

PREA Facility Audit Report: Final

Name of Facility: Cumberland Hope Community

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 07/22/2025

Auditor Certification

The contents of this report are accurate to the best of my knowledge.



No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.



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.



Auditor Full Name as Signed: Sharon Ray Shaver

Date of Signature: 07/22/2025

AUDITOR INFORMATION

Auditor name: Shaver, Sharon

Email: sharonrshaver@gmail.com

Start Date of On-Site Audit: 06/05/2025

End Date of On-Site Audit: 06/05/2025

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:	6068370100

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

Facility PREA Compliance Manager	
Name:	
Email Address:	
Telephone Number:	

Facility Health Service Administrator On-Site	
Name:	Maxine Clay
Email Address:	maxine.clay@crccc.org
Telephone Number:	606-837-0100

Facility Characteristics	
Designed facility capacity:	100
Current population of facility:	58
Average daily population for the past 12 months:	45
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Women/girls

In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of “intersex” and “transgender,” please see https://www.prearesourcecenter.org/standard/115-5)	
Age range of population:	18 and older
Facility security levels/resident custody levels:	Community Level
Number of staff currently employed at the facility who may have contact with residents:	21
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:	40

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

Agency Chief Executive Officer Information:	
Name:	

Email Address:	
Telephone Number:	

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

Facility AUDIT FINDINGS	
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 • 115.213 - Supervision and monitoring • 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 • 115.265 - Coordinated response
Number of standards met:	
34	
Number of standards not met:	

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-06-05
2. End date of the onsite portion of the audit:	2025-06-05

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?	☒ Yes ☐ No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Cumberland River Behavioral Health Victim Services

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	100
15. Average daily population for the past 12 months:	45
16. Number of inmate/resident/detainee housing units:	1
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	☐ Yes ☐ No ☒ 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

18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	57
19. 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:	6
20. 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:	16
21. 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:	1
22. 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:	1
23. 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
24. 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:	8

25. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
26. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
27. 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:	19
28. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
29. 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):	The facility does not track population characteristics; information was obtained from the PREA Coordinator's review of risk screening instruments for the current population.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
30. 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:	21
31. 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:	4

32. 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:	0
33. 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:	All services not provided by CHC staff are outsourced to community service providers.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	10
35. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☒ Age ☒ Race ☐ Ethnicity (e.g., Hispanic, Non-Hispanic) ☒ Length of time in the facility ☒ Housing assignment ☐ Gender ☐ Other ☐ None

36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The auditors selected all available targeted interviewees first and then identified their program level/living unit. Once the number of individuals already selected was categorized by their program level/living unit, then the auditor selected the remaining random individuals from each of the program levels/ living 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 program level, which dictates where the client is housed and the auditors selected residents from all phases of the program.
37. Were you able to conduct the minimum number of random inmate/ resident/detainee interviews?	☒ Yes ☐ No
38. 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):	The auditor met no barriers to ensuring representation of the population and all selected for interviews participated voluntarily.
Targeted Inmate/Resident/Detainee Interviews	
39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	10
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".	

40. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	1
41. 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:	2
42. 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:	1
43. 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:	1
44. 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:	0
44. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

44. 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).	The auditors interviewed the PREA Coordinator, Facility Director, other staff to confirm there were no clients in this targeted category assigned. The auditors randomly selected and reviewed risk screening instruments for a sample of clients currently admitted. In addition, the auditor spent time at the facility observing clients in the living units and during meals, programming and leisure and observed nothing that would indicate otherwise.
45. 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:	4
46. 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:	0
46. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
46. 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).	The auditors interviewed the PREA Coordinator, Facility Director, other staff to confirm there were no clients in this targeted category assigned. The auditors randomly selected and reviewed risk screening instruments for a sample of clients currently admitted. In addition, the auditor spent time at the facility observing clients in the living units and during meals, programming and leisure and observed nothing that would indicate otherwise.

47. 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:	0
47. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
47. 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).	There were no sexual abuse or sexual harassment cases reported during the prior 12 months.
48. 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:	5
49. 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:	0

49. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
49. 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).	This facility is not a secure confinement facility and does not place residents in segregation or isolation.
50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	There were no clients from the targeted categories of limited English proficiency, transgender/intersex, segregated for risk of victimization or reported sexual abuse. The auditor oversampled in the categories of lesbian/gay/bisexual, disabilities, and reported prior sexual abuse during risk screening.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
51. Enter the total number of RANDOM STAFF who were interviewed:	8
52. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☒ Length of tenure in the facility ☒ Shift assignment ☒ Work assignment ☐ Rank (or equivalent) ☐ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None

53. Were you able to conduct the minimum number of RANDOM STAFF interviews?	☒ Yes ☐ No
54. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	Due to the small staff size, the auditor interviewed eight staff randomly selected. All staff at the facility cover multiple duties.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	8
56. Were you able to interview the Agency Head?	☒ Yes ☐ No
57. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	☒ Yes ☐ No
58. Were you able to interview the PREA Coordinator?	☒ Yes ☐ No
59. Were you able to interview the PREA Compliance Manager?	☒ Yes ☐ No ☐ NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

60. 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
- ☒ Intake staff

	☐ Other
61. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	☒ Yes ☐ No
61. Enter the total number of VOLUNTEERS who were interviewed:	1
61. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Education/programming ☐ Medical/dental ☐ Mental health/counseling ☒ Religious ☐ Other
62. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	☐ Yes ☒ No
63. Provide any additional comments regarding selecting or interviewing specialized staff.	Many employees participate in all functions at the facility and held multiple roles for purposes of the specialized staff interviews. The auditors interviewed a behavioral health therapist by phone employed by a community service provider.

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.

64. Did you have access to all areas of the facility?

☒ Yes

☐ No

Was the site review an active, inquiring process that included the following:

65. 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)?

☒ Yes

☐ No

66. 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)?

☒ Yes

☐ No

67. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?

☒ Yes

☐ No

68. Informal conversations with staff during the site review (encouraged, not required)?

☒ Yes

☐ No

69. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).

Cumberland Hope Community, LLC is a long term (up to 18 months), peer driven recovery program for women. Individuals are given an opportunity to work on areas of their lives including family, legal, financial, education and employment. Cumberland Hope Community, LLC is a part of Cumberland River Behavioral Health, a nonprofit community mental health center. PREA information is posted on the parent organization's public website at <https://crbhky.org/prea-audit-documents/>. The Cumberland Hope Community Center is located at 6050 Highway 38, Evarts, Kentucky 40828. It is a 100-bed facility with a current population of 57 on the first day of the audit. 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. Clients enter into the program into the Safe Off the Streets (SOS) level of the program which includes their intake, orientation, and introduction into the program. Clients are stabilized and monitored for withdrawal symptoms and remain at this level for 7-10 days. During the SOS phase, clients receive an in-depth orientation to the program and an in-depth orientation to the program and are introduced to the 12 steps of Alcoholics Anonymous and the classroom curriculum of Recovery Dynamics developed by the Kelly Foundation. Clients have the opportunity to become acclimated to group living and the overall structure of the recovery program while attending educational classes and 12-step support group meetings with their peers in the program. Clients move from the SOS to the Motivational Track (MT1/ MT2). While in MT1 clients are housed in the open bay dormitory which is identical to the

