): The CHCC Grievance Policy establishes third parties (other residents, staff members, family members, attorneys, and outside advocates) are allowed to assist residents in filing a sexual abuse grievance. These third parties are permitted to file a sexual abuse grievance on behalf of the resident. However, before Cumberland Hope Community processes the grievance, the alleged victim in the sexual abuse grievance must agree to the sexual abuse grievance being filed on her behalf. In addition, the alleged victim shall be required to personally pursue any submerging steps in the administrative process. If the alleged victim declines to have a sexual abuse grievance filed on her behalf, the Director shall document this. Residents filed no grievances alleging sexual abuse within the audit period.

115.252(f): The CHCC Grievance Policy establishes that a resident can file an emergency sexual abuse grievance alleging she is at substantial risk of imminent sexual abuse. After an emergency sexual abuse grievance is received, it shall immediately go to the facility director to take immediate action necessary to protect the grievance. The facility director shall then provide an initial response within forty-eight (48) hours. The facility director shall issue a final agency decision within five (5) calendar days of the initial complaint. Residents filed no grievances alleging sexual abuse within the audit period.

115.252(g): The CHCC Grievance Policy establishes that the facility may discipline a resident who files a sexual abuse grievance only when it is found that the resident filed the grievance in bad faith. There have been no sexual abuse grievances filed by residents determined to be in bad faith.

Based on analysis and evaluation of the evidence, the facility has demonstrated compliance with all provisions of this standard.

115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Evidence Reviewed: CHCC PREA Policy; Kentucky Association of Sexual Assault Programs (KASAP) MOU and Contract with KYDOC; KASAP Regional Map; Hotline Poster; CRBH Rape Victim Services Brochure; Resident Education; Acknowledgement Form; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.253(a)(b)(c): The facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse through the Kentucky Association of Sexual Assault Programs (KASAP) agreement with the Kentucky DOC. In addition to these services, CHCC, through CRBH Victim Services, provides support services, including a 24-hour crisis line and gender-specific support groups for survivors of sexual assault. The acknowledgment forms, signed by the offender, show their understanding of available resources. The facility states that communications are not monitored and that the residents are informed of the limits of confidentiality regarding a report of sexual abuse. Interviews with residents confirmed that they are all aware of these services, how to access them, and that they are confidential.</p> <p>Based on the auditor’s review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard. In addition, the auditor finds that the facility and agency exceed this standard by providing a 24/7 victim services hotline and gender-specific support groups for survivors of sexual assault.</p>

115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: RKY PREA Policy; CHCC PREA Policy; PREA Hotline Posters; PREA Brochure; Web Search; Observations During Site Visit; Interviews.</p> <p>115.254(a): RKY PREA policy and the CHCC PREA Policy state that a resident or third party may report a sexual offense verbally or in writing. Reports may be made anonymously. The PREA Brochure, the PREA Hotline Posters, and the PREA Policy are all published on the KYDOC website. In addition, the KYDOC website provides a public method for third-party reports of sexual abuse to be reported at the PREA Hotline toll-free at 1-833-DOC-PREA (1-833-362-7732).</p> <p>Based on the auditor’s review and analysis of the evidence, the facility has demonstrated compliance with this standard.</p>

115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: RKY PREA Policy; CHCC PREA Policy; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.261(a): RKY PREA Policy and CHCC PREA Policy state 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. Additionally, these policies require staff to report any retaliation against someone who has reported such an incident and 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 they were knowledgeable of their duty to report any such allegations immediately to the PREA Compliance Manager and Facility Director.</p> <p>115.261(b)(c): 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.</p> <p>115.261(d): CHCC does not house residents under 18 and reports that they have not had a resident in the program during the audit period who would qualify as a vulnerable adult. Based on an interview with the Facility Director/PREA Coordinator, crimes against vulnerable adults will be investigated by the KSP with notification to the Department of Human Services (DHS) in accordance with the Adult Protection Act. Therefore, the facility meets this standard through non-applicability.</p> <p>115.261(e): 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 to the Kentucky State Police for a criminal investigation.</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	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: RKY PREA Policy; CHCC PREA Policy; Director's Memo re: Imminent Risk; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.262(a): RKY PREA Policy and CHCC PREA Policy state that if 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 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 Facility Director and PREA Compliance Manager would be notified for advisement and further instructions. Based on an interview with the Facility Director and PREA Compliance Manager, alternative placements would be coordinated through the referring agency if a resident cannot be housed safely at the facility.</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>

