

# PREA Facility Audit Report: Final

**Name of Facility:** Hal Rogers Appalachian Recovery Center

**Facility Type:** Community Confinement

**Date Interim Report Submitted:** 11/25/2021

**Date Final Report Submitted:** 01/27/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Bruce Kuennen	<b>Date of Signature:</b> 01/27/2022

AUDITOR INFORMATION	
<b>Auditor name:</b>	Kuennen, Bruce
<b>Email:</b>	kuennennw@gmail.com
<b>Start Date of On-Site Audit:</b>	10/13/2021
<b>End Date of On-Site Audit:</b>	10/14/2021

FACILITY INFORMATION	
<b>Facility name:</b>	Hal Rogers Appalachian Recovery Center
<b>Facility physical address:</b>	10057 Elkhorn Creek Road, Ashcamp, Kentucky - 41512
<b>Facility Phone</b>	
<b>Facility mailing address:</b>	

Primary Contact	
<b>Name:</b>	Jeremy Johnson
<b>Email Address:</b>	jeremy.johnson@westcare.com
<b>Telephone Number:</b>	606-754-7077

Facility Director	
<b>Name:</b>	Jeremy Johnson
<b>Email Address:</b>	jeremy.johnson@westcare.com
<b>Telephone Number:</b>	606-754-7077

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

Facility Characteristics	
Designed facility capacity:	112
Current population of facility:	66
Average daily population for the past 12 months:	54
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	18 and above
Facility security levels/resident custody levels:	Re-entry Services/SAP
Number of staff currently employed at the facility who may have contact with residents:	12
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:	0

AGENCY INFORMATION	
Name of agency:	WestCare, Inc.
Governing authority or parent agency (if applicable):	
Physical Address:	1711 Whitney Mesa Drive, Henderson, Nevada - 89014
Mailing Address:	
Telephone number:	

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

**Agency-Wide PREA Coordinator Information**

<b>Name:</b>	Stephen Wright	<b>Email Address:</b>	stephen.wright@westcare.com
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**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:**

0

**Number of standards met:**

41

**Number of standards not met:**

0

# POST-AUDIT REPORTING INFORMATION

## GENERAL AUDIT INFORMATION

### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2021-10-13
2. End date of the onsite portion of the audit:	2021-10-14

### Outreach

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

## AUDITED FACILITY INFORMATION

14. Designated facility capacity:	112
15. Average daily population for the past 12 months:	66
16. Number of inmate/resident/detainee housing units:	2
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	75
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	1
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	1
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0

41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	1
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	1
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	1
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	6
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No residents were available to interview for categories above marked "0".
<b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b>	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	12
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No female line staff.
<b>INTERVIEWS</b>	
<b>Inmate/Resident/Detainee Interviews</b>	
<b>Random Inmate/Resident/Detainee Interviews</b>	

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	9
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input type="checkbox"/> Age <input type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	There are only two housing units. Both were represented in the random sample requested.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	<p>The facility did not have enough representatives of the targeted groups to meet the minimums required by the Auditor Handbook, so additional random interviews were added to reach the overall minimum required. The following resident interviews were conducted:</p> <p>Nine Random  One gay, bisexual, or queer resident  One intersex resident  One resident with a cognitive disability</p> <p>One hard-of-hearing resident  One resident who had reported sexual abuse or harassment  Two residents who had disclosed prior sexual abuse during risk screening  Three residents who were considered higher risk for sexual victimization</p>
<b>Targeted Inmate/Resident/Detainee Interviews</b>	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	8
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	

<p>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The random list did not generate any LEP residents and none were observed during the site review (tour).</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Discussed the referral process with the acting facility manager.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The random list did not generate any LEP residents and none were observed during the site review (tour).</p>
<p><b>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>1</p>
<p><b>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>1</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Resident and staff interviews indicated that there were no known transgender or intersex residents.</p>
<p><b>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>1</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>No currently held residents were the complaining parties in the review of completed investigations.</p>

68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	2
69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.  <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	No segregation unit.
70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	Not applicable.
<b>Staff, Volunteer, and Contractor Interviews</b>	
<b>Random Staff Interviews</b>	
71. Enter the total number of RANDOM STAFF who were interviewed:	12
72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<input type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input type="checkbox"/> Work assignment <input type="checkbox"/> Rank (or equivalent) <input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
If "Other," describe:	Because there were no female line staff, the auditor interviewed all female staff in other positions.
73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input checked="" type="radio"/> Yes  <input type="radio"/> No

<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>Because there were no female line staff, the auditor interviewed all female staff in other positions.</p>
<p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>7</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>a. Explain why it was not possible to interview the Agency Head:</p>	<p>It was possible, but he designated the regional vice-president. The agency is comprised of many non-correctional facilities and just a few correctional facilities. The Vice-President was more familiar with the issues subject to this audit.</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>78. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>79. Were you able to interview the PREA Compliance Manager?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

<p><b>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</b></p>	<p><input type="checkbox"/> Agency contract administrator</p> <p><input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment</p> <p><input type="checkbox"/> Line staff who supervise youthful inmates (if applicable)</p> <p><input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable)</p> <p><input type="checkbox"/> Medical staff</p> <p><input type="checkbox"/> Mental health staff</p> <p><input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches</p> <p><input type="checkbox"/> Administrative (human resources) staff</p> <p><input type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff</p> <p><input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations</p> <p><input type="checkbox"/> Investigative staff responsible for conducting criminal investigations</p> <p><input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness</p> <p><input type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation</p> <p><input checked="" type="checkbox"/> Staff on the sexual abuse incident review team</p> <p><input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation</p> <p><input checked="" type="checkbox"/> First responders, both security and non-security staff</p> <p><input checked="" type="checkbox"/> Intake staff</p> <p><input type="checkbox"/> Other</p>
<p><b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p><b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p><b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b></p>	<p>No active volunteers or contractors were present during the audit.</p>

**SITE REVIEW AND DOCUMENTATION SAMPLING**

## Site Review

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

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

Yes

No

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

85. Reviewing/examining all areas of the facility in accordance with the site review component of the audit instrument?

Yes

No

86. Testing and/or observing all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., intake process, risk screening process, PREA education)?

Yes

No

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

Yes

No

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

Yes

No

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

During the site review, the auditor discussed minimal staffing levels.

## Documentation Sampling

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

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?

Yes

No

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

All requested information was provided.

## SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

### Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

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

**Sexual Abuse and Sexual Harassment Investigation Outcomes**

**Sexual Abuse Investigation Outcomes**

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

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

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

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

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

**Sexual Harassment Investigation Outcomes**

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

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

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

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

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

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

**Sexual Abuse Investigation Files Selected for Review**

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	1
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)

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

100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	1
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<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>Staff-on-inmate sexual abuse investigation files</b></p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p><b>Sexual Harassment Investigation Files Selected for Review</b></p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>a. Explain why you were unable to review any sexual harassment investigation files:</p>	<p>The facility reported that there have been no such allegations in recent years.</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p><b>Inmate-on-inmate sexual harassment investigation files</b></p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>