housing in SOS. In the MT phase, clients begin "trudging" (walking in groups with their peers daily), and attending Recovery Dynamics classes off-site. Trudging builds a sense of camaraderie and clients begin to trust and lean on one another for support. Clients continue to live at the facility but spend the majority of the class day off-site in educational classes and attending 12 step support group meetings. When clients move into MT2 they are assigned a room shared with another client. These rooms are similar to efficiency apartment rooms with two single beds, a dresser, a kitchen table and chairs, and a full private bathroom. Clients sign a lease with Kentucky Housing Corporation for their housing for the duration of the program. All clients are assigned job duties once they move out of the SOS, beginning in the kitchen, then moving to security, housekeeping, and maintenance. Client jobs change every two weeks, and the community votes in the supervisor for each of the work areas, which are held for two weeks at a time also. In Phase I of the program, clients begin to work in-depth on the 12 steps of Alcoholics Anonymous and begin to study and understand their addiction. Phase I clients spend a great deal of time in Recovery Dynamics classes and 12 step support group meetings. These clients continue to live at the facility and receive the overall support of the staff. Phase II clients are near completion of the 12th step of Alcoholics Anonymous and are ready to begin the process of reentry. Clients may become peer mentors at CHC, obtain outside employment, continue their program of recovery, begin to visit and repair relationships with children and other family members, address court and legal issues, and work diligently to maintain sobriety while still in the protected environment of the facility. Food is prepared by the clients under the general supervision of staff and recreation is self-led. Most of the client's time is occupied in recovery-oriented programming, either in group settings or individual studies. Clients

can attend outside services, programming, and education of their choice offsite. The Prison Rape Elimination Act (PREA) site review of the Cumberland Hope Community was conducted on June 6, 2025. This is the fourth 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 and posted in accordance with the instructions provided. An email verification from the facility was received, 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 lead 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 auditors 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. 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 units; and 38 double occupancy rooms. Each dormitory 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 auditors observed staff utilizing the "knock-and-announce" method before entering any dormitory, client room, or restroom area. The CHC does not

have a camera system to monitor activities inside the facility. 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.

70. 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

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

The auditors reviewed relevant documents provided by the facility and on the agency website in addition to the PAQ and supporting documents uploaded. A large portion of the documentation was requested and reviewed during the pre-audit phase to save time and be more efficient during the site visit. Using the PREA Compliance Audit Instrument and the Checklist of Documents during the review of the PAQ, a list was prepared for review during the on-site portion of the audit. Other documents reviewed will be referenced in the discussion associated with the individual standards. Throughout the audit, an extensive document review was conducted including personnel records and resident files. Various policies, forms, contracts, and additional working documents were reviewed, evaluated, and triangulated against information obtained from interviews and personal observations during the site visit, which were instrumental in determining agency and facility compliance with the PREA Standards. CHC is subject to Recovery Kentucky (RKY) and Kentucky DOC (KY DOC) policies, where applicable, and both are referenced and adhered to according to their applicability to the program. In addition to the facility's policies, included below is the list of external governing policies that will be referenced throughout the audit report and are annotated throughout this report using only the policy name, as the policies are not numbered. This list is not intended to be exhaustive but outlines the core policy documents used in the evaluation process: RKY Policy: Compliance with Prison Rape Elimination Act (PREA); KY DOC CPP 9.8, Search Policy; RKY Communications with Persons with Limited English Proficiency; KY DOC CPP 14.7, Sexual Abuse Prevention and Intervention Programs; KY DOC CPP 14.8, Lesbian, Gay, Bisexual, Transgender, and Intersex Offenders. The auditor's search for state mandatory reporting laws found that Ky.Rev.Stat. 600.020, 620, and Ky.Rev.Stat. 209 states that everyone, excluding attorney-

	client and clergy-penitent, must report child abuse, dependency, neglect, and vulnerable adult abuse or neglect to the Statewide Abuse Reporting Hotline. 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 PREA Coordinator and Facility Director confirmed no consent decrees or oversight exists.
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SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

72. 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

73. 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.

74. 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

75. 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.

76. 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

77. 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

78. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:

1

79. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
80. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	1
81. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
82. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
83. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
84. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

85. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
86. Explain why you were unable to review any sexual harassment investigation files:	There were none.
87. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
88. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
89. 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)

90. 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	
91. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
92. 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)
93. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
94. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	The facility had no allegations of sexual abuse or sexual harassment reported during the 12 months preceding the audit; however, there was an allegation reported since the last PREA audit. The auditor reviewed the case file and investigative report to assist with compliance determination of related standards although questions 92-97 of this section indicate there were none.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

95. 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.

- ☒ Yes
- ☐ No

95. Enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during this audit:

1

Non-certified Support Staff

96. 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.

- ☐ Yes
- ☒ No

AUDITING ARRANGEMENTS AND COMPENSATION

97. 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
	Evidence Reviewed: Cumberland Hope Community (CHC) Sexual Abuse and Sexual Harassment Prevention and Intervention Program (PREA) Policy; CHC Organizational Chart; CHC PREA Staff Designation Letter; Observations During Site Visit; Interviews. 115.211(a): CHC is a part of the Recovery Kentucky (RKY) and is subject to RKY policies. CHC has zero-tolerance toward all forms of sexual assault and sexual harassment. and establishes its approach to preventing, detecting, and responding to sexual abuse and sexual harassment in the Sexual Abuse and Sexual Harassment Prevention and Intervention Program policy. Throughout this report, this policy will be referenced as the CHC PREA policy. Staff is subject to disciplinary sanctions, including termination for violating CHC, DOC, RKY, or parent agency sexual harassment or sexual abuse policies. CHC’s parent agency is Cumberland River Behavioral Health, a nonprofit community mental health center. 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 clients and utilizes the same definitions outlined in the Prison Rape Elimination Act (PREA) Community Confinement Standards 28 C.F.R. Part 115 and in the Kentucky Department of Correction Correctional Policy and Procedure (CPP) 14.7. 115.211(b): CHC has designated Administrative Assistant Renee McQueen as the facility's PREA Coordinator, who reports directly to the Facility Director, Julie Hinkle. During her interview, PREA Coordinator McQueen explained that she has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in the CHC facility. She is very knowledgeable of PREA standards and works on a continuous basis to improve processes. In addition to ensuring compliance, she delivers the staff PREA training and periodic refreshers to the clients. A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard and exceeded based on thoroughness, attention to detail, and expediency with responses by the PREA Coordinator during all phases of the audit.
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115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed: Memo RE: PREA Standard 115.212; Information Obtained from Interviews 115.212(a)(b)(c): An interview and a memo from the Facility Director confirmed that the facility does not contract for the confinement of clients. A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard.

115.213	Supervision and monitoring
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Evidence Reviewed: CHC PREA Policy; CHC 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.