115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: RKY PREA Policy; CHCC PREA Policy; Director's Memo; Information Obtained from Interviews.</p> <p>115.263(a)(b)(c)(d): 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. During the Facility Director's interview, she explained that she had not received any allegations that required reporting to another facility; however, she is aware of the procedures and is to forward any received within 72 hours. Additionally, any allegations received from other facilities that were to have occurred at CHCC would be immediately referred for investigation according to the facility's investigative protocols.</p> <p>Based on the auditor's analysis and evaluation of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: RKY PREA Policy; CHCC PREA Policy; KYDOC CPP 14-7; CHCC PREA Training Curriculum; Information Obtained from Interviews.</p> <p>115.264(a): Upon receiving a report of sexual abuse or harassment, 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 that in the past 12 months, there were no allegations of sexual abuse reported.</p> <p>115.264(b): The facility follows KYDOC CPP 14-7, which 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 CHCC employee 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 module for the facility confirms that the information is discussed. Based on interviews with staff, they are all very knowledgeable about their responsibilities as first responders.</p> <p>Based on the auditor’s analysis and evaluation of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

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

115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: CHCC Director's Memo; Interviews.</p> <p>115.266(a): Based on the interview with the Facility Director, the agency has not entered into or renewed any collective bargaining agreement or other agreement that would limit the facility's ability to remove alleged staff sexual abusers from contact with any residents when warranted.</p> <p>Based on the auditor's analysis and evaluation of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: RKY PREA Policy; CHCC PREA Policy; CHCC Director's Memo; Protection Against Retaliation Form; Information Obtained from Interviews.</p> <p>115.267(a-e): RKY PREA Policy and CHCC PREA Policy state that residents and staff who report sexual abuse or harassment shall be protected from retaliation. Following a report, these residents and staff will be monitored for at least 90 days. A member of the facility management staff will be designated to monitor the situation. Changes in housing assignments or work schedules may be necessary. The obligation to monitor can be terminated if it is determined that an allegation of retaliation is unfounded. The facility reports that the PREA Coordinator is the designated retaliation monitor for CHCC and that residents or staff who report an incident or cooperate with an investigation of sexual abuse will be protected from retaliation by others. No incidents were reported during the auditor period, therefore no retaliation monitoring was necessary or required, nor were any retaliation incidents reported within the audit period.</p> <p>Based on the auditor's analysis and evaluation of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: RKY PREA Policy; CHCC PREA Policy; CHCC Director's Memo; KSP Memorandum; Records Request Policy; Information Obtained from Interviews.</p> <p>115.271(a)(b): RKY PREA Policy and CHCC PREA Policy state that allegations of sexual abuse and sexual harassment shall be promptly, thoroughly, and objectively investigated. Specially trained investigators shall conduct sexual abuse investigations alleging force, coercion, or possible criminal behavior from the Kentucky Department of Corrections, Kentucky State Police, or other law enforcement agency. CHCC staff shall also receive specialized training in conducting investigations. Training records for the three investigators designated for CHCC were provided for the auditor's review. The Facility Director, PREA Coordinator, and PREA Compliance Manager are trained investigators. Either of them may conduct an administrative investigation into an allegation of sexual abuse or sexual harassment. Based on interviews with all three of these investigators, the auditor determined they knew the requirement to conduct thorough, prompt, and objective investigations. Any allegation that appears criminal will be immediately reported to the KSP for a criminal investigation and any referring agency. The facility indicated no allegations of sexual abuse or sexual harassment; therefore, the auditor did not conduct any reviews. Based on these interviews, all allegations will be investigated, including third-party and anonymous reports. There were no third-party or anonymous allegations reported during the audit period.</p> <p>115.271(c)(d)(f)(h): The facility investigators are limited to administrative actions but follow the KYDOC CPP 14-7 policy for gathering and preserving direct and circumstantial evidence when required. Investigations will 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 facility conducts no compelled interviews and would defer all such interviews to the appropriate law enforcement agency. Interviews with investigators confirmed that the administrative investigation includes efforts to determine whether staff actions or failures to act contributed to the incident.</p> <p>115.271(e): Interviews determined that the agency investigators will assess the credibility of an alleged victim, suspect, or witness on an individual basis and not based on that individual's status as a resident or staff. 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>115.271(g)(l): 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</p>

