

PREA Facility Audit Report: Final

Name of Facility: Trilogy Center for Women

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 01/21/2022

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"/>
Auditor Full Name as Signed: Sharon Ray Shaver	Date of Signature: 01/21/2022

AUDITOR INFORMATION	
Auditor name:	Shaver, Sharon
Email:	sharonrshaver@gmail.com
Start Date of On-Site Audit:	12/07/2021
End Date of On-Site Audit:	12/07/2021

FACILITY INFORMATION	
Facility name:	Trilogy Center for Women
Facility physical address:	100 Trilogy Avenue , Hopkinsville, Kentucky - 42240
Facility Phone	
Facility mailing address:	

Primary Contact	
Name:	Jessica Sullivan
Email Address:	Jsullivan@pennyroyalcenter.org
Telephone Number:	270 886-2205

Facility Director	
Name:	Jessica Sullivan
Email Address:	jsullivan@pennyroyalcenter.org
Telephone Number:	270 886-2205

Facility PREA Compliance Manager	
Name:	Julianna Dejesus
Email Address:	jdejesus@pennyroyalcenter.org
Telephone Number:	O: 270-886-2205
Name:	Kara Schroader
Email Address:	kschroader@pennyroyalcenter.org
Telephone Number:	O: 270-885-2902

Facility Health Service Administrator On-Site	
Name:	Angie Jones
Email Address:	ajones@pennyroyalcenter.org
Telephone Number:	270 885-2902

Facility Characteristics	
Designed facility capacity:	100
Current population of facility:	50
Average daily population for the past 12 months:	58
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Females
Age range of population:	> 18
Facility security levels/resident custody levels:	Community Confinement
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:	1
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

AGENCY INFORMATION	
Name of agency:	Pennyroyal Center Behavioral Healthcare
Governing authority or parent agency (if applicable):	
Physical Address:	3999 Fort Campbell Boulevard , Hopkinsville, Kentucky - 42240
Mailing Address:	
Telephone number:	

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

Agency-Wide PREA Coordinator Information			
Name:	Holly Perez-Knight	Email Address:	hknight@pennyroyalcenter.org

SUMMARY OF AUDIT FINDINGS	
<p>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.</p> <p>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.</p>	
Number of standards exceeded:	
2	<ul style="list-style-type: none"> • 115.211 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator • 115.231 - Employee training
Number of standards met:	
39	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2021-12-07
2. End date of the onsite portion of the audit:	2021-12-07

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:	The auditor conducted outreach to Sanctuary, Inc. and a general search of public information that could determine facility and agency compliance.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	100
15. Average daily population for the past 12 months:	58
16. Number of inmate/resident/detainee housing units:	40
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:	50
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:	0
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:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	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:	0
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	5
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

<p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>The Master Resident Census List for 12/03/2021 indicated 50 residents present on the first day of the audit. Based on a conversation with the PREA Coordinator, one resident disclosed a sexual orientation of lesbian, gay or bisexual, and there were no transgender or intersex residents. Five residents disclosed prior sexual victimization during the risk screening, one had a cognitive disability, none with limited English proficiency, and none reported a PREA allegation. The facility does not have segregation. The auditor selected 16 residents for interviews, including the seven identified from the targeted categories. Interviews were held in a private office in the administration area. The area was quiet and comfortable, with ample lighting. Each resident was interviewed based on the "Interview Guide for Residents" publication questions. Of the 16 residents interviewed, targeted populations included 5 - Reported Prior Victimization, 1- Cognitive Disability, and 1 - LGBT. The auditor selected all residents. All residents were very knowledgeable about the zero-tolerance policy and knew how and to whom to make a report of sexual abuse/harassment. They were all aware of the PREA Hotline available for anonymous calls and that Sanctuary, Inc. is the community service provider available to provide emotional support and counseling for victims of sexual abuse. Residents who disclosed prior sexual victimization during the screening were seen by medical within 72 hours and, upon referral, seen by a mental health professional within 14 days. All residents interviewed stated they were told about the PREA within the first few hours of arrival to the facility and remembered the screening being conducted initially and then sometime within the next month. Residents interviewed were quick to advise the auditor that sexual activity at the center is strictly prohibited, and they could be terminated from the program for violations of these policies. It was clear during the interviews that zero-tolerance for sexual abuse and sexual harassment is embedded in the culture at TCW. All residents appeared relaxed during their interviews and forthcoming about their experiences at the facility. They all expressed that they feel safe at the facility, well taken care of, and that staff is responsive and concerned about their well-being.</p>
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Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
<p>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>12</p>
<p>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>0</p>
<p>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>2</p>