	115.213(a)(b)(c): The CHC PREA policy establishes that the center shall develop a staffing plan that provides for adequate levels of supervision to protect clients 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. The staffing plan revised September 28, 2022, and the most recent annual review was conducted on April 2, 2025. This plan provides more than adequate staffing levels to meet the requirements of this standard and the contract with KDOC. The staffing plan is based on one hundred clients, the maximum capacity of the facility. During the 12 months preceding the audit, the average daily population was forty-five. The facility houses females aged eighteen and older with an average length of stay of six months. The facility does not utilize video monitoring within the facility but has cameras installed outside the facility. Interviews with the Facility Director and PREA Coordinator indicated that video monitoring is considered during each staffing plan review; however, based on the incidence data and population type no need is indicated at this time. The Staff Plan is well-developed and thorough and contains all elements required of this standard. The PREA Coordinator provided documentation through signed in-service training form that the Staffing Plan was reviewed by all staff on April 2, 2025. This exceeds the minimum requirement of this standard. 115.213(b): The facility has indicated that there have been no incidents where the staffing plan was not complied with. The auditor reviewed a sample of four daily shift rosters and the staffing schedules for June 2025. Interviews with staff and clients confirmed that the facility always maintains the minimum required staff on duty. A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard and exceeded by including a documented review of the Staffing Plan with staff during in-service.
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115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed: CHC PREA Policy; CHC Memo Re: Pat Searches; CHC Client Search Policy; Personal Observations During Site Visit; Interviews. 115.215(a)(b)(c)(f): The CHC PREA Policy and Search Policy establishes 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 CHC. The PREA Coordinator explained that there are never any pat-searches, strip-searches, or visual body cavity searches of clients; this was further corroborated during staff and client interviews. 115.215(d): CHC PREA Policy establishes that clients 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 client's apartment, although in practice, all staff members announce their presence. CHC does not have male staff at this time. The facility has a practice of employing only female staff since this is a female facility. The auditor observed and confirmed through interviews that all staff knock-and-announce before entering a client's apartment or bathroom area. 115.215(e): CHC PREA Policy establishes that staff shall not search or physically examine a transgender or intersex client for the sole purpose of determining the client's genital status. This status shall be determined during conversations with the client or review of any accessible medical record. A medical examination conducted privately by a medical practitioner shall only be made if it is part of a broader medical examination and only after the client makes the initial offer. No instances of transgender or intersex searches have occurred in the facility. A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard.
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115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed: Cumberland River Behavioral Health (CRBH) Administrative Regulation (Policy), Interpreter Services for Hearing Impaired and Non-English-Speaking Clients; CHC 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. 115.216(a): CHC PREA Policy establishes that clients will receive education on the 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, clients' rights, and how to access support services. This material shall be presented to the client in both verbal and written form with special consideration for those who have limited reading ability or who are hearing and/or vision impaired, or with limited English proficiency. The facility partners with their parent agency CRBH for assistance with services for staff communication with disabled clients. There were two clients with hearing or visual impairments at the facility during the audit to interview, but neither required additional services for effective communication. Staff interviews confirmed that there has been no client admitted to the program during the 12 months prior to the audit who required these services, although staff were able to explain the steps they would take to ensure appropriate communication with a client with special needs. The CRBH contracts for

	interpreting for Deaf/Hard of Hearing through Central Kentucky Interpreter Referral Inc; Interpreting Service of the Commonwealth, LLC; and Dot Stallard. The CRBH's public website includes the following accessibility 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; FindHelpNow at https://findhelpnowky.org/ky. 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 limited English Proficient (LEP) clients and their language; obtaining a qualified interpreter; providing written translations; providing notices to LEP offenders; and monitoring language needs. There was one client admitted during the 12 months preceding the audit who was limited English proficient. An interview with the Phase One Coordinator confirmed that throughout the client's stay written material was translated and one-on-one staff to client interactions were frequently employed to ensure the client understood all the material provided. The PREA literature and education is available in Spanish. Based on interviews with staff, it is very rare that they receive a client 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." 115.216(c): Interviews with the Facility Director and PREA Coordinator confirmed that they would observe KYDOC CPP 14-7 during an investigation which establishes that the use of other clients as interpreters for assistance during a response to an allegation of sexual abuse and sexual harassment would be prohibited except in circumstances where extended delays in obtaining an effective interpreter could compromise the client's safety. A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard.
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115.217	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion Evidence Reviewed: CHC Employee Background Check Policy; CRBH Personnel Policy; RKY PREA Policy; Employee File Reviews; Misconduct Questions Form; Observations During Site Visit; Interviews. 115.217(a)(b)(e)(f): The CHC 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 establishes 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 seventeen current employees indicating they have been asked the misconduct questions referenced in subpart (a) of this standard.

115.217(c): The facility indicates that in the past 12 months, 8/8 (100%) of employees hired who may have contact with clients had criminal background record checks. In addition to the files of employees hired within the past 12 months, the auditor reviewed thirteen additional hiring packets, all of which contained evidence of criminal background checks before employment. The facility uses no contract staff and has four approved volunteers who provide services to clients.

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.

115.217(g): CHC Background Check policy establishes that backgrounds will be conducted on all employees for every five years of employment. The auditor reviewed documentation for twenty-one employees and determined that all were current and documented that background checks have been conducted at least every five years and at promotion. Employee interviews confirmed they are aware of their continuing duty to disclose any misconduct.

115.217(h): The facility indicated they had received no requests from hiring agencies involving any former employee(s). The Facility Director explained that the information would be provided should she receive such a request.

A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard.

115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed: Memo from Facility Director; Observations During Site Visit; Interviews. 115.218(a)(b): An interview with the Facility Director confirmed that Cumberland River Behavioral Health and the Cumberland Hope Community Center has not designed or acquired any new facility or planned any substantial expansion or modification of the existing facility, has not installed or updated its video monitoring system, and has not installed any other electronic surveillance system or other monitoring technology since the last PREA audit. The auditor's inspection of the facility during the site visit further confirmed that no modifications were made since the last PREA audit. A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard.

115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed: RKY PREA policy; KYDOC CPP 14-7; CHC PREA Policy; Memo from Director; CHC PREA Sexual Assault Plan; CHC Victims of Rape emotional support flyer; 24-hour crisis line pamphlet; Kentucky State Police Physical Evidence Collection Guide; MOU between KYDOC and Kentucky Association of Sexual Assault Programs (KASAP); Regional Map for KASAP Services; Personal Observations During Site Visit; Interviews. 115.221(a)(b): CHC PREA Policy establishes When CHC receives an allegation of sexual abuse or sexual harassment, even allegations from third-party and anonymous reports, the facility director shall immediately report the allegation to the Kentucky State Police and/or the Kentucky Department of Corrections to ensure the allegation is investigated promptly, thoroughly, and objectively. Additionally, the facility provided for the auditor's review Kentucky State Police Physical Evidence Collections Guide which will be followed by the facility until the external law enforcement entity arrives. These protocols are based on comprehensive and authoritative protocols developed after 2011. The facility does not house juveniles. 115.221(c): CHC PREA Policy establishes that the facility nurse, facility director, or local emergency medical personnel shall promptly make arrangements for the alleged victim to be transported to an outside facility for an examination that may

include: collection of forensic evidence, testing for sexually transmitted diseases, prophylactic treatment, follow-up and mental health assessment. In preparation of transporting the victim to the hospital's emergency room, protocols will be followed to ensure that physical evidence is protected prior to and during transport to the hospital. In coordination with the hospital, the facility nurse, facility director, or local emergency medical personnel shall request the forensic medical examination be performed by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse if available. Otherwise, the examination shall be completed by any other qualified medical practitioner. The efforts to provide SAFEs or SANEs shall be documented. The examination shall be at no cost to the victim. If the cost is not covered by the Kentucky Crime Victims Compensation Fund then the cost shall be covered by CHC. Victims have a right to refuse the forensic medical examination, and alleged victims may be encouraged but shall not be forced to consent to the examination. However, victims may refuse consent to the forensic medical examination and still consent to and receive medical care. All such services will be provided by community service providers and not at the facility. A memorandum from the Facility Director confirms that no forensic medical examinations were required during the audit period, and if an instance of sexual abuse occurs, the client will be referred to Harlan Hospital for SANE services. The auditor confirmed by phone call to the emergency room department that SANE services are available at the Harlan Hospital.

115.221(d)(e): The CHC PREA Policy establishes that the alleged victim shall be offered victim advocate services; If requested, the advocate service shall be contacted and given the appropriate information. The facility staff shall ensure that all communication between the client and victim advocate are not monitored by facility staff. An interview with the PREA Coordinator confirmed that Cumberland River Behavioral Health Rape Victim Services in Corbin, Kentucky is the local advocacy center. She explained that once notified of an incident, she would make contact with the center and arrange for an advocate if requested by the client victim. The CRBH also provides a 24-hour crisis line. Additionally, the comprehensive MOU between KYDOC and KASAP is extended to CHC for access to emotional services for victims of sexual abuse across the state. An interview with the Kentucky DOC PREA Coordinator confirms that these services are available for any client of an RKY center, regardless of whether they are under DOC supervision. Access to the KASAP agreement is particularly important to secure continuing services for prior victims of sexual abuse during discharge planning. 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.