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

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

**DOJ-certified PREA Auditors Support Staff**

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

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

121. Who paid you to conduct this audit?

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

## Standards

### Auditor Overall Determination Definitions

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

### Auditor Discussion Instructions

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.211	<p><b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b>Documents</b></p> <ul style="list-style-type: none"> <li>• WestCare PREA Policy/Procedure Manual for its Community Confinement Programs</li> <li>• WestCare Organizational Chart for Kentucky Programs and Leadership</li> <li>• Posted signs</li> </ul> <p><b>Interviews</b></p> <ul style="list-style-type: none"> <li>• Interview with Regional Vice-President Stephen Wright</li> <li>• Resident interviews</li> <li>• Staff interviews</li> </ul> <p><b>Site Review Observations</b></p> <ul style="list-style-type: none"> <li>• Interactions between staff and residents</li> <li>• Posted signs</li> <li>• Discussions of staffing levels</li> </ul> <p>The agency's primary document which states its commitment to zero tolerance WestCare PREA Policy/Procedure Manual for its Community Confinement Programs. The manual outlines in detail the policies, procedures, and approach to prevent, detect, and respond to sexual abuse and sexual harassment.</p> <p>These policies, resident handbooks, posted signs, staff and inmate interviews, observations of interaction between staff and inmates all support the conclusion that a culture of zero tolerance is well established at the facility.</p> <p>The agency's PREA Coordinator is Stephen Wright. His position is full-time but overseeing the agency's efforts to comply with PREA standards is only a part of his responsibilities. He reports to the Chief Executive Officer of the agency. Although the agency operates community confinement facilities in other states, Kentucky is the only state which presently requires WestCare to be audited for compliance with PREA standards, and this facility is WestCare's only community confinement facility in the state, so a part-time agency coordinator is sufficient to oversee this process.</p> <p>The primary evidence that the PREA Compliance Coordinator has sufficient time and authority to complete his job is the achievement of a high percentage of the standards being found to meet the applicable standards, combined with a reasonable expectation that they will achieve full compliance by the end of the corrective action period. The response from every interviewed resident that they felt safe being housed at this facility is further evidence that the purpose and intent of this standard is being met.</p>
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115.212	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Interview</b></p> <ul style="list-style-type: none"> <li>• Interview with Regional Vice President Stephen Wright</li> </ul> <p>WestCare does not contract with any outside agency to house its residents. Based on this information, the auditor determined that the agency is in full compliance with this standard.</p>

115.213	<p><b>Supervision and monitoring</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b>Documents</b></p> <ul style="list-style-type: none"> <li>• Kentucky Hal Rogers Appalachian Recovery Center Staffing Plan – Fiscal Year 2020/2021</li> <li>• WestCare Kentucky Staff Schedule for the week of October 11 through 17, 2021</li> </ul> <p><b>Interviews</b></p> <ul style="list-style-type: none"> <li>• Interview with Acting Facility Manager Stephen Wright</li> <li>• Resident interviews</li> <li>• Staff interviews</li> </ul> <p><b>Site Review Observations</b></p> <ul style="list-style-type: none"> <li>• Discussions of staffing levels for each area of the facility</li> </ul> <p>The facility provided a detailed staffing plan that outlines the minimum staffing levels for both line and supervisory staff. The plan outlines how each of the requirements – (1) through (4) was met in setting the minimum staffing levels.</p> <p>The auditor confirmed the minimum staffing levels of each housing unit and other areas where residents are present during the site review. At each housing unit, he questioned facility staff as to the minimum level of staff that was always present on each unit. No deviations from the staffing plan have occurred within the last year.</p> <p>The facility is equipped with internal and external security cameras, and the camera data is stored for possible use to support or contradict allegations of sexual abuse or harassment.</p> <p>While the facility is minimally staffed with one counselor tech per two units on night and weekend shifts, in the opinion of the auditor, the housing units are adequately staffed – i.e., the staffing levels met the minimum necessary to prevent, detect, and respond to incidents of sexual abuse and sexual harassment.</p> <p>The absence of any substantiated reports of sexual abuse and sexual harassment for the one-year period prior to the on-site visit is further evidence of the adequacy of staffing levels. Likewise, inmate interviews that uncovered zero incidents of sexual abuse or harassment and the high percentage of inmates feeling safe is evidence that the facility meets this standard.</p>
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115.215	<p><b>Limits to cross-gender viewing and searches</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b>Documents</b></p> <ul style="list-style-type: none"> <li>• WestCare PREA Policy/Procedure Manual for its Community Confinement Programs</li> <li>• Random sample of staff training records</li> </ul> <p><b>Interviews</b></p> <ul style="list-style-type: none"> <li>• Staff interviews</li> <li>• Resident interviews</li> </ul> <p><b>Site Review</b></p> <ul style="list-style-type: none"> <li>• Observation of shower curtains and physical barriers in shower and toilet areas</li> </ul> <p>At the time of the on-site audit, the facility had only two female staff; neither of them was in a position where she would be required to conduct resident searches or facility rounds. The facility has only rarely employed female counselors and counselor techs in recent years.</p> <p>Statements of facts, staff interviews, and auditor observations consistently indicated that the facility does not conduct cross-gender visual body searches. One hundred percent of resident interviews indicated that they had not been subject to such searches.</p> <p>WestCare PREA Policy/Procedure Manual for its Community Confinement Programs requires that correctional officers make their best efforts to allow offenders to shower, perform bodily functions, and change clothing without 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.</p> <p>The auditor observed physical barriers including curtains in every shower facility. Resident interviews all indicated the offenders had not been required to be fully naked before a female staff person at this facility.</p> <p>WestCare PREA Policy/Procedure Manual for its Community Confinement Programs requires that staff of the opposite gender announce their presence when entering an offender housing area. The auditor verified that this occurred consistently during the site review.</p> <p>The auditor confirmed that proper means of conducting resident pat searches were a part of both preservice and in-service training. Interviewed staff confirmed that they had received this training.</p> <p>Upon review of this evidence, the auditor concluded that the facility complies with each provision of this standard in all material ways.</p>
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115.216	<p><b>Residents with disabilities and residents who are limited English proficient</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b>Documents</b></p> <ul style="list-style-type: none"> <li>• WestCare PREA Policy/Procedure Manual for its Community Confinement Programs</li> </ul> <p><b>Interviews</b></p> <ul style="list-style-type: none"> <li>• Acting Facility Manager interview</li> <li>• Staff interviews</li> <li>• Resident interviews</li> </ul> <p><b>Site Review Observations</b></p> <ul style="list-style-type: none"> <li>• Observations of Spanish versions of posted signs</li> </ul> <p>WestCare PREA Policy/Procedure Manual for its Community Confinement Programs outlines the agency's requirements to effectively communicate with residents with disabilities. Targeted resident interviews with a randomly chosen resident each of these groups – blind or low vision, deaf or hard of hearing, and cognitive limitations – indicated that the interviewed residents understood their rights and the means of reporting abuse or harassment.</p> <p>One targeted interview was conducted with a resident who was nearly totally deaf. He was able to read, however, so the auditor was able to successfully conduct the interview by typing questions on a computer screen. The resident indicated that staff communicated with him by pointing him to written materials or handwriting communications.</p> <p>Staff and resident interviews indicated that the facility does not rely solely on printed materials in English to communicate with residents; intake, education, acceptance of complaints and reports of abuse or harassment, and investigations all involve face-to-face staff/resident contact so that an assessment can be made of the resident's understanding of the communication.</p> <p>Policy statements, resident and staff interviews, all indicate compliance with this standard.</p>
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115.217	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p><b>Documents</b></p> <ul style="list-style-type: none"> <li>• WestCare PREA Policy/Procedure Manual for its Community Confinement Programs</li> <li>• Facility responses to PREA Pre-Audit Questionnaire</li> <li>• Full listing of all current staff, including dates of hire</li> </ul> <p><b>Interviews</b></p> <ul style="list-style-type: none"> <li>• Interview with Acting Facility Manager</li> </ul> <p>Review of documents and staff interviews indicate that the facility ensures that it does not hire or promote anyone who will have contact with inmates who has engaged in prior sexual abuse or harassment at a correctional facility by the following means:</p> <ul style="list-style-type: none"> <li>• Criminal background checks</li> <li>• Signed staff acknowledgment of affirmative duty to disclose such behavior.</li> <li>• Criminal background checks of all staff upon 5th anniversary of hire</li> </ul> <p>The auditor requested and reviewed the evidence provided by the facility for six randomly chosen employees – three who had been hired within the last year and three who had been at the facility more than five years. The first three had passed the background check process before they began work at the facility and the second group had all been checked, and passed, within the last five years.</p> <p>These same procedures are followed for volunteers and contractors who have contact with inmates. Supervisory staff interviews verified that this practice is followed in practice.</p> <p>The auditor's review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.</p>

115.218	<b>Upgrades to facilities and technology</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents</b></p> <ul style="list-style-type: none"> <li>• Facility responses to PREA Pre-Audit Questionnaire</li> <li>• WestCare PREA Policy/Procedure Manual for its Community Confinement Programs</li> </ul> <p><b>Interviews</b></p> <ul style="list-style-type: none"> <li>• Acting facility manager interview</li> </ul> <p><b>Site Review</b></p> <ul style="list-style-type: none"> <li>• View of blind spots</li> <li>• View of camera locations</li> <li>• View of showers / curtains</li> </ul> <p>Policy requires that factors related to the prevention of sexual abuse should be considered in construction projects, but no such projects were conducted in the past year.</p> <p>The facility complies with the standard.</p>