investigations during basic training, which is consistent with the requirements of §115.34. An interview with the Facility Director 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.

115.271(i): 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 following the records retention schedule. The facility will maintain all resident records for a minimum of 5 years. The Records Request policy states that PREA records will be held by PREA standard 115.271 confirmed through interviews with the Facility Director and PREA Coordinator.

115.271(j): 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 both facility investigators.

Based on the auditor's analysis and evaluation of the evidence, the facility has demonstrated compliance with all provisions of this standard.

115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: CHCC PREA Policy; Information Obtained from Interviews.</p> <p>115.272(a): Interviews with three facility investigators confirm that no standard higher than a preponderance of the evidence is used to determine whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>Based on the auditor’s analysis and evaluation of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

115.273	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: RKY PREA Policy; CHCC PREA Policy; Information Obtained from Interviews.</p> <p>115.273(a)(c)(d)(e): RKY PREA Policy and CHCC PREA Policy state 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 allegations/investigations were received/completed within the past 12 months of an allegation that was to have occurred at another facility. The facility utilizes the Kentucky DOC notification to victim form to document all notifications.</p> <p>115.273(b): The interview with the Facility Director confirmed that if an allegation is investigated by an external agency she would stay in contact with the external investigator to remain updated on the status of the case and upon closure, will provide notification to the alleged victim.</p> <p>Based on the auditor's analysis and evaluation of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: RKY PREA Policy; CHCC PREA Policy; CHCC Director's Memo; Information Obtained from Interviews.</p> <p>115.276(a)(b)(c)(d): RKY PREA Policy and CHCC PREA Policy state 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 Facility Director and PREA Coordinator 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. CHCC reports no staff violations of the sexual harassment or sexual abuse policies in the last 12 months.</p> <p>Based on the auditor's analysis and evaluation of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: RKY PREA Policy; CHCC PREA Policy; CHCC Director's Memo; Information Obtained from Interviews.</p> <p>115.277(a)(b): RKY PREA Policy and CHCC PREA Policy state 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 Facility Director and PREA Coordinator 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. CHCC reports no contractor or volunteer violations of the sexual harassment or sexual abuse policies in the last 12 months.</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>