<p>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</p>	<p>The facility has 13 full-time and 2 part-time staff positions. As of the audit, 10 full-time and 2 part-time positions were filled. There were 12 employees available during the site visit for interviews. Due to the small staffing size, many of the duties associated with the specialized interviews are shared among the few employees. The facility currently has no active volunteers approved to come into the facility because this is not a secure facility and residents attend services and programming offsite at will. One psychologist and one mental health counselor provide (contract) services at the facility and are employed by Pennyroyal Center. Three Housing Authority workers provided maintenance services at the facility as needed but do not have direct contact with residents.</p>
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INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>9</p>
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<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Age</p> <p><input type="checkbox"/> Race</p> <p><input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input checked="" type="checkbox"/> Length of time in the facility</p> <p><input checked="" type="checkbox"/> Housing assignment</p> <p><input checked="" type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>
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<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>The auditor selected a balanced number of residents from each phase of the program using a random number generator to ensure interviews included a reasonable sampling from each type of housing provided at the facility (open dormitory, multiple resident rooms, single rooms). Housing is dictated by the resident's time in the program and phase progress. The residents interviewed provided a representative sample of the total population by age, race, length of time at the facility, and housing assignment.</p>
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<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>No text provided.</p>
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Targeted Inmate/Resident/Detainee Interviews

58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	7
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	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).	The auditor selected a balanced number of residents from each phase of the program using a random number generator to ensure interviews included a reasonable sampling from each type of housing provided at the facility (open dormitory, multiple resident rooms, single rooms). Housing is dictated by the resident's time in the program and phase progress. The residents interviewed provided a representative sample of the total population by age, race, length of time at the facility, and housing assignment.
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:	1
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:	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.

<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 auditor selected a balanced number of residents from each phase of the program using a random number generator to ensure interviews included a reasonable sampling from each type of housing provided at the facility (open dormitory, multiple resident rooms, single rooms). Housing is dictated by the resident's time in the program and phase progress. The residents interviewed provided a representative sample of the total population by age, race, length of time at the facility, and housing assignment. The auditor observed the collective population and individual residents during the site visit in various settings (during meals, free/leisure time, group meetings, work details) and held informal conversations with multiple residents.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Facility staff indicated that no current residents were identified as deaf or hard-of-hearing. The auditor observed the collective population and individual residents during the site visit in various settings (during meals, free/leisure time, group meetings, work details) and held informal conversations with multiple residents. It was evident to the auditor that no residents were present who met this targeted category.</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Facility staff indicated that no current residents who were limited English proficient. The auditor observed the collective population and individual residents during the site visit in various settings (during meals, free/leisure time, group meetings, work details) and held informal conversations with multiple residents. It was evident to the auditor that no residents were present who met this targeted category.</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>1</p>

<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Facility staff indicated that no current residents disclosed identifying as lesbian, gay, or bisexual and the facility does not track this information. The auditor observed the collective population and individual residents during the site visit in various settings (during meals, free/leisure time, group meetings, work details) and held informal conversations with multiple residents. The auditor was not able to identify any residents present who met this targeted category.</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Facility staff indicated that no current residents reported an allegation of sexual abuse or harassment in this facility. The auditor observed the collective population and individual residents during the site visit in various settings (during meals, free/leisure time, group meetings, work details) and held informal conversations with multiple residents. The auditor was not able to identify any residents present who met this targeted category. No allegations had been reported by any of the 16 residents interviewed.</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>5</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>This facility is not a secure confinement facility and does not have segregated housing or procedures.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>

Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>7</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input type="checkbox"/> Shift assignment</p> <p><input type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>If "Other," describe:</p>	<p>This facility is not a secure facility and does not employ security staff. The staff is comprised of mostly administrative staff: Program Director; Program Coordinator; Operations Manager; Transitional Coordinator; Case