115.221	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents</b></p> <ul style="list-style-type: none"> <li>• Facility responses to Pre-Audit Questionnaire</li> <li>• WestCare PREA Policy/Procedure Manual for its Community Confinement Programs</li> </ul> <p><b>Interviews</b></p> <ul style="list-style-type: none"> <li>• Investigator interview</li> <li>• Staff interviews</li> </ul> <p>WestCare PREA Policy/Procedure Manual for its Community Confinement Programs requires appropriate procedural steps for an investigation. The facility tracks the procedural steps required by this standard:</p> <ul style="list-style-type: none"> <li>• Access to forensic medical examinations</li> <li>• Examination by SAFE or SANE practitioners where available</li> <li>• Access to a victim advocate where available</li> </ul> <p>The agency does not employ SAFE or SANE staff. Forensic examinations are provided at the Pikeville Medical Center.</p> <p>The agency has a memorandum of agreement with the Mountain Comprehensive Care Center's Healing Program for Survivors of Sexual Assault &amp; Domestic Violence of Prestonsburg, KY to provide victim advocacy services if needed.</p> <p>Custody of evidence is governed by WestCare PREA Policy/Procedure Manual for its Community Confinement Programs. Criminal investigations are handled by the Kentucky Department of Probation and Parole. WestCare has requested that the department follow the protocols required by the standard.</p> <p>The auditor's review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.</p>

115.222	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p><b>Documents</b></p> <ul style="list-style-type: none"> <li>• Facility responses to PREA Pre-Audit Questionnaire</li> <li>• WestCare PREA Policy/Procedure Manual for its Community Confinement Programs</li> </ul> <p><b>Interviews</b></p> <ul style="list-style-type: none"> <li>• Acting facility manager interview</li> </ul> <p><b>Website review</b></p> <ul style="list-style-type: none"> <li>• <a href="https://www.westcare.com/">https://www.westcare.com/</a></li> <li>• <a href="https://www.westcare.com/pdf/Prison%20Rape%20Elimination%20Act%20(PREA).pdf">https://www.westcare.com/pdf/Prison%20Rape%20Elimination%20Act%20(PREA).pdf</a></li> </ul> <p>The agency has the above-listed policy and procedure manual which requires administrative and criminal investigations in the event of inmate or third-party allegations of sexual abuse or harassment.</p> <p>The policies clearly delineate the responsibilities of institution investigative staff and that of the investigative agency, the Kentucky Department of Probation and Parole. However, at the time of the on-site audit, this delineation of responsibility was not made available to the public via the agency's website as required by the standard.</p> <p>In response to the Corrective Action Plan, the agency posted this information on its website.</p> <p>The auditor's review of this evidence leads him to the conclusion that this standard is now fully met in policy, procedure, and practice.</p>

115.231	<b>Employee training</b>
	<p data-bbox="242 145 742 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 208 454 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 375 300"><b>Documents</b></p> <ul data-bbox="284 349 1157 448" style="list-style-type: none"> <li>• Facility responses to PREA Pre-Audit Questionnaire</li> <li>• WestCare PREA Policy/Procedure Manual for its Community Confinement Programs</li> <li>• Training documentation and attestation forms for randomly chosen staff</li> </ul> <p data-bbox="242 474 359 504"><b>Interviews</b></p> <ul data-bbox="284 553 678 651" style="list-style-type: none"> <li>• Acting facility manager interview</li> <li>• Agency PREA Coordinator interview</li> <li>• Staff interviews</li> </ul> <p data-bbox="242 678 1492 739">WestCare policies and directives require that all staff who have contact with inmates receive PREA training upon hire (before being assigned to work on a unit), and annually thereafter. The training includes:</p> <ul data-bbox="284 788 853 1120" style="list-style-type: none"> <li>• Zero tolerance</li> <li>• Prevention, detection, reporting, and response</li> <li>• Inmates' rights</li> <li>• Retaliation</li> <li>• Sexual abuse and harassment in confinement</li> <li>• Common reactions of victims</li> <li>• Detection and response to threatened or actual abuse</li> <li>• Inappropriate relationships with inmates</li> <li>• Communication with LGBTI inmates</li> <li>• Mandatory reporting</li> </ul> <p data-bbox="242 1146 1492 1310">WestCare policies require, and auditor interviews and document review indicate that all staff receive this training and understand its content. The document review included a request for six randomly selected corrections staff; evidence was provided that all had completed and signed off as understanding the relevant initial or annual training within the last year. All facility staff were interviewed, and all demonstrated a good understanding of their responsibilities regarding the prevention, detection, and response to incidents of sexual abuse and harassment.</p> <p data-bbox="242 1337 1492 1366">The auditor's review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.</p>

115.232	<p><b>Volunteer and contractor training</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b>Documents</b></p> <ul style="list-style-type: none"> <li>• Facility responses to PREA Pre-Audit Questionnaire</li> <li>• WestCare PREA Policy/Procedure Manual for its Community Confinement Programs</li> </ul> <p><b>Interviews</b></p> <ul style="list-style-type: none"> <li>• Acting Facility Manager interview</li> </ul> <p>WestCare policies and directives require that all volunteers who have contact with inmates receive PREA training upon engagement (before being assigned to volunteer on a unit), and annually thereafter. The training includes:</p> <ul style="list-style-type: none"> <li>• Zero tolerance</li> <li>• Prevention, detection, reporting, and response</li> <li>• Inmates' rights</li> <li>• Retaliation</li> <li>• Sexual abuse and harassment in confinement</li> <li>• Common reactions of victims</li> <li>• Detection and response to threatened or actual abuse</li> <li>• Inappropriate relationships with inmates</li> <li>• Communication with LGBTI inmates</li> <li>• Mandatory reporting</li> </ul> <p>Contractors receive the same training as employees. No contractors were working on the days of the on-site audit, so none were interviewed.</p> <p>Volunteers have not worked at the Hal Rogers facility since the beginning of the pandemic, so none were interviewed</p> <p>The auditor's review of this evidence leads him to the conclusion that this standard is met and substantially exceeded in policy, procedure, and practice.</p>
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115.233	<b>Resident education</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 368 300"><b>Documents</b></p> <ul data-bbox="284 349 1150 512" style="list-style-type: none"> <li>• Facility responses to PREA Pre-Audit Questionnaire</li> <li>• WestCare PREA Policy/Procedure Manual for its Community Confinement Programs</li> <li>• Resident Handbook</li> <li>• Revised Resident Handbook</li> <li>• Signed documents acknowledging receipt of revised handbook</li> </ul> <p data-bbox="242 542 355 571"><b>Interviews</b></p> <ul data-bbox="284 620 638 714" style="list-style-type: none"> <li>• Acting Facility Manager interview</li> <li>• Staff interviews</li> <li>• Resident interviews</li> </ul> <p data-bbox="242 743 308 772"><b>Video</b></p> <ul data-bbox="284 822 480 851" style="list-style-type: none"> <li>• Orientation video</li> </ul> <p data-bbox="242 880 1485 1008">Westcare policy and procedures require that all residents receive educational materials at the time of admission. At the time of the on-site audit, staff and resident interviews indicated that these educational materials were not consistently delivered or understood. Approximately 50% of residents interviewed reported that they had not received an orientation and a similar percentage did not know how to report an incident of sexual abuse or harassment if it occurred in the facility.</p> <p data-bbox="242 1037 1426 1066">The resident handbook in use at the time of the onsite audit did not cover the following topics required by the standard:</p> <ul data-bbox="284 1115 823 1243" style="list-style-type: none"> <li>• Zero tolerance</li> <li>• How to report</li> <li>• Right to be free from sexual abuse and harassment</li> <li>• Right to be free from retaliation</li> </ul> <p data-bbox="242 1272 1442 1335">The video in use at the time of the onsite audit was developed for another state's prison system. Much of its content was inapplicable to this Kentucky community corrections setting.</p> <p data-bbox="242 1364 1474 1491">In response to the corrective action plan, and within 30 days of the interim report, the agency revised its resident handbook and reported that it had distributed it to all current residents. The auditor reviewed the newly revised handbook to verify that all required topics were covered. He also reviewed the records of a randomly chosen sample of current residents to confirm that they had received and understood the new handbook.</p> <p data-bbox="242 1520 1465 1583">Sixty days after the interim report, the auditor reviewed a randomly chosen sample of new residents to verify that they, too, had received and understood the new handbook.</p> <p data-bbox="242 1612 1433 1675">The auditor's review of this evidence leads him to the conclusion that this standard is now met in policy, procedure, and practice.</p>