115.221(f): The allegation that was reported since the last PREA audit was referred to an external agency, KDOC, for investigation. The Facility Director and PREA Coordinator explained that they remained in contact with the KDOC and were kept abreast of the progress of the investigation. KDOC investigators follow all requirements of CFR §115.71/§115.21.

115.221(h): Interview with the Facility Director and review of 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. A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard.
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115.222	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion Evidence Reviewed: RKY PREA policy; CHC PREA Policy; Kentucky State Police Policy, General Order OM-C-1; CHC Web Site Search and memo from Director; Investigation File Review; Interviews. 115.222(a)(b): The CHC PREA Policy establishes that when CHC receives an allegation of sexual abuse or sexual harassment, even allegations from third-party and anonymous reports, the facility director shall immediately report the allegation to the Kentucky State Police and/or the Kentucky Department of Corrections to ensure the allegation is investigated promptly, thoroughly, and objectively. Both agencies have respective jurisdiction for sexual abuse and sexual harassment incidents that occur at CHC and utilize investigators that have been trained pursuant to §115.234 and §115.271. 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. CHC has provided the PREA Zero tolerance policy and PREA Audit on the Parent Company website (www.crbhky.org). There were no allegations of sexual abuse or sexual harassment received during the 12 months preceding the audit. The facility had one allegation reported since the last audit and the auditor reviewed the case file and determined that the incident was immediately reported to KSP and KYDOC. 115.222(c): Based on the cooperative agreement between RKY and Kentucky DOC, the CHC 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. A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard.

115.231	Employee training
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion

	Evidence Reviewed: RKY PREA Policy; CHC PREA Policy; CHC PREA Training Module Rev. 2021; New Hire PREA Training Roster; PREA Acknowledgement Forms; PREA Refresher Training Roster with PREA Acknowledgement Forms; Observations During Site Visit; Information Obtained from Interviews. 115.231(a)(c)(d): The RKY PREA policy and CHC PREA Policy establish that all new employees, volunteers, interns, and persons affiliated with the RKY Center and its clients 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 auditor's review of the CHC training curriculum confirmed that the facility trains employees on how to fulfill their responsibilities under the agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures. This curriculum includes all topics required by provision (a) 1-10 of this standard. The auditor reviewed the CHC Staff PREA Training Acknowledgement forms for seventeen employees as well as the most recent annual PREA training roster with seventeen staff signatures confirming attendance. Training files revealed that employees receive refresher training annually, which exceeds the requirement of provision (c). Interviews with staff confirmed a thorough knowledge of the training topics and that they received training upon hire and then every year thereafter. 115.231(b): The RKY PREA policy establishes 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. A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard, and exceeded by going above and beyond provision (c).
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115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed: RKY PREA Policy; CHC PREA Policy; CHC PREA Training Module Rev. 2021; Volunteer PREA Acknowledgement Forms; Observations During Site Visit; Information Obtained from Interviews. 115.232(a)(b)(c): RKY PREA policy and CHC PREA Policy establish that all new employees, volunteers, interns, and persons affiliated with the RKY Center and its clients on a regular or recurring basis will receive training regarding PREA standards,

	laws, and RKY policies related to Code of Ethics and Dual Relationships. An interview with the PREA Coordinator confirmed that contractors and volunteers must receive the same training as employees. The auditor reviewed the PREA training curriculum and signed acknowledgments for the four volunteers approved to provide services at the facility confirming that they have all received the required training based on the level of service being provided. The facility currently employs no contractors who have contact with clients. The auditor conducted a telephone interview with one volunteer and confirmed that training was received on the zero-tolerance for sexual abuse and sexual harassment, how to maintain appropriate boundaries with clients, and reporting procedures. A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard.
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115.233	Resident education
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion Evidence Reviewed: RKY PREA Policy; CHC PREA Policy; CHC Client PREA Education; CRBH Interpreter Services for Hearing impaired and LEP; PREA poster English & Spanish; PREA Brochure English & Spanish; Client Acknowledgement Forms; Observations During Site Visit; Interviews. 115.233(a): RKY PREA Policy and CHC PREA Policy establish that upon admission to the RKY Center, clients 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, clients' rights, and how to access support services. Clients and staff who report sexual abuse or harassment shall be protected from retaliation. During the 12 months preceding the audit, the facility admitted 139 clients who were given the PREA education at intake. Based on interviews all clients received the required PREA information at intake. The auditor reviewed twenty-eight client 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 clients. In addition to the initial PREA education provided to clients during intake, each client must write out the PREA education materials as an assignment when they transfer from Safe off the Street (SOS) to Motivational Track (MT)¹ (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. Clients were well-educated on the PREA zero-tolerance policy. This exercise demonstrates the facility exceeds the requirements of this standard.

Based on the facility's Census Report, on the first day of the audit the facility had fifty-seven clients admitted. Facility staff identified the following categories for the auditor to select interviewees: 19-disclosed prior victimization during screening; 8-identified as lesbian/gay/bisexual; 6-physical disability; 16-cognitive; 1-hearing disability; 1-visual disability. There were no clients who reported sexual abuse at the facility, no transgender/intersex clients and no clients who were LEP. For this population, the PREA Auditor Handbook requires interviews with sixteen clients (8-random/8-targeted). The auditors interviewed twenty clients, ten random and ten from targeted categories including: 4-LGB; 5-disclosed prior sexual victimization; 1-hearing disability; 1-physical disability; 1-visual disability; 2-cognitive disability. These clients were at various stages of the program, SOS, MT, Phase 1, and Phase 2. These client interviews confirmed that they received training on PREA during intake on their first day of arrival. The clients who had moved to MT or higher explained that at each level of movement they are required to write out the PREA message as part of their assignment at the new level. Additionally, they explained that the PREA Coordinator meets with the group periodically and provides a refresher. The clients were able to explain to the auditor zero-tolerance policy regarding sexual abuse and sexual harassment; how to report incidents or suspicions of sexual abuse or sexual harassment; their rights to be free from sexual abuse and sexual harassment; their rights to be free from retaliation for reporting such incidents; the facility's policies and procedures for responding to PREA incidents; and how to access victim services through the Cumberland River Behavioral Health Rape Victim Services. All clients interviewed said they feel safe at the facility and that staff are responsive to their needs.

115.233(b): The Facility Director explained that clients are not transferred between facilities and that each client is processed as a new intake at arrival.

115.233(c)(d): RKY PREA policy and the CHC PREA policy establish that the training material shall be presented to the client 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 policies also establish that documentation of such training shall be maintained in the client file. Training documentation is described in section (a) of this section. The facility had no clients who were LEP, hearing impaired, visually impaired, or cognitively impaired during the audit.

115.233(e): The agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, client handbooks, or other written formats. During the site visit and interviews with staff and clients, the auditor confirmed that education is available through the required formats and accessible if needed.

A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard and exceeded provision (a).

115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed: CHC PREA Policy; List of KYDOC Trained Investigators; Director's Memo; CHC Specialized Training Forms: Investigating Sexual Abuse in Confinement Settings Curricula; Interviews. 115.234(a): CHC PREA Policy establishes 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 criminal nature will be forwarded to a law enforcement agency with jurisdiction. 115.234(b)(c): The facility has two trained investigators, the Facility Director and PREA Coordinator. 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. Training records were provided for the two facility investigators and interviews were conducted with both confirming they were knowledgeable about investigative procedures and their responsibilities. A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard.