115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: RKY PREA Policy; CHCC PREA Policy; CHCC Director's Memo; KYDOC CPP 14-7; Information Obtained from Interviews.</p> <p>115.278(a)(b)(c): Interviews with the Facility Director and PREA Coordinator indicate that CHCC will follow the KYDOC CPP 14-7 for residents who are referred by the Kentucky DOC which states that offenders may be disciplined for substantiated incidents of offender-on-offender sexual abuse according to CPP 15.2; however if a sexual abuse case is substantiated, the resident found to have perpetrated the sexual abuse will be terminated from the program as residents at this facility are not considered incarcerated persons. The KYDOC CPP 14-7 further states that if an offender has pending disciplinary sanctions for alleged offender-on-offender sexual abuse, consideration shall be given as to whether the offender's mental disabilities or mental illness contributed to his or her behavior when determining what level of sanction if any, will be imposed. CHCC would confer with the referring agency and/or the relevant law enforcement agency with regard to additional disciplinary action for the perpetrator. Residents with mental disabilities or mental illness will be referred to an appropriate community resource, as deemed necessary. The facility reports that there were no incidents in the past 12 months, of resident-on-resident sexual abuse.</p> <p>115.278(d): 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>115.278(f): 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. Interviews with the Facility Director and PREA Coordinator confirmed that false reporting is taken seriously and considered a violation of the resident code of conduct.</p> <p>115.278(g): The Resident PREA Acknowledgment Form advises the residents of the zero-tolerance policy for any sexual contact while in the program.</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	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: RKY PREA Policy; CHCC PREA Policy; CHCC Director's Memo; KYDOC CPP 14-7; Information Obtained from Interviews.</p> <p>115.282(a)(b)(c)(d): CHCC PREA Policy and RKY PREA Policy establish 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. External community providers will provide these services. Interviews with the Facility Director, PREA Coordinator, and Facility RN confirmed that victims of sexual abuse would be provided with referrals/ treatment for medical and mental health services with a community provider at no cost. No incidents within the audit period require emergency medical or mental health evaluations.</p> <p>Based on the auditor's analysis and evaluation of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: RKY PREA Policy; CHCC PREA Policy; KYDOC CPP 14-7; Information Obtained from Interviews.</p> <p>115.283(a)(b): RKY PREA policy and CHCC PREA Policy establish that residents who have been victims of sexual abuse shall be offered referrals for emergency medical and mental health evaluations as deemed appropriate. Medical and mental health services shall be available on an ongoing basis. CHCC residents receive medical services at Harlan ARH hospital, and mental health services are provided through Cumberland River Behavioral Health (CRBH). The auditor's interview with the Director confirmed the availability of these services for CHCC residents. The residents at CHCC are not considered incarcerated individuals. The facility assists the residents with follow-up services and connects them with community resources as part of the after-care release planning.</p> <p>115.283(c): CHCC does not have medical services at their facility. Residents receive care at the Harlan ARH Hospital or other outside medical facilities as deemed necessary. Service providers deliver according to community-level standards of care.</p> <p>115.283(d)(e): CHCC houses female residents. auditor confirmed during an interview with the Facility Director and the Facility RN that if pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.</p> <p>115.283(f): 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 auditor's interview with the Facility Director and Facility RN confirmed that testing for sexually transmitted infections is offered as part of the initial intake workup and that this would be routine to provide to any victim of sexual abuse; there have been no incidents within the audit period.</p> <p>115.283(h): The facility does not conduct mental health evaluations or treatment but will make referrals to a community service provider as needed. Confirmed resident-on-resident abusers would be terminated from the program, in consultation with the referring agency, according to interviews with the Facility Director and PREA Coordinator.</p> <p>Based on the review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: RKY PREA Policy; CHCC PREA Policy; CHCC Director's Memo; Information Obtained from Interviews.</p> <p>115.286(a)-e): RKY PREA Policy and CHCC PREA Policy establish that within 30 days of the conclusion of an investigation, a review will be conducted by the center management team. The purpose of the review is to determine whether there is a need to revise policy and 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 interviewed members of the incident review team and found them knowledgeable about the requirements of this standard. The facility had no allegations of sexual abuse or sexual harassment reported within the audit period; therefore, no incident reviews were conducted.</p> <p>Based on the auditor's analysis and evaluation of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