115.234	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents</b></p> <ul style="list-style-type: none"> <li>• Facility responses to PREA Pre-Audit Questionnaire</li> <li>• WestCare PREA Policy/Procedure Manual for its Community Confinement Programs</li> <li>• Certificate of Completion – NIC Course “PREA: Investigating Sexual Abuse in a Confinement Setting”</li> </ul> <p><b>Interviews</b></p> <ul style="list-style-type: none"> <li>• Investigator interview</li> </ul> <p>WestCare policies and procedure require agency investigators to complete training relating to investigating sexual abuse in a confinement setting. Although two facility staff who had received this training recently left the agency, the Regional Vice President himself is trained. If an investigation became necessary before someone could be hired or trained at the facility, the Regional Vice President would conduct the investigation. The on-site audit interview of this investigator indicated a thorough understanding of the issues and requirements of this standard.</p> <p>Policy statements, the investigator interview, and document review all indicate compliance with this standard.</p>

115.235	<b>Specialized training: Medical and mental health care</b>
	<p data-bbox="240 147 740 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 368 300"><b>Documents</b></p> <ul data-bbox="284 349 1153 412" style="list-style-type: none"> <li>• Facility responses to PREA Pre-Audit Questionnaire</li> <li>• WestCare PREA Policy/Procedure Manual for its Community Confinement Programs</li> </ul> <p data-bbox="240 443 355 470"><b>Interviews</b></p> <ul data-bbox="284 519 647 546" style="list-style-type: none"> <li>• Regional Vice President Interview</li> </ul> <p data-bbox="240 577 1489 672">WestCare policies and procedure require medical and mental health staff to complete training relating to their responsibilities concerning sexual abuse and sexual harassment in a confinement setting. However, Westcare does not have any medical or mental health care staff working at this facility.</p> <p data-bbox="240 703 1358 730">Policy statements, the Vice President interview, and document review all indicate compliance with this standard.</p>

115.241	<p><b>Screening for risk of victimization and abusiveness</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b>Documents</b></p> <ul style="list-style-type: none"> <li>• WestCare PREA Policy/Procedure Manual for its Community Confinement Programs</li> </ul> <p><b>Interviews</b></p> <ul style="list-style-type: none"> <li>• Resident interviews</li> </ul> <p>The auditor randomly chose six residents and reviewed their screening forms. The form requires that the intake officer ask specific questions and make his or her observations of the presence of risk factors. In the auditor's opinion, these criteria are objective in nature, and they are applied objectively. The criteria include:</p> <ul style="list-style-type: none"> <li>• Whether the resident has a mental, physical, or developmental disability</li> <li>• The age and physical build of the resident</li> <li>• Whether the resident has previously been incarcerated</li> <li>• Whether the resident's criminal history is exclusively nonviolent</li> <li>• Whether the resident has prior convictions for sex offenses</li> <li>• Whether the resident identifies or appears to the intake officer as LGBTQI or otherwise gender nonconforming</li> <li>• Previous sexual victimization</li> <li>• The resident's own perception of vulnerability</li> </ul> <p>In addition to screening residents for their vulnerability and risk factors for victimization, the form and intake process are used to assess residents' risk for being sexually abusive. Prior acts of sexual abuse, prior convictions for violent offenses, and prior history of institutional violence are considered.</p> <p>Most interviewed residents reported that they had been asked these questions on the first day of their arrival. The facility's documentation also supported that the practice conforms with WestCare policy and the standard.</p> <p>The auditor's review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.</p>
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115.242	<b>Use of screening information</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p><b>Documents</b></p> <ul style="list-style-type: none"> <li>• WestCare PREA Policy/Procedure Manual for its Community Confinement Programs</li> <li>• Completed Offender Screening Forms</li> </ul> <p><b>Interviews</b></p> <ul style="list-style-type: none"> <li>• Staff interviews</li> <li>• Resident interviews</li> <li>• Interview with Regional Vice President</li> </ul> <p>Agency policies and procedures govern the use of screening information in making housing, bed, work, education, and other program assignments. All describe an individualized process designed to ensure the safety of residents, staff, and the overall facility. Staff and resident interviews consistently indicated that the process is followed and unanimously indicated that residents feel safe at this facility. Completed Offender Screening Forms and other resident records indicated referrals to various assignments were made on an individualized, case-by-case basis.</p> <p>No transgender residents were housed at the facility at the time of the on-site audit. Staff interviews indicated that policy and standard requirements would be followed. The interview with the Regional Vice President indicated that LGBTI inmates are not housed in dedicated facilities, units, or wings.</p> <p>The auditor's review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.</p>

115.251	<p><b>Resident reporting</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b>Documents</b></p> <ul style="list-style-type: none"> <li>• Facility responses to PREA Pre-Audit Questionnaire</li> <li>• WestCare PREA Policy/Procedure Manual for its Community Confinement Programs Resident Handbook</li> <li>• Revised Resident Handbook</li> <li>• Signed documents acknowledging receipt of revised resident handbook</li> </ul> <p><b>Interviews</b></p> <ul style="list-style-type: none"> <li>• Acting Facility Manager interview</li> <li>• Staff interviews</li> <li>• Resident interviews</li> </ul> <p><b>Video</b></p> <ul style="list-style-type: none"> <li>• Orientation video</li> </ul> <p>Westcare policy and procedures require that all residents receive information regarding reporting methods at the time of admission. Staff and resident interviews at the time of the on-site audit indicated that this information is not consistently delivered or understood. Approximately 50% of residents interviewed reported that they had not received an orientation and a similar percentage did not know how to report an incident of sexual abuse or harassment if it occurred in the facility.</p> <p>The resident handbook did not cover this topic as required by the standard. The video used was developed for another state's prison system. Its content regarding reporting was inapplicable to this Kentucky community corrections setting.</p> <p>In response to the corrective action plan, and within 30 days of the interim report, the agency revised its resident handbook and reported that it had distributed it to all current residents. The auditor reviewed the newly revised handbook to verify that this topic was covered. He also reviewed the records of a randomly chosen sample of current residents to confirm that they had received and understood the new handbook.</p> <p>Sixty days after the interim report, the auditor reviewed a randomly chosen sample of new residents to verify that they, too, had received and understood the new handbook.</p> <p>The auditor's review of this evidence leads him to the conclusion that this standard is now met in policy, procedure, and practice.</p>
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115.252	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents</b></p> <ul style="list-style-type: none"> <li>• WestCare PREA Policy/Procedure Manual for its Community Confinement Programs</li> <li>• Agency responses to Pre-Audit Questionnaire</li> </ul> <p>The auditor's review of WestCare Policy indicates that the institution has plans and procedures in place to ensure the following:</p> <ul style="list-style-type: none"> <li>• No time limit is imposed on when an inmate may submit a grievance regarding an instance of sexual abuse</li> <li>• Inmates are not required to use an informal grievance process to resolve an alleged incident of sexual abuse</li> <li>• Inmates are not required to submit a grievance to a staff member who is the subject of a complaint</li> <li>• Such grievances are not referred to a staff member who is the subject of a complaint</li> <li>• The agency issues a final decision within 90 days of the initial filing of the grievance, such 90-day period not including the inmate's time preparing an administrative appeal</li> <li>• If the agency claims an extension of time to respond, it will notify the inmate in writing of the extension and provide a date by which a decision will be made</li> <li>• Third parties are permitted to assist inmates in filing requests for administrative remedies, and to file such requests on behalf of inmates</li> <li>• The agency will document an inmate's decision to decline assistance</li> <li>• Emergency grievances may be filed if an inmate alleges that he is at substantial risk of imminent sexual abuse</li> <li>• Emergency grievances are immediately forwarded to a level of review at which corrective action can be taken, a response is provided within 48 hours, and a final agency decision is issued within five calendar days.</li> <li>• The determination of substantial risk and the action taken are documented</li> </ul> <p>Although there were no cases to review to test these plans and procedures in practice, facility responses indicated that such procedures would be followed. In the auditor's judgment, the facility complies in all material ways with this standard.</p>