115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed: CHC PREA Policy; KYDOC Training Curricula for PREA - Specialized Training for Medical and Mental Health Professionals Training Course with participation roster; Information Obtained from Interviews. 115.235(a)(b)(c): The CHC 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 employs one nurse who triages clients for referrals to community medical and mental health practitioners upon request or upon identified need. The facility provided the KYDOC specialized training curricula and training record for the staff nurse confirming she had completed the

	course in addition to the basic PREA training delivered by the facility. An interview with the nurse confirmed she has taken the required training and understands the topics covered. The facility has no contract staff. Health services are outsourced to community health providers. A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard.
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115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion Evidence Reviewed: CHC PREA Policy; RKY PREA Policy; Blank Screening Instrument; Completed Initial Risk Screenings; Completed Follow-up Risk Screenings; Observations During Site Visit; Interviews. 115.241(a)(c)(d)(e): RKY PREA policy and CHC PREA Policy establish that clients 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 122 clients were admitted to the facility and were screened for risk of sexual victimization or risk of sexually abusing others during the twelve months preceding the audit. 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 screening instruments for twenty-eight clients randomly selected who were admitted to the facility between May 2, 2024, through May 10, 2025, and confirmed that all contained initial risk assessments that were conducted the same day of their arrival. Because the risk assessments are consistently conducted within 24 hours of arrival, the facility has exceeded the requirements of provision (b). The facility also enters the information collected during the risk screening into the KYDOC database (KOMS) for clients who are under supervision. Interviews with staff and clients confirmed these assessments are conducted following the policy and standard requirements and using the objective instrument. 115.241(b)(f): In addition to the 72-hour requirement for initial screening, the policies establish that clients may be re-assessed within 30 days based on any relevant additional information. The facility reports that seventy-eight clients had a length of stay for 30 days or more and were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility. Of the twenty-eight randomly selected client files reviewed, thirteen qualified for the 30-day screening and each had evidence that the reassessment had been completed. 115.241 (h): The CHC PREA Policy establishes that no client shall be disciplined for refusing to answer or not disclosing complete information in response to questions

	pertaining to the client's mental, physical, or developmental disability; whether the client is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; whether the client has previously experienced any sexual victimization; or the clients own perceived vulnerability. The auditor saw no evidence that clients had ever been disciplined for refusing to answer or not disclosing complete information during the risk screening. 115.241(i): Access to information obtained during assessment is limited to staff necessary to make program and housing placement decisions. Based on interviews with the Facility Director, RN, and the PREA Coordinator, sensitive information such as medical history and screening information obtained is kept in a separate file maintained in either the PREA Coordinator's Office or medical, as appropriate. A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard. The facility exceeded based on the evidenced practice of risk assessments being completed within 24 hours.
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115.242	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion Evidence Reviewed: RKY PREA Policy; CHC PREA Policy; Screening Instrument; Observations During Site Visit; Information Obtained from Interviews. 115.242(a)(b): RKY PREA policy and CHC PREA Policy establish 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, PREA Coordinator, and Housing Coordinator 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 client 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 client behaviors are monitored not only by staff but also by peer monitors. Before a client 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 client'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 client in changing roommates. As for work placements, if a client is at high risk for sexual victimization or abusiveness, the client 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. 115.242(c)(d): The facility had no transgender clients assigned to the facility during

	the audit. The auditor's interview with the Facility Director and PREA Coordinator confirmed that should a transgender client be assigned to the facility, housing needs would be 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 clients are considered. 115.242(e): All clients can shower privately and separately from other clients at CHC. 115.242(f): CHC has no dedicated wings, and clients are not housed according to their sexual orientation or gender identity. A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard.
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115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion Evidence Reviewed: RKY PREA Policy; CHC PREA Policy; CHC 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. 115.251(a)(b): RKY PREA Policy and CHC PREA Policy establish that clients shall be provided with multiple internal ways to privately report sexual abuse incidents. Clients shall also have at least one way to report incidents to an outside agency. A client 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 clients 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 client of the CHC and allows the reporter to remain anonymous upon request. Clients are advised upon intake that they may report sexual abuse or sexual harassment verbally to a staff member; place a written message that will go directly to the facility director in the suggestion box located in the MT hallway; place a call to an outside entity that monitors the external PREA hotline. Client interviews confirmed their awareness of these reporting methods. Interviews with clients also confirmed that there are no communication restrictions for outside contact, and whenever they are permitted to use the phone when they ask. The auditor placed a test call to the Kentucky DOC hotline and spoke with an investigator who confirmed that callers could remain anonymous and that allegations of sexual abuse or harassment reported through this line would be forwarded to the facility's PREA Coordinator and the DOC PREA Coordinator's Office. 115.251(c): RKY PREA Policy establishes that staff members shall immediately

	report to their supervisor all knowledge, suspicions, or information of an incident of sexual offense 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. 115.251(d): Based on interviews with the Facility Director and PREA Coordinator, staff may use the Kentucky DOC PREA hotline to privately report sexual abuse or staff misconduct if they feel the need to do so. Interviews with staff indicate that they are aware they may use any reporting methods available to the clients to make a private report privately; however, they all stated that they would immediately tell the PREA Coordinator and Facility Director. A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard.
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115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed: CHC PREA Policy; Letter from KYDOC Ombudsman; Grievance Policy; Policy Review; Information Obtained from Interviews. 115.252(a): The CHC PREA Policy establishes that all procedures regarding the filing and responding to a grievance alleging sexual abuse shall comply with the CHC 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 clients are made aware of the grievance procedures during intake and that clients have filed no grievances during the audit period. A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard based on exemption.

115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Evidence Reviewed: CHC PREA Policy; Kentucky Association of Sexual Assault Programs (KASAP) MOU and Contract with KYDOC; KASAP Regional Map; Hotline Poster; CRBH Rape Victim Services Brochure; Client Education; Acknowledgement

	Form; Observations During Site Visit; Information Obtained from Interviews. 115.253(a)(b)(c): CHC provides clients with access to outside victim advocates for emotional support services related to sexual abuse through a cooperative agreement with Cumberland River Victims Services. CRVS offers 24/7 crisis line access 1-800-656-HOPE (4673). Available services include Medical Advocacy, Legal Advocacy, Education, Therapy, and various Programming. This information can be found on the agency's website at https://crvsky.org/. Additionally, the facility also provides clients 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. The comprehensive MOU between KYDOC and KASAP is extended to CHC for access to emotional services for victims of sexual abuse across the state. An interview with the Kentucky DOC PREA Coordinator confirms that these services are available for any client of an RKY center, regardless of whether they are under DOC supervision. Access to the KASAP agreement is particularly important to secure continuing services for prior victims of sexual abuse during discharge planning. 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. The acknowledgment forms signed by the offender during their PREA education confirm clients are provided information about these resources during admission Interviews with facility staff confirmed that communications are not monitored and that the clients are informed of the limits of confidentiality regarding a report of sexual abuse during their admission orientation. The signage posted throughout the facility states that communications between victims and rape crisis centers are confidential pursuant to KRS 211.608, although rape crisis centers are mandated reporters of child abuse, spouse abuse and vulnerable adult abuse under state law. Interviews with clients confirmed that they are all aware of these resources, how to access them, and that they are confidential. A systematic review and analysis of the evidence concluded that the facility 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.
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115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed: RKY PREA Policy; CHC PREA Policy; PREA Hotline Posters; PREA Brochure; Web Search; Observations During Site Visit; Interviews.