115.287	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: CHCC PREA Policy; RKY PREA Policy; KY DOC Web Search; 2020 KYDOC Annual Report; CHCC Web Search; CRBH Web Search; Information Obtained from Interviews.</p> <p>115.287(a)(b)(c)(d): CHCC PREA Policy and RKY PREA Policy collectively establish 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 following the facility's records retention schedule. This schedule follows the requirements of this standard. This data shall be reviewed on an ongoing basis to identify problem areas and take corrective action. Yearly reports shall be made public.</p> <p>115.287(e): The facility does not contract with private agencies for the confinement of residents; therefore, this provision is not applicable.</p> <p>115.287(f): The Kentucky Department of Corrections includes Recovery Kentucky Centers data in its annual report and data collection, published on the KDOC's website at https://corrections.ky.gov/About/Pages/Prison-Rape-Elimination-Act-(PREA).aspx. Additionally, CHCC produces an annual report annually.</p> <p>Based on the auditor's analysis and evaluation of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: RKY PREA Policy; CHCC PREA Policy; CHCC Director's Memo; KYDOC CPP 14-7; CHCC Annual PREA Report; Website Search; Interviews.</p> <p>115.288(a): Based on interviews with the Facility Director and PREA Coordinator, CHCC reviews data collected and aggregated for the facility to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training on an annual basis. CHCC is required to provide data to the Kentucky DOC for evaluation. During their interviews, the Facility Director and PREA Coordinator explained that they continuously look to identify problem areas and take corrective action where needed. An annual report is prepared and approved by the CEO and published at the facility entrance.</p> <p>115.288(b)(c)(d): The auditor's review of the Annual PREA Reports published by the KYDOC and displayed on their public website reveals that data is compared for the years 2016, 2017, 2018; 2019; 2020, and 2021, which included data for CHCC. There were no personal identifiers in the Annual Reports.</p> <p>Based on the auditor's analysis and evaluation of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: RKY PREA Policy; CHCC PREA Policy; CHCC Director's Memo; Personal Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.289(a)(d): 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 following the records retention schedule required of this standard, ten years. Interviews with the Facility Director and PREA Coordinator confirmed that records would be maintained for ten years.</p> <p>115.289(b)(c): CHCC has had no sexual abuse incidents during this audit period and has had one allegation since inception, which is reflected in each annual report. 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 Facility Director compiles and publishes the facility's annual report, as in §115.88. The most current report published by CHCC and the Kentucky DOC is dated 2021. Each report is published on the respective agency's public website. Neither report contains personally-identifying information.</p> <p>Based on the auditor's analysis and evaluation of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Personal Observations During Site Visit; Interviews.</p> <p>115.401(a): Cumberland Hope Community Center is a stand-alone facility and the Recovery Kentucky Centers affiliate. This is the third audit for the facility, with the first final report published on August 15, 2016, and the second published on August 17, 2019. The facility did not complete an audit within the third three-year period ending August 19, 2022. The Kentucky Department of Corrections contracts with CHCC for bed space for paroling and community-status offenders, which requires that the facility complies with the PREA standards. An interview with the Facility Director revealed they had the understanding they had until the end of the calendar year 2022 to complete the audit for it to count within the third cycle. The auditor explained the cycle dates and that to maintain compliance fully their next audit must be completed before August 19, 2025.</p> <p>115.401(h): The auditor was allowed access to all areas of the facility and provided a complete tour of the facility and grounds, led by the PREA Coordinator and PREA Compliance Manager.</p> <p>115.401(i): All documents requested were promptly provided in electronic and paper format.</p> <p>115.401(m): The auditor was provided a private area to conduct interviews with residents and staff. The auditor randomly selected all residents and staff for interviews and records reviews.</p> <p>115.401(n): The facility imposes no restrictions on resident correspondence with outside parties by phone or mail. Resident interviews confirmed that the information about the PREA audit was posted at least two months before the audit. In addition, the auditor observed Audit Notices posted at the facility's entrance and in common areas used by all residents throughout the facility. Interviews further confirmed that the residents were aware they could communicate with the auditor confidentially.</p> <p>Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with this standard.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Public Website Search; Information Obtained from Interviews.</p> <p>115.403(f): The auditor observed the last audit for CHCC posted to the facility's website. In addition, the Kentucky Department of Corrections also publishes Final Reports for facilities under contract for bed space.</p> <p>Based on the auditor's analysis and evaluation of the evidence, the facility has demonstrated compliance with this standard.</p>

Appendix: Provision Findings		
115.211 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	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
115.211 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	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
115.212 (a)	Contracting with other entities for the confinement of residents	
	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
115.212 (b)	Contracting with other entities for the confinement of residents	
	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