115.253	<p><b>Resident access to outside confidential support services</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b>Documents</b></p> <ul style="list-style-type: none"> <li>• WestCare PREA Policy/Procedure Manual for its Community Confinement Programs</li> <li>• Agency responses to Pre-Audit Questionnaire</li> <li>• Memorandum of Understanding between WestCare and Van Ark Behavioral Health</li> <li>• Memorandum of Understanding between WestCare and Mountain Comprehensive Care Center</li> <li>• New Poster</li> <li>• Revised Resident Handbook</li> </ul> <p><b>Interviews</b></p> <ul style="list-style-type: none"> <li>• Interview with Regional Vice President</li> <li>• Staff interviews</li> <li>• Resident interviews</li> </ul> <p>The agency has memoranda of understanding with two agencies which have agreed to provide victim advocacy and support services to residents;</p> <ul style="list-style-type: none"> <li>• Van Ark Behavioral Health</li> <li>• Mountain Comprehensive Care Center</li> </ul> <p>However, at the time of the on-site audit, staff and resident interviews indicated that the contact information to access these services was not routinely distributed to residents. Although some believed that such services existed, virtually no residents knew how to contact either agency.</p> <p>In response to the Corrective Action Plan, the agency developed a new poster which advises residents of the addresses and phone numbers of both agencies. A copy of this poster is also now included in the revised Resident Handbook.</p> <p>The auditor's review of this evidence leads him to the conclusion that this standard is now met in practice.</p>
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115.254	<p><b>Third party reporting</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b>Documents</b></p> <ul style="list-style-type: none"> <li>• WestCare PREA Policy/Procedure Manual for its Community Confinement Programs</li> </ul> <p><b>Interviews</b></p> <ul style="list-style-type: none"> <li>• Staff interviews</li> </ul> <p><b>Resident interviews</b></p> <ul style="list-style-type: none"> <li>• Site Review Observations</li> </ul> <p><b>Website Review</b></p> <ul style="list-style-type: none"> <li>• <a href="https://www.WestCare.com/">https://www.WestCare.com/</a></li> <li>• <a href="https://www.westcare.com/pdf/Prison%20Rape%20Elimination%20Act%20(PREA).pdf">https://www.westcare.com/pdf/Prison%20Rape%20Elimination%20Act%20(PREA).pdf</a></li> </ul> <p>Third-party reporters such as family members can report incidents of sexual abuse and sexual harassment to the same addresses and phone numbers as residents, Such reports are handled immediately in the same manner as first-person reports.</p> <p>However, at the time of the on-site audit, members of the public cannot learn of these means via the agency website, as required by the standard. The auditor confirmed that this service is available by interviews of residents and staff, but his review of the website did not discover its posting at the time of the on-site audit.</p> <p>In response to the corrective action plan, the agency posted this information at this location -</p> <p><a href="https://www.westcare.com/pdf/Prison%20Rape%20Elimination%20Act%20(PREA).pdf">https://www.westcare.com/pdf/Prison%20Rape%20Elimination%20Act%20(PREA).pdf</a>.</p> <p>The auditor's review of this evidence leads him to the conclusion that this standard is now met in practice.</p>
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115.261	<b>Staff and agency reporting duties</b>
	<p data-bbox="240 147 740 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 368 300"><b>Documents</b></p> <ul data-bbox="284 349 1152 376" style="list-style-type: none"> <li>• WestCare PREA Policy/Procedure Manual for its Community Confinement Programs</li> </ul> <p data-bbox="240 412 357 439"><b>Interviews</b></p> <ul data-bbox="284 488 464 515" style="list-style-type: none"> <li>• Staff interviews</li> </ul> <p data-bbox="240 551 1485 739">WestCare policies and directives, and staff training require immediate reporting of circumstances placing an inmate in immediate risk of sexual abuse, and action to protect the inmate in danger. These same policies clarify that such reporting is limited to the extent necessary to allow administrators to make treatment, investigation, and other management decisions. Medical providers are required by policy, procedure, and initial training to report such circumstances, and to inform inmates of this duty and the limits of confidentiality. Staff interviews consistently demonstrated an understanding of these requirements.</p> <p data-bbox="240 775 1477 801">The auditor's review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.</p>

115.262	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 318"><b>Documents</b></p> <ul data-bbox="284 344 1152 407" style="list-style-type: none"> <li>• WestCare PREA Policy/Procedure Manual for its Community Confinement Programs</li> <li>• Training Materials</li> </ul> <p data-bbox="229 434 1509 497"><b>Interviews</b></p> <ul data-bbox="284 519 462 542" style="list-style-type: none"> <li>• Staff interviews</li> </ul> <p data-bbox="229 568 1509 703">WestCare policies and staff training require immediate response to circumstances placing an inmate in immediate risk of sexual abuse, including action to protect the inmate in danger. Although there have been no circumstances of this severity at the facility, staff interviews consistently demonstrated an understanding of these requirements, which are clearly outlined in training materials.</p> <p data-bbox="229 725 1509 775">The auditor's review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.</p>

115.263	<b>Reporting to other confinement facilities</b>
	<p data-bbox="240 147 740 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 368 300"><b>Documents</b></p> <ul data-bbox="284 349 1152 443" style="list-style-type: none"> <li>• WestCare PREA Policy/Procedure Manual for its Community Confinement Programs</li> <li>• Facility responses to Pre-audit questionnaire Training Materials</li> </ul> <p data-bbox="240 474 357 501"><b>Inrerviews</b></p> <ul data-bbox="284 555 647 613" style="list-style-type: none"> <li>• Regional Vice President interview</li> <li>• Staff interviews</li> </ul> <p data-bbox="240 645 1461 770">WestCare policies and staff training require reporting to other facilities within 72 hours in the event of a report of sexual abuse or harassment at another facility. Although there have been no such occurences at the facility in the past year, staff interviews consistently demonstrated an understanding of these requirements, which are clearly outlined in policy and training materials.</p> <p data-bbox="240 801 1477 828">The auditor's review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.</p>

115.264	<b>Staff first responder duties</b>
	<p data-bbox="240 147 740 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 368 300"><b>Documents</b></p> <ul data-bbox="284 349 1155 448" style="list-style-type: none"> <li>• WestCare PREA Policy/Procedure Manual for its Community Confinement Programs</li> <li>• Facility responses to Pre-audit questionnaire</li> <li>• Training Materials</li> </ul> <p data-bbox="240 474 357 501"><b>Interviews</b></p> <ul data-bbox="284 555 464 582" style="list-style-type: none"> <li>• Staff interviews</li> </ul> <p data-bbox="240 609 1485 707">WestCare policies and staff training require separation of the alleged victim and abuser by the first responder, and actions to preserve the crime scene and preserve evidence. Policies also require these actions of non-custody staff if they are the first responders to the incident.</p> <p data-bbox="240 734 1477 833">Staff and contract staff interviews, training materials and the first responder card consistently supported that staff have an understanding of these requirements. The auditor’s review of this evidence leads him to a conclusion of full compliance with this standard.</p>

115.265	<b>Coordinated response</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>Documents</b></p> <ul style="list-style-type: none"> <li>• WestCare PREA Policy/Procedure Manual for its Community Confinement Program</li> <li>• Facility responses to Pre-audit questionnaire</li> <li>• Training Materials</li> </ul> <p><b>Interviews</b></p> <ul style="list-style-type: none"> <li>• Staff interviews</li> <li>• Investigator interview</li> <li>• Acting facility manager interview</li> </ul> <p>WestCare policies and staff training require separation of the alleged victim and abuser by the first responder, and actions to preserve the crime scene and preserve evidence. A coordinated response plan has been developed for the facility, outlining the responsibilities of corrections staff, medical and mental health providers, the rape crisis advocacy agency, investigators, and the facility manager.</p> <p>Staff and contract staff interviews, and training materials consistently supported that staff have an understanding of their roles in this coordinated plan. The auditor's review of this evidence leads him to a conclusion of full compliance with this standard.</p>