	115.254(a): RKY PREA policy and the CHC PREA Policy establish that a client or third party may report a sexual offense verbally or in writing. Reports may be made anonymously. The facility's parent agency website includes an address and phone number where third-party reports may be received, and this information is also posted at the entry of the CHC. 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). A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard.
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115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion Evidence Reviewed: RKY PREA Policy; CHC PREA Policy; Observations During Site Visit; Case File; Information Obtained from Interviews. 115.261(a)(b)(c): CHC PREA Policy requires all staff members to immediately report all knowledge, suspicions, or information of an incident of a sexual offense within any correctional facility, community confinement facility, juvenile facility, or lockup. Staff shall report any retaliation against someone who has reported such an incident. Staff shall also report any knowledge of other staff who neglect to report the above incidents. The reporting staff member shall ensure that they only reveal this information to the facility director or designee in the facility director's absence. If the facility nurse receives this information the nurse shall advise the clients of the of their duty to report and the limits of confidentiality at the initiation of service. (115.261(d): CHC does not house clients under eighteen. An interview with the Facility Director and PREA Coordinator confirmed that according to Kentucky state law, 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. 115.261(e): CHC PREA Policy requires that notifications of sexual abuse and sexual harassment allegations will be made to the designated facility investigator; and all allegations of sexual abuse that involve potentially criminal behavior shall be referred to the Kentucky State Police, or Kentucky Department of Corrections as applicable, for a criminal investigation. There were no incidents reported during the 12 months preceding the audit; however, the auditor's review of one case file that occurred since the last PREA audit confirmed that facility staff immediately reported the incident to all appropriate parties as required. A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard.

115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed: RKY PREA Policy; CHC PREA Policy; Director's Memo re: Imminent Risk; Observations During Site Visit; Information Obtained from Interviews. 115.262(a): CHC PREA Policy establishes that upon learning that a client is subject to substantial risk of imminent sexual abuse at CHC, the staff member shall immediately ensure the safety of the alleged victim while reporting the information to a supervisor for further assessment and action. The Facility Director provided a memorandum and confirmed during her interview that there have been no incidents where a client was subject to substantial risk of imminent sexual abuse at the facility during the twelve months preceding the audit. Interviews with the Facility Director and PREA Coordinator confirmed that alternative placements within the RKY system would be coordinated through the referring agency if a client cannot be housed safely at the facility. A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard.

115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed: RKY PREA Policy; CHC PREA Policy; Director's Memo; Information Obtained from Interviews. 115.263(a)(b)(c)(d): CHC PREA Policy establishes that within seventy-two (72) hours of receiving any allegation that a client was sexually abused while confined at a correctional facility or another community confinement facility, the facility director shall notify the head of the other facility where the incident occurred. The notification shall be documented in an internal memorandum that shall be maintained by the facility director. Any report of an allegation received from another facility alleging that the incident occurred at CHC shall be investigated. The auditor confirmed during interviews with the Facility Director and PREA Coordinator that during the 12 months preceding the audit, the facility received no allegations that a client was abused while confined at another facility. Additionally, any allegations received from other facilities that were to have occurred at CHC would be immediately referred for investigation according to the facility's investigative protocols. A systematic review and analysis of the evidence concluded that the facility

	demonstrated compliance with all provisions of this standard.
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115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed: RKY PREA Policy; CHC PREA Policy; KYDOC CPP 14-7; CHC PREA Training Curriculum; Information Obtained from Interviews. 115.264(a)(b): CHC PREA Policy establishes that if a sexual abuse incident is reported the alleged victim will be asked and alleged perpetrator will be instructed to not take any action that could destroy physical evidence which includes: washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating. The auditor's review of the CHC employee training curriculum confirmed that it provides staff with first responder instructions. Based on an interview with the Facility Director, the facility PREA policy section regarding first responders is applicable to any staff member. There are no security staff members employed at the facility, but all staff have a role in security in addition to their primary treatment or administrative duties. Interviews with random staff confirmed they have received training in their first responder duties and understand their responsibilities. There were no incidents reported during the 12 months preceding the audit that required physical evidence collection. A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard.

115.265	Coordinated response
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Evidence Reviewed: RKY PREA Policy; CHC PREA Policy; CHC PREA Sexual Assault Plan; Information Obtained from Interviews. 115.265(a): CHC 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. Additionally, the facility developed PREA Allegation Checklist to be completed by staff for documenting notifications, times, and actions taken in response to a sexual assault which is above and beyond the requirements of this standard.

	A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard and exceeded based on development and implementation of the PREA Allegation Checklist.
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115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed: CHC Director's Memo; Interviews. 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 clients when warranted. A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard.

115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed: RKY PREA Policy; CHC PREA Policy; CHC Director's Memo; Protection Against Retaliation Form; Case File; Information Obtained from Interviews. 115.267(a-e): CHC PREA Policy establishes that retaliation by or against any party involved in a complaint shall be strictly prohibited. Retaliation in and of itself, shall be grounds for disciplinary action. The CHC staff member that shall monitor retaliation is the facility director. Monitoring shall occur for at least ninety (90) days following an incident of sexual abuse and in cases when monitoring clients, periodic status checks shall be conducted by the facility director. Emotional support services shall be provided as well as appropriate measures taken to protect any individual who expresses a fear of retaliation. The facility director shall utilize the Kentucky Department of Corrections forms developed to monitor retaliation against offenders and staff. During interviews with the Facility Director and PREA Coordinator the auditor confirmed that the Facility Director and PREA Coordinator would collectively monitor retaliation for CHC and that clients 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 12 months preceding the audit; therefore, no retaliation monitoring was required. However, the facility had one

	incident reported and investigated since the last PREA audit which was reviewed by the auditor. The case file review and interview with the PREA Coordinator confirmed that the alleged victim was monitored for retaliation through review of progress reports, housing changes, and contact with the client until she was discharged upon completion of the program. A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard.
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115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed: RKY PREA Policy; CHC PREA Policy; CHC Director's Memo; KSP Memorandum; Case File; Information Obtained from Interviews. 115.271(a)(b)(i)(j): CHC PREA Policy establishes that when CHC receives an allegation of sexual abuse or sexual harassment, including allegations from third-party and anonymous reports, the facility director shall immediately report the allegation to the Kentucky State Police and/or the Kentucky Department of Corrections, as applicable, to ensure the allegation is investigated promptly, thoroughly, and objectively. If at the time of the allegation there are no trained PREA investigators at CHC and CRBH the allegation shall be immediately referred to the Kentucky State Police if criminal, and to the local trained PREA investigator employed with the Kentucky Department of Corrections Division of Probation and Parole for administrative investigations. Since both agencies utilize investigators that have been trained pursuant to §115.234 and §115.271 then it is expected that the investigator assigned shall conduct the investigation as required from their specialized PREA investigator training. The facility provided a list of Kentucky Trained PREA Investigators for the auditor's review. The CHC PREA Policy also requires the facility director to log the investigation and create a facility file on the investigation although another agency will be conducting the investigation. The file shall contain any documentation of the incident and investigation that the facility receives as well as documentation of any referrals for investigation or all other referrals for services involving the situation. The facility director shall review administrative investigative reports to ensure that it reflects an effort to determine whether staff actions or inactions contributed to the abuse; that the written investigative report includes a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings; and that only a preponderance of evidence is the standard of proof that the investigator used to substantiate a sexual abuse or sexual harassment allegation. The facility director shall make every effort to ensure that substantiated allegations of conduct that appear to be criminal are referred for

prosecution. The facility director shall retain all written reports involving the criminal and administrative PREA investigations for as long as the alleged abuser is assigned to CHC, incarcerated at any Kentucky Department of Corrections facility, or incarcerated at another Kentucky Department of Corrections contract facility, plus five (5) years; or employed by CHC, plus five (5) years. The departure of the alleged abuser or victim from employment or control of the facility shall not provide for a basis for terminating or not starting an investigation and the facility director shall ensure that outside investigative staff shall proceed until the investigation is complete. The Facility Director and PREA Coordinator are the facility's trained PREA investigators and are limited to conducting administrative investigations. Based on interviews with both facility 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.