115.212 (c)	Contracting with other entities for the confinement of residents	
	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
115.213 (a)	Supervision and monitoring	
	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
115.213 (b)	Supervision and monitoring	
	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

115.213 (c)	Supervision and monitoring	
	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
115.215 (a)	Limits to cross-gender viewing and searches	
	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
115.215 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	yes
115.215 (c)	Limits to cross-gender viewing and searches	
	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

115.215 (d)	Limits to cross-gender viewing and searches	
	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
115.215 (e)	Limits to cross-gender viewing and searches	
	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
115.215 (f)	Limits to cross-gender viewing and searches	
	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)	Residents with disabilities and residents who are limited English proficient	
	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	yes

	with residents with disabilities including residents who: Have intellectual disabilities?	
	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)	Residents with disabilities and residents who are limited English proficient	
	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
115.216 (c)	Residents with disabilities and residents who are limited English proficient	
	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

115.217 (a)	Hiring and promotion decisions	
	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
115.217 (b)	Hiring and promotion decisions	
	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

115.217 (c)	Hiring and promotion decisions	
	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
115.217 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
115.217 (e)	Hiring and promotion decisions	
	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
115.217 (f)	Hiring and promotion decisions	
	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

115.217 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.217 (h)	Hiring and promotion decisions	
	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
115.218 (a)	Upgrades to facilities and technology	
	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
115.218 (b)	Upgrades to facilities and technology	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	na
115.221 (a)	Evidence protocol and forensic medical examinations	
	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

115.221 (b)	Evidence protocol and forensic medical examinations	
	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
115.221 (c)	Evidence protocol and forensic medical examinations	
	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
115.221 (d)	Evidence protocol and forensic medical examinations	
	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

115.221 (e)	Evidence protocol and forensic medical examinations	
	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
115.221 (f)	Evidence protocol and forensic medical examinations	
	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
115.221 (h)	Evidence protocol and forensic medical examinations	
	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
115.222 (a)	Policies to ensure referrals of allegations for investigations	
	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

115.222 (b)	Policies to ensure referrals of allegations for investigations	
	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
115.222 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes

115.231 (a)	Employee training	
	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

115.231 (b)	Employee training	
	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
115.231 (c)	Employee training	
	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
115.231 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.232 (a)	Volunteer and contractor training	
	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
115.232 (b)	Volunteer and contractor training	
	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

115.232 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.233 (a)	Resident education	
	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
115.233 (b)	Resident education	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes

115.233 (c)	Resident education	
	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
115.233 (d)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	Resident education	
	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
115.234 (a)	Specialized training: Investigations	
	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

115.234 (b)	Specialized training: Investigations	
	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
115.234 (c)	Specialized training: Investigations	
	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

115.235 (a)	Specialized training: Medical and mental health care	
	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
115.235 (b)	Specialized training: Medical and mental health care	
	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
115.235 (c)	Specialized training: Medical and mental health care	
	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

115.235 (d)	Specialized training: Medical and mental health care	
	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.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes
115.241 (a)	Screening for risk of victimization and abusiveness	
	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
115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.241 (d)	Screening for risk of victimization and abusiveness	
	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

115.241 (e)	Screening for risk of victimization and abusiveness	
	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
115.241 (f)	Screening for risk of victimization and abusiveness	
	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
115.241 (g)	Screening for risk of victimization and abusiveness	
	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
115.241 (h)	Screening for risk of victimization and abusiveness	
	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

115.241 (i)	Screening for risk of victimization and abusiveness	
	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
115.242 (a)	Use of screening information	
	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
115.242 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes

115.242 (c)	Use of screening information	
	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
115.242 (d)	Use of screening information	
	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
115.242 (e)	Use of screening information	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes

115.242 (f)	Use of screening information	
	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
115.251 (a)	Resident reporting	
	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