115.266	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents</b></p> <ul style="list-style-type: none"> <li>• Facility responses to pre-audit questionnaire</li> </ul> <p><b>Interviews</b></p> <ul style="list-style-type: none"> <li>• Regional Vice President Interview</li> </ul> <p>The auditor's review of the above-listed materials and the listed interview found no evidence of a collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. The facility's staff is not unionized.</p> <p>This standard is in full compliance.</p>

115.267	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p><b>Documents</b></p> <ul style="list-style-type: none"> <li>• WestCare PREA Policy/Procedure Manual for its Community Confinement Programs</li> <li>• Facility responses to Pre-audit questionnaire</li> </ul> <p><b>Interviews</b></p> <ul style="list-style-type: none"> <li>• Regional Vice President Interview</li> </ul> <p>WestCare Policy and Procedure outline the plan to monitor an inmate’s housing, program, and disciplinary status for 90 days following the investigation of an incident of sexual abuse. Policies dictate the prohibitions against retaliation and the disciplinary consequences for those who do so.</p> <p>The auditor’s review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and in actual practice.</p>

115.271	<p><b>Criminal and administrative agency investigations</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b>Documents</b></p> <ul style="list-style-type: none"> <li>• WestCare PREA Policy/Procedure Manual for its Community Confinement Programs</li> <li>• Facility responses to Pre-audit questionnaire</li> <li>• Training records of staff investigator</li> </ul> <p><b>Interviews</b></p> <ul style="list-style-type: none"> <li>• Regional Vice President Interview</li> </ul> <p>WestCare policies and procedures require the following:</p> <ul style="list-style-type: none"> <li>• Prompt, thorough, and objective investigations</li> <li>• Investigation of all allegations, including those from third parties</li> <li>• Use of available physical and DNA evidence and available electronic monitoring data (video)</li> <li>• Interviews of alleged victims, suspected perpetrators, and witnesses</li> <li>• Review of prior reports and complaints of sexual abuse involving the suspected perpetrator</li> <li>• Assessment of the credibility of an alleged victim, suspect, or witness on an individual basis</li> <li>• Efforts to determine whether staff actions or failures to act contributed to the abuse</li> </ul> <p>Further, WestCare policies and procedures require:</p> <ul style="list-style-type: none"> <li>• Investigations performed by persons who have received specialized training to conduct such investigations</li> <li>• Written reports which contain a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings</li> <li>• That the departure of an alleged abuser or victim from the employment or custody of the agency does not provide a basis for terminating an investigation</li> </ul> <p>Records retention policies require that such records must be retained.</p> <p>The auditor's review of this evidence leads him to the conclusion that this standard is met in all substantial ways in policy, procedure, and practice.</p>
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115.272	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents</b></p> <ul style="list-style-type: none"> <li>• Facility responses to PREA Pre-Audit Questionnaire</li> <li>• WestCare PREA Policy/Procedure Manual for its Community Confinement Programs</li> </ul> <p><b>Interviews</b></p> <p>Investigative staff interview</p> <p>WestCare policies and the investigative staff interview indicate that the standard determining whether allegations of sexual abuse or sexual harassment are substantiated is a preponderance of the evidence. In the absence of a facility investigator, the Regional Vice President would conduct an administrative investigation a case arose in the next few weeks. The interview with the Regional Vice President indicated that he would use this standard.</p> <p>The auditor's review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.</p>

115.273	<b>Reporting to residents</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 368 300"><b>Documents</b></p> <ul data-bbox="284 349 1150 412" style="list-style-type: none"> <li>• Facility responses to PREA Pre-Audit Questionnaire</li> <li>• WestCare PREA Policy/Procedure Manual for its Community Confinement Programs</li> </ul> <p data-bbox="242 441 355 470"><b>Interviews</b></p> <ul data-bbox="284 519 520 548" style="list-style-type: none"> <li>• Investigator interview</li> </ul> <p data-bbox="242 577 1477 640">WestCare policies and procedures require notification of the reporting resident of the results of administrative investigations, investigations by outside agencies, and investigations referred for criminal prosecution.</p> <p data-bbox="242 669 1465 732">Following a resident's allegation that a staff member has committed sexual abuse against him, these same policies require that the agency subsequently inform the resident:</p> <ul data-bbox="284 781 1449 943" style="list-style-type: none"> <li>• When the staff member is no longer posted within the resident's unit</li> <li>• When the staff member is no longer employed at the facility</li> <li>• When the agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility</li> <li>• When the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility</li> </ul> <p data-bbox="242 972 1449 1034">These steps are not required by standard or policy if the agency has determined that the allegation is unfounded, or if the resident has been released from custody.</p> <p data-bbox="242 1064 1441 1126">Further, WestCare policies and directives require notification of the reporting resident following his allegation that he has been sexually abused by another resident</p> <ul data-bbox="284 1176 1490 1301" style="list-style-type: none"> <li>• When the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility</li> <li>• When the agency learns that the alleged inmate abuser has been convicted on a charge related to sexual abuse within the facility</li> </ul> <p data-bbox="242 1330 1485 1393">The investigator interview and WestCare policies and procedures, lead the auditor to the conclusion that this standard is met in policy, procedure, and practice.</p>

115.276	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents</b></p> <ul style="list-style-type: none"> <li>• Facility responses to PREA Pre-Audit Questionnaire</li> <li>• WestCare PREA Policy/Procedure Manual for its Community Confinement Programs</li> </ul> <p><b>Interviews</b></p> <ul style="list-style-type: none"> <li>• Regional Vice President interview</li> </ul> <p>The language of the standard is repeated in the WestCare PREA Policy/Procedure Manual. No instances of staff violations of agency sexual abuse or sexual harassment policies have occurred in the past 12 months. The auditor's review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.</p>

115.277	<b>Corrective action for contractors and volunteers</b>
	<p data-bbox="240 147 740 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 368 300"><b>Documents</b></p> <ul data-bbox="284 349 1155 412" style="list-style-type: none"> <li data-bbox="284 349 828 376">• Facility responses to PREA Pre-Audit Questionnaire</li> <li data-bbox="284 383 1155 412">• WestCare PREA Policy/Procedure Manual for its Community Confinement Programs</li> </ul> <p data-bbox="240 443 357 470"><b>Interviews</b></p> <ul data-bbox="284 519 647 546" style="list-style-type: none"> <li data-bbox="284 519 647 546">• Regional Vice President interview</li> </ul> <p data-bbox="240 577 1474 672">The language of the standard is repeated in the WestCare PREA Policy/Procedure Manual. No instances of contractor violations of agency sexual abuse or sexual harassment policies have occurred in the past 12 months. The auditor's review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.</p>

115.278	<b>Disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents</b></p> <ul style="list-style-type: none"> <li>• Facility responses to PREA Pre-Audit Questionnaire</li> <li>• WestCare PREA Policy/Procedure Manual for its Community Confinement Programs</li> </ul> <p><b>Interviews</b></p> <ul style="list-style-type: none"> <li>• Regional Vice President interview</li> <li>• Staff interviews</li> </ul> <p>WestCare policies require that:</p> <ul style="list-style-type: none"> <li>• Offenders are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the offender engaged in offender-on-offender sexual abuse, sexual harassment, extortion, substantiated acts of violence, or following a criminal finding of guilt for offender-on-offender sexual abuse.</li> <li>• Sanctions are appropriate to the nature of abuse committed, the offender's disciplinary history, and the sanction imposed for comparable offenses by other offenders with similar histories.</li> <li>• The disciplinary process considers whether an offender's mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, should be imposed.</li> <li>• An offender may be disciplined for sexual contact with staff only if it is determined the staff member did not consent to the contact.</li> <li>• Disciplinary actions related to staff-on-offender sexual abuse or sexual harassment violations are handled in accordance with WestCare Policy.</li> <li>• Sexual activity between offenders is prohibited and when discovered, it results in disciplinary sanctions in accordance with the WestCare policy. However, sexual activity between offenders is not considered sexual abuse if it is determined the activity is consensual.</li> <li>• Engaging in consensual sexual acts with others, defined as "intentional contact between the genitals of one person and the genitals, mouth, anus, or hands of another person with the consent of both participants" is considered a lesser disciplinary violation.</li> <li>• A report of sexual abuse made in good faith, based on a reasonable belief that the alleged conduct occurred, does not in itself constitute falsely reporting an incident of lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.</li> <li>• When the preponderance of evidence exists supporting a false allegation, the offender involved in the false allegation shall be disciplined in accordance with the WestCare policy.</li> <li>• Staff and contractor interviews indicate that these policies are followed in practice.</li> </ul> <p>The auditor's review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.</p>