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, which would be handled by the appropriate law enforcement agency if necessary. Interviews with both facility investigators confirmed that the administrative investigation includes efforts to determine whether staff actions or failures to act contributed to the incident.

115.271(e): Interviews also confirmed that facility 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 client or staff. The facility nor KDOC would require a client who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation.

115.271(g)(l): The facility investigators do not conduct criminal investigations. Criminal investigations will be conducted by the KSP. The auditor's review of a Memorandum from Kentucky State Police confirmed all Troopers receive training in sexual abuse investigations during basic training, which is consistent with the requirements of §115.34. An interview with the Facility Director confirmed 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.

The auditor's review of one case file for an incident that occurred since the last PREA audit, but outside the 12 month audit period, confirmed that the administrative investigation was conducted by one of the facility's trained investigators and that KSP and KDOC were both notified promptly of the incident to assess for criminal charges. The alleged perpetrator was discharged from the program prior to the report being made; however, the facility proceeded with the investigation.

	A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard.
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115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed: CHC PREA Policy; Case File; Information Obtained from Interviews. 115.272(a): Interviews with the two 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. There were no allegations/investigations during the 12 months preceding the audit; however, the auditor reviewed a case file for one allegation reported and investigated since the last PREA audit and confirmed that a preponderance of the evidence was properly applied for determining the disposition of the investigation. A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard.

115.273	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed: RKY PREA Policy; CHC PREA Policy; Case File; Information Obtained from Interviews. 115.273(a)(c)(d)(e): CHC PREA Policy establishes that following an investigation where the alleged victim has reported the case of sexual abuse, the alleged victim shall be informed and it shall be documented when the allegation has been determined to be substantiated, unsubstantiated or unfounded; alleged perpetrator is no longer posted within the victim's living area; alleged perpetrator is no longer employed; alleged perpetrator has been indicted or convicted on a charge related to sexual abuse. The obligation to inform the alleged victim shall terminate if the alleged victim is released from custody. The facility utilizes the Kentucky DOC Notification to Victim form to document notifications. There were no allegations/investigations during the 12 months preceding the audit; however, the auditor reviewed the case file for one incident that occurred since the last PREA audit and

	confirmed that the file was documented that the victim was notified of the outcome of the administrative investigation. 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. A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard.
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115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion Evidence Reviewed: RKY PREA Policy; CHC PREA Policy; CHC Director's Memo; Information Obtained from Interviews. 115.276(a)(b)(c)(d): CHC PREA Policy establishes Staff shall be subject to disciplinary sanctions up to and including termination for a violation of CHC sexual abuse or sexual harassment policy. Termination shall be the presumptive disciplinary sanction for any staff that is found to have engaged in the sexual abuse of a client. Any other disciplinary sanction shall be commensurate with the nature and circumstances of the acts committed, the staff member's prior disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. All terminations for violations of the CHC sexual abuse or sexual harassment policy, or resignations by staff that would have been terminated if they had not resigned shall be reported to the Kentucky State Police unless the activity was clearly not criminal. These actions shall be documented and maintained in the facility file on the incident and any file the facility has on the offending party. Relevant licensing bodies shall also be notified on all terminations for violations of the CHC sexual abuse or sexual harassment policy, or resignations by staff that would have been terminated if they had not resigned. These actions shall be documented and maintained in the facility file on the incident and any file the facility has on the offending party. Interviews with the Facility Director and PREA Coordinator confirmed that termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse. Additionally, the facility holds employees accountable through a disciplinary process for violations of agency policies commensurate with the nature and circumstances of the incident. These interviews further confirmed that staff suspected of committing criminal acts will be reported to the KSP, even if the employee resigns; notification will be made to any relevant licensing body of terminations for violations of sexual abuse/harassment policies, as appropriate. CHC reports no staff violations of the sexual harassment or sexual abuse policies during the 12 months preceding the audit.

	A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard.
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115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed: RKY PREA Policy; CHC PREA Policy; CHC Director's Memo; Information Obtained from Interviews. 115.277(a)(b): CHC PREA Policy establishes any contractors or volunteer who has been found to have engaged in the sexual abuse of a client shall be prohibited from any contact with any client and this behavior shall be reported to the Kentucky State Police, unless the behavior was clearly not criminal, and to any relevant licensing body. In these situations, CHC shall take appropriate remedial measures and shall consider whether to prohibit further contact with clients. These actions shall be documented and maintained in the facility file on the incident and any file the facility has on the offending party. 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. CHC reports no contractor or volunteer violations of the sexual harassment or sexual abuse policies during the 12 months preceding the audit. A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard.

115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed: RKY PREA Policy; CHC PREA Policy; CHC Director's Memo; KYDOC CPP 14-7; Case File; Information Obtained from Interviews. 115.278(a)(b)(c)(f): Interviews with the Facility Director and PREA Coordinator and review of CHC PREA Policy indicate that a client who has been found in violation of the PREA policy shall be terminated from programming and referred to, if applicable,

	the client's releasing authority. If a client has a pending disciplinary sanction for an alleged client on client sexual abuse, consideration shall be given to whether the client's mental disabilities or mental illness contributed to her behavior when determining what level of sanction, if any, will be imposed. CHC will coordinate with the Kentucky Department of Corrections when making this decision. A client may be disciplined for reporting a false allegation of sexual abuse or sexual harassment only where CHC demonstrates 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 as required by 28 C.F.R. § 115.278. The facility reported there were no incidents during the 12 months prior to the audit of client-on-client sexual abuse. 115.278(d): The facility does not offer therapy, counseling, or other interventions designed to address and correct underlying reasons for motivating sexual abuse. Clients would be referred to the referring agency or to a community service resource, as needed. 115.278(g): The Client PREA Acknowledgment Form and the facility handbook advises clients of the zero-tolerance policy for any sexual contact while in the program. A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard.
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115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed: RKY PREA Policy; CHC PREA Policy; CHC Director's Memo; KYDOC CPP 14-7; Information Obtained from Interviews. 115.282(a)(b)(c)(d): CHC PREA Policy and RKY PREA Policy establish that clients 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. RKY PREA Policy requires that the facility nurse, facility director, or local emergency medical personnel promptly make arrangements for the alleged sexual abuse victim to be transported to an outside facility for an examination that may include collection of forensic evidence, testing for sexually transmitted diseases, prophylactic treatment, follow-up and mental health assessment. Medical care and forensic medical examinations are separate and different procedures. Victims have a right to refuse either. Alleged victims may be encouraged but shall not be forced to consent to a forensic medical examination.

	However, victims may refuse consent to the forensic medical examination and still consent to and receive medical care. Interviews with the Facility Director, PREA Coordinator, and Facility RN confirmed that victims of sexual abuse would be provided with referrals for treatment for medical and mental health services with a community provider at no cost. There was no incident during the 12 months preceding the audit that required emergency medical or mental health evaluations related to sexual abuse. The auditor's review of the incident that occurred since the last audit confirmed that the alleged victim was offered emergency medical and mental health services upon learning of the incident. A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard.
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115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion Evidence Reviewed: RKY PREA Policy; CHC PREA Policy; KYDOC CPP 14-7; Information Obtained from Interviews. 115.283(a)(b)(c): RKY PREA Policy and CHC PREA Policy establish that clients who have been victims of sexual abuse shall be offered referrals for medical and mental health evaluations as deemed appropriate. Medical and mental health services shall be available on an ongoing basis. CHC clients 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 CHC clients. The clients at CHC are not incarcerated individuals and have access to healthcare of their choice. The facility assists the clients with follow-up services and connects them with community resources as part of the after-care release planning. 115.283(d)(e)(f): RKY PREA Policy and CHC PREA Policy establishes that clients 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 interviews with the Facility Director, PREA Coordinator, 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 requiring these services within the audit period. 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 client-on-client abusers would be terminated from the program in consultation with the referring agency, according to interviews with the Facility Director and PREA Coordinator. A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard.
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115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion Evidence Reviewed: RKY PREA Policy; CHC PREA Policy; CHC Director's Memo; Case File; Information Obtained from Interviews. 115.286(a)-(e): RKY PREA Policy and CHC PREA Policy establish that within 30 days of the conclusion of an investigation, a review will be conducted by the center management team. The CHC PREA Policy establishes that the review team shall conduct a review ordinarily within thirty (30) days of the conclusion of every sexual abuse investigation unless the allegation was determined to be unfounded. The team shall consist of upper-level management officials with input from line supervisors, investigators, and medical and mental health practitioners. The team shall utilize the Kentucky Department of Corrections Sexual Abuse Incident Review form that is Attachment III to CPP 14.7 as the report from the team. This form covers all bases of what the team shall do during the review. The review team shall consider whether the allegation or investigation indicated a need to revise policies or practices to better prevent, detect or respond to sexual abuse; 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 was motivated or otherwise caused by other group dynamics at the facility; examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; assess the adequacy of staffing levels in that area during different shifts; assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; prepare a report of its findings, including determinations made from sections 1-5 of the form and any recommendations for improvement and submit the report to the Facility Director and PREA Coordinator. This does not preclude the facility director or PREA Coordinator from being part of the team if it is necessary that they participate. The facility shall implement the recommendations for improvement or shall document its reasons for not doing so. The auditor interviewed three 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 during the 12 months preceding the audit. However, one allegation of sexual abuse was reported since

	the last audit. The auditor reviewed the case file and confirmed an incident review was conducted. A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard.
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115.287	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed: CHC PREA Policy; RKY PREA Policy; KY DOC Web Search; 2020 KYDOC Annual Report; CRBH/CHC Web Search; Information Obtained from Interviews. 115.287(a)(b)(c)(d): CHC PREA Policy and RKY PREA Policy collectively establish that all case records associated with claims of sexual offenses, including incident reports, investigation reports, client 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. CHC PREA Policy establishes that data such as paper/written, client chart with client information shall be kept filed behind 2 locks; electronic data shall be kept on private computer(s) with password entry; and data available to the public whether online or in facility shall not have client personal information included. Data is collected using definitions consistent with the PREA Standards and KDOC CPP 14-7. 115.287(e): The facility does not contract with private agencies for the confinement of clients; therefore, this provision is not applicable. 115.287(f): An annual report is prepared and approved by the CEO and published on the agency's public website https://crbhky.org/. The Kentucky Department of Corrections also includes Recovery Kentucky Centers data in its annual report and data collection which is published on the KDOC's website at https://corrections.ky.gov/About/Pages/Prison-Rape-Elimination-Act-(PREA).aspx. Additionally, A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard.

115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard

	Auditor Discussion Evidence Reviewed: RKY PREA Policy; CHC PREA Policy; CHC Director's Memo; KYDOC CPP 14-7; CHC Annual PREA Report; Website Search; Interviews. 115.288(a): CHC PREA Policy establishes that data such as paper/written, client chart with client information shall be kept filed behind two locks; electronic data shall be kept on private computer(s) with password entry; and data available to the public whether online or in facility shall not have client personal information included. Data is collected using definitions consistent with the PREA Standards and KDOC CPP 14-7. Based on interviews with the Facility Director and PREA Coordinator, CHC 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. CHC is required to provide PREA related 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 on the agency's public website. 115.288(b)(c)(d): The auditor's review of the CHC's Annual PREA Report for 2024/25 is posted on their public website and includes data comparison from 2018 to current. There were no personal identifiers in the Annual Report. A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard.
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115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard Auditor Discussion Evidence Reviewed: RKY PREA Policy; CHC PREA Policy; CHC Director's Memo; Personal Observations During Site Visit; Information Obtained from Interviews. 115.289(a)(d): RKY PREA Policy establishes that all case records associated with claims of sexual offenses, including incident reports, investigation reports, client 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. CHC PREA Policy establishes that data such as paper/written, client chart with client information shall be kept filed behind two locks; electronic data shall be kept on private computer(s) with password entry; and data available to the public whether online or in facility shall not have client personal information included. The auditor observed client files and PREA case files located in the PREA Coordinator's office in a locked cabinet behind a secure door with restricted key access. Interviews with the Facility Director and PREA Coordinator confirmed that records would be maintained for ten years.

	115.289(b)(c): CHC’s annual report includes a comparison of the current year’s data and corrective actions with those from prior years and provides an assessment of the facility’s progress in addressing sexual abuse. 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 most current report published by CHC is for 2024. A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard.
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed: Personal Observations During Site Visit; Website Review; Interviews. 115.401(a): Cumberland Hope Community Center is a stand-alone facility and an affiliate of Recovery Kentucky Centers. This is the fourth audit for the facility. The facility did not complete an audit within the third three-year period ending August 19, 2022, but completed two PREA audits within the fourth 3-year cycle. The last PREA audit was conducted October 17-18, 2022, with a final report published on December 3, 2022. The Kentucky Department of Corrections contracts with CHC for bed space for paroling and community-status offenders, which requires the facility to comply with the PREA standards. 115.401(h): The auditor was allowed access to all areas of the facility and grounds. A complete facility inspection was completed by the auditor, escorted by the PREA Coordinator. 115.401(i): All documents requested were promptly provided in electronic and paper format. 115.401(m): Interviews with clients and staff in a private office. The auditor randomly selected all clients and staff for interviews and records reviews. 115.401(n): The facility imposes no restrictions on client correspondence with outside parties by phone or mail. Client interviews and dated photographs sent by the PREA Coordinator confirmed that the PREA audit notices were posted April 14, 2025, seven weeks before the audit. In addition, the auditor observed Audit Notices posted at the facility's front entrance/exit, rear exit, front desk, and hallways in client living areas. Interviews further confirmed that the clients were aware they could communicate with the auditor confidentially with no restrictions. A systematic review and analysis of the evidence concluded that the facility

	demonstrated compliance with all provisions of this standard.
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed: Public Website Search; Information Obtained from Interviews. 115.403(f): The auditor observed the facility’s last PREA audit report dated December 3, 2022, posted to the facility's website. A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard.

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	na

	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.)	
	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	yes

	staffing patterns?	
	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,	yes

	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?	
	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 with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
115.216 (b)	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	yes

	force, or coercion, or if the victim did not consent or was unable to consent or refuse?	
	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	Hiring and promotion decisions	

(f)		
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	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	na

	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.)	
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	yes

	residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	
	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,	yes

	does the agency provide refresher information on current sexual abuse and sexual harassment policies?	
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	yes

	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)).	
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	yes

	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.)	
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:	yes

	Whether the resident's criminal history is exclusively nonviolent?	
	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	Use of screening information	

(f)		
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (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.	yes
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.)	na
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve	na

	with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	
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.)	na
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
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.)	na
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	na
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na
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.)	na
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf	na

	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.)	
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	na
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.)	na
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	na
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
115.252 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to	na

	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.)	
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	yes

	information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	
	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,	yes

	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?	
	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	yes

	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	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	Criminal and administrative agency investigations	

(h)		
	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	yes

	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.)	
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	yes

	the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
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	yes

	condition of access to programming and other benefits?	
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	yes

	about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	
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	yes

	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.)	
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	Data collection	

(c)		
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
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.)	na
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.)	na
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.)	yes
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.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
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	yes

	same manner as if they were communicating with legal counsel?	
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