115.251 (b)	Resident reporting	
	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
115.251 (c)	Resident reporting	
	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
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.252 (a)	Exhaustion of administrative remedies	
	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.	no

115.252 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.252 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.252 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	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.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes

115.252 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes

115.252 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.252 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes

115.253 (a)	Resident access to outside confidential support services	
	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
115.253 (b)	Resident access to outside confidential support services	
	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
115.253 (c)	Resident access to outside confidential support services	
	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
115.254 (a)	Third party reporting	
	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

115.261 (a)	Staff and agency reporting duties	
	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
115.261 (b)	Staff and agency reporting duties	
	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
115.261 (c)	Staff and agency reporting duties	
	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
115.261 (d)	Staff and agency reporting duties	
	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

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

115.264 (a)	Staff first responder duties	
	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
115.264 (b)	Staff first responder duties	
	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
115.265 (a)	Coordinated response	
	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

115.266 (a)	Preservation of ability to protect residents from contact with abusers	
	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
115.267 (a)	Agency protection against retaliation	
	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
115.267 (b)	Agency protection against retaliation	
	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

115.267 (c)	Agency protection against retaliation	
	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

115.267 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.267 (e)	Agency protection against retaliation	
	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
115.271 (a)	Criminal and administrative agency investigations	
	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
115.271 (b)	Criminal and administrative agency investigations	
	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
115.271 (c)	Criminal and administrative agency investigations	
	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

115.271 (d)	Criminal and administrative agency investigations	
	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
115.271 (e)	Criminal and administrative agency investigations	
	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
115.271 (f)	Criminal and administrative agency investigations	
	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
115.271 (g)	Criminal and administrative agency investigations	
	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
115.271 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes

115.271 (i)	Criminal and administrative agency investigations	
	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
115.271 (j)	Criminal and administrative agency investigations	
	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
115.271 (l)	Criminal and administrative agency investigations	
	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
115.272 (a)	Evidentiary standard for administrative investigations	
	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
115.273 (a)	Reporting to residents	
	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
115.273 (b)	Reporting to residents	
	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

115.273 (c)	Reporting to residents	
	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
115.273 (d)	Reporting to residents	
	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

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

115.277 (a)	Corrective action for contractors and volunteers	
	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
115.277 (b)	Corrective action for contractors and volunteers	
	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
115.278 (a)	Disciplinary sanctions for residents	
	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
115.278 (b)	Disciplinary sanctions for residents	
	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
115.278 (c)	Disciplinary sanctions for residents	
	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

115.278 (d)	Disciplinary sanctions for residents	
	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
115.278 (e)	Disciplinary sanctions for residents	
	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
115.278 (f)	Disciplinary sanctions for residents	
	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
115.278 (g)	Disciplinary sanctions for residents	
	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
115.282 (a)	Access to emergency medical and mental health services	
	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

115.282 (b)	Access to emergency medical and mental health services	
	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
115.282 (c)	Access to emergency medical and mental health services	
	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
115.282 (d)	Access to emergency medical and mental health services	
	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
115.283 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.283 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.283 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes

115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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

115.286 (a)	Sexual abuse incident reviews	
	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
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.286 (d)	Sexual abuse incident reviews	
	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

115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.287 (a)	Data collection	
	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
115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287 (c)	Data collection	
	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
115.287 (d)	Data collection	
	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
115.287 (e)	Data collection	
	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
115.287 (f)	Data collection	
	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

115.288 (a)	Data review for corrective action	
	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
115.288 (b)	Data review for corrective action	
	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
115.288 (c)	Data review for corrective action	
	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
115.288 (d)	Data review for corrective action	
	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
115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes

115.289 (b)	Data storage, publication, and destruction	
	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
115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	Data storage, publication, and destruction	
	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
115.401 (a)	Frequency and scope of audits	
	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.)	no
115.401 (b)	Frequency and scope of audits	
	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.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na

115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with residents?	yes
115.401 (n)	Frequency and scope of audits	
	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
115.403 (f)	Audit contents and findings	
	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