115.282	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p><b>Documents</b></p> <ul style="list-style-type: none"> <li>• Facility responses to PREA Pre-Audit Questionnaire</li> <li>• WestCare PREA Policy/Procedure Manual for its Community Confinement Programs</li> </ul> <p><b>Interviews</b></p> <ul style="list-style-type: none"> <li>• Staff interviews</li> <li>• Inmate interviews</li> </ul> <p>WestCare Policies require:</p> <ul style="list-style-type: none"> <li>• That offender 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.</li> <li>• That if no qualified medical or mental health practitioners are on duty at the time a report of abuse is made, staff first responders take preliminary steps to protect the victim and immediately notify the appropriate on-call medical and mental health practitioners.</li> <li>• That offenders who become victims of sexual abuse while incarcerated shall be offered timely information about and access to emergency sexually transmitted infections prophylaxis, according to professionally accepted standards of care, where medically appropriate.</li> <li>• That treatment services are provided to the offender victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident.</li> </ul> <p>Review of inmate records and staff and resident interviews indicated that these policies are followed in practice. The auditor's review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.</p>

115.283	<p><b>Ongoing medical and mental health care for sexual abuse victims and abusers</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b>Documents</b></p> <ul style="list-style-type: none"> <li>• Facility responses to PREA Pre-Audit Questionnaire</li> <li>• WestCare PREA Policy/Procedure Manual for its Community Confinement Programs</li> </ul> <p><b>Interviews</b></p> <ul style="list-style-type: none"> <li>• Staff interviews</li> <li>• Inmate interviews</li> </ul> <p>WestCare policies require:</p> <ul style="list-style-type: none"> <li>• All offenders who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile unit are offered medical and mental health evaluation and treatment, as appropriate.</li> <li>• The evaluation and treatment of such offender victims include follow-up services, treatment plans, and, when necessary,</li> <li>• Referrals for continued care following transfer to, or placement in other units in accordance with WestCare medical policies or their release from custody.</li> <li>• Offender victims are provided medical and mental health services consistent with the community level of care.</li> <li>• Offenders who become victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.</li> <li>• A mental health evaluation of all known offender-on-offender abusers is attempted within 60 days of learning of the abuse and initial treatment.</li> </ul> <p>The facility does not, however, provide such mental health treatment on site. An offender may need to be transferred to another facility which has the staff to provide such services.</p> <p>Review of inmate records and staff and resident interviews indicated that these policies are followed in practice. The auditor's review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.</p>
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115.286	<p><b>Sexual abuse incident reviews</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b>Documents</b></p> <ul style="list-style-type: none"> <li>• WestCare PREA Policy/Procedure Manual for its Community Confinement Programs</li> </ul> <p><b>Interviews</b></p> <ul style="list-style-type: none"> <li>• Regional Vice President interview</li> </ul> <p>WestCare Policies require an administrative review of all alleged sexual abuse and sexual harassment incidents, unless determined unfounded. The facility manager is required to obtain input from supervisory staff, investigators, and medical or mental health practitioners when completing the review. The review team includes upper-level management, with input from line supervisors, investigators, and medical or mental health practitioners. The facility is required to implement recommendations that result from the review, or to document the reasons for not doing so.</p> <p>WestCare Policy requires the facility manager or designee to conduct a prompt, thorough investigation, after reporting a serious or unusual incident and to complete an Administrative Incident Review. The review is required to include:</p> <ul style="list-style-type: none"> <li>• A review of the circumstances of the incident</li> <li>• The name(s) of the person(s) involved</li> <li>• Events leading up to and following the incident</li> <li>• A consideration of whether the actions taken were consistent with WestCare policies and procedures</li> <li>• A review of whether lesser alternative means of managing the situation were available</li> <li>• An identification of actions, if any, that could be taken to avoid future incidents of a similar nature and identification of training needs</li> <li>• A determination of whether employee action or inaction was a factor</li> <li>• Corrective action taken</li> </ul> <p>The auditor's review of incident review records and staff interviews indicates that these policies and the other requirements of the standard are followed in practice. The auditor's review of the evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.</p>
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115.287	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p><b>Documents</b></p> <ul style="list-style-type: none"> <li>• WestCare PREA Policy/Procedure Manual for its Community Confinement Programs</li> </ul> <p><b>Interviews</b></p> <ul style="list-style-type: none"> <li>• Regional Vice President interview</li> </ul> <p>WestCare Policies and Procedures require these statistics to be collected in accordance with Bureau of Justice Statistics (BJS) guidelines. The Regional Vice President reports that he has not received a request for data from the U. S. Department of Justice (DOJ).</p> <p>In the auditor's judgment, this demonstrates that the agency complies in all material ways with the standard for the relevant review period. The auditor's review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.</p>

115.288	<p><b>Data review for corrective action</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b>Documents</b></p> <ul style="list-style-type: none"> <li>• WestCare PREA Policy/Procedure Manual for its Community Confinement Programs</li> </ul> <p><b>Website Review</b></p> <ul style="list-style-type: none"> <li>• <a href="https://www.WestCare.com/">https://www.WestCare.com/</a></li> <li>• <a href="https://www.westcare.com/pdf/Prison%20Rape%20Elimination%20Act%20(PREA).pdf">https://www.westcare.com/pdf/Prison%20Rape%20Elimination%20Act%20(PREA).pdf</a></li> </ul> <p><b>Interviews</b></p> <ul style="list-style-type: none"> <li>• Agency PREA Coordinator interview</li> </ul> <p>WestCare Policies and Procedures require these statistics to be used to evaluate and improve operations to enhance inmate safety. However, at the time of the on-site audit there has been no annual review for this facility or for the other community corrections which are operated by the agency. There had been no comparisons from year to year. No data review had been posted to the agency's website.</p> <p>In response to the corrective action plan, the agency conducted the required review and posted the results to its website at <a href="https://www.westcare.com/pdf/Prison%20Rape%20Elimination%20Act%20(PREA).pdf">https://www.westcare.com/pdf/Prison%20Rape%20Elimination%20Act%20(PREA).pdf</a></p> <p>In the auditor's judgment, this documentation demonstrates that the agency complies with the standard. The auditor's review of this evidence leads him to the conclusion that this standard is now met in practice.</p>
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115.289	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p><b>Documents</b></p> <ul style="list-style-type: none"> <li>• WestCare PREA Policy/Procedure Manual for its Community Confinement Programs</li> </ul> <p><b>Interviews</b></p> <ul style="list-style-type: none"> <li>• Regional Vice President interview</li> </ul> <p>WestCare Policy requires the maintenance of a retention schedule. That schedule requires PREA related data to be maintained for 10 years. No personally identifiable data is included in information made available to the public. However, at the time of the on-site audit, aggregated data was not made available to the public via the agency website, as required by the standard.</p> <p>In response to the corrective action plan, the agency published the data at</p> <p><a href="https://www.westcare.com/pdf/Prison%20Rape%20Elimination%20Act%20(PREA).pdf">https://www.westcare.com/pdf/Prison%20Rape%20Elimination%20Act%20(PREA).pdf</a></p> <p>In the auditor's judgment, this documentation demonstrates that the agency now complies with the standard.</p>

115.401	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p><b>Documents</b></p> <ul style="list-style-type: none"> <li>• Email attachments, notably time-stamped photographs of signs posted prior to audit</li> <li>• Resident handbook</li> </ul> <p><b>Interviews</b></p> <ul style="list-style-type: none"> <li>• Staff interviews</li> <li>• Resident interviews</li> </ul> <p><b>Site review</b></p> <p>Observation of posted notices of audit</p> <p>This was the second formal PREA audit of a WestCare community corrections facility. The auditor had access to, and the ability to observe all areas of the audited facility. The auditor was given access to documents sufficient to make determinations of compliance; copies of all relevant documents were provided. Private interviews were conducted with 16 residents.</p> <p>Inmates were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. The auditor's mailing address was posted for the full 6-week period, but no correspondence was received.</p> <p>The auditor was permitted to request and receive copies of all relevant documents (including electronically stored information).</p>

115.403	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents</b></p> <ul style="list-style-type: none"> <li>• WestCare PREA Policy/Procedure Manual for its Community Confinement Programs</li> </ul> <p><b>Website Review</b></p> <ul style="list-style-type: none"> <li>• <a href="https://www.westcare.com/pdf/WestcareAshcampNewCommunityConfinementAudit.pdf">https://www.westcare.com/pdf/WestcareAshcampNewCommunityConfinementAudit.pdf</a></li> </ul> <p><b>Interviews</b></p> <ul style="list-style-type: none"> <li>• Regional Vice President Interview</li> </ul> <p>This was the second formal PREA audit of this community corrections facility. The previous audit report, dated April 4, 2018, is posted at the WestCare website.</p>

<b>Appendix: Provision Findings</b>		
<b>115.211 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
<b>115.211 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?	yes
<b>115.212 (a)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
<b>115.212 (b)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
<b>115.212 (c)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
<b>115.213 (a)</b>	<b>Supervision and monitoring</b>	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes

<b>115.213 (b)</b>	<b>Supervision and monitoring</b>	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	na
<b>115.213 (c)</b>	<b>Supervision and monitoring</b>	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
<b>115.215 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
<b>115.215 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	na
<b>115.215 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes
<b>115.215 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes

<b>115.215 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
<b>115.215 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.216 (a)	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
115.216 (b)	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

<b>115.216 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes
<b>115.217 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
<b>115.217 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
<b>115.217 (c)</b>	<b>Hiring and promotion decisions</b>	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
<b>115.217 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
<b>115.217 (e)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes

<b>115.217 (f)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.217 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.217 (h)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
<b>115.218 (a)</b>	<b>Upgrades to facilities and technology</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	na
<b>115.218 (b)</b>	<b>Upgrades to facilities and technology</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	na
<b>115.221 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
<b>115.221 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes

<b>115.221 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
<b>115.221 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
<b>115.221 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
<b>115.221 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
<b>115.221 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	na
<b>115.222 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

<b>115.222 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
<b>115.222 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes
<b>115.231 (a)</b>	<b>Employee training</b>	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
<b>115.231 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes

<b>115.231 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
<b>115.231 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.232 (a)</b>	<b>Volunteer and contractor training</b>	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
<b>115.232 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
<b>115.232 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.233 (a)</b>	<b>Resident education</b>	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
<b>115.233 (b)</b>	<b>Resident education</b>	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes

<b>115.233 (c)</b>	<b>Resident education</b>	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
<b>115.233 (d)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
<b>115.233 (e)</b>	<b>Resident education</b>	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
<b>115.234 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
<b>115.234 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
<b>115.234 (c)</b>	<b>Specialized training: Investigations</b>	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	yes

<b>115.235 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
<b>115.235 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
<b>115.235 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
<b>115.235 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
<b>115.241 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
<b>115.241 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.241 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

<b>115.241 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes
<b>115.241 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
<b>115.241 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
<b>115.241 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes

<b>115.241 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
<b>115.241 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
<b>115.242 (a)</b>	<b>Use of screening information</b>	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
<b>115.242 (b)</b>	<b>Use of screening information</b>	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
<b>115.242 (c)</b>	<b>Use of screening information</b>	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
<b>115.242 (d)</b>	<b>Use of screening information</b>	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
<b>115.242 (e)</b>	<b>Use of screening information</b>	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes

<b>115.242 (f)</b>	<b>Use of screening information</b>	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
<b>115.251 (a)</b>	<b>Resident reporting</b>	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
<b>115.251 (b)</b>	<b>Resident reporting</b>	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
<b>115.251 (c)</b>	<b>Resident reporting</b>	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.251 (d)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes

<b>115.252 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
<b>115.252 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
<b>115.252 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
<b>115.252 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
<b>115.252 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes

<b>115.252 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
<b>115.252 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
<b>115.253 (a)</b>	<b>Resident access to outside confidential support services</b>	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
<b>115.253 (b)</b>	<b>Resident access to outside confidential support services</b>	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
<b>115.253 (c)</b>	<b>Resident access to outside confidential support services</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
<b>115.254 (a)</b>	<b>Third party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes

<b>115.261 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
<b>115.261 (b)</b>	<b>Staff and agency reporting duties</b>	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
<b>115.261 (c)</b>	<b>Staff and agency reporting duties</b>	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
<b>115.261 (d)</b>	<b>Staff and agency reporting duties</b>	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
<b>115.261 (e)</b>	<b>Staff and agency reporting duties</b>	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
<b>115.262 (a)</b>	<b>Agency protection duties</b>	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
<b>115.263 (a)</b>	<b>Reporting to other confinement facilities</b>	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
<b>115.263 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.263 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.263 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

<b>115.264 (a)</b>	<b>Staff first responder duties</b>	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
<b>115.264 (b)</b>	<b>Staff first responder duties</b>	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
<b>115.265 (a)</b>	<b>Coordinated response</b>	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
<b>115.266 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
<b>115.267 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.267 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

<b>115.267 (c)</b>	<b>Agency protection against retaliation</b>	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
<b>115.267 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of residents, does such monitoring also include periodic status checks?	yes
<b>115.267 (e)</b>	<b>Agency protection against retaliation</b>	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
<b>115.271 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a). )	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a). )	yes
<b>115.271 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes

<b>115.271 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
<b>115.271 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
<b>115.271 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
<b>115.271 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
<b>115.271 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
<b>115.271 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.271 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
<b>115.271 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
<b>115.271 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
<b>115.272 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes

<b>115.273 (a)</b>	<b>Reporting to residents</b>	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
<b>115.273 (b)</b>	<b>Reporting to residents</b>	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
<b>115.273 (c)</b>	<b>Reporting to residents</b>	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.273 (d)</b>	<b>Reporting to residents</b>	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.273 (e)</b>	<b>Reporting to residents</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.276 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.276 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

<b>115.276 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
<b>115.276 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
<b>115.277 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
<b>115.277 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
<b>115.278 (a)</b>	<b>Disciplinary sanctions for residents</b>	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
<b>115.278 (b)</b>	<b>Disciplinary sanctions for residents</b>	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
<b>115.278 (c)</b>	<b>Disciplinary sanctions for residents</b>	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
<b>115.278 (d)</b>	<b>Disciplinary sanctions for residents</b>	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits?	yes
<b>115.278 (e)</b>	<b>Disciplinary sanctions for residents</b>	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

<b>115.278 (f)</b>	<b>Disciplinary sanctions for residents</b>	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
<b>115.278 (g)</b>	<b>Disciplinary sanctions for residents</b>	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
<b>115.282 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
<b>115.282 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.282 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
<b>115.282 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.283 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
<b>115.283 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
<b>115.283 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.283 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. Note: in "all-male" facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na

<b>115.283 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
<b>115.283 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.283 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.283 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
<b>115.286 (a)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
<b>115.286 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.286 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.286 (d)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
<b>115.286 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

<b>115.287 (a)</b>	<b>Data collection</b>	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
<b>115.287 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.287 (c)</b>	<b>Data collection</b>	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
<b>115.287 (d)</b>	<b>Data collection</b>	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
<b>115.287 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
<b>115.287 (f)</b>	<b>Data collection</b>	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
<b>115.288 (a)</b>	<b>Data review for corrective action</b>	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
<b>115.288 (b)</b>	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
<b>115.288 (c)</b>	<b>Data review for corrective action</b>	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
<b>115.288 (d)</b>	<b>Data review for corrective action</b>	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
<b>115.289 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes

<b>115.289 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
<b>115.289 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.289 (d)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	no
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with residents?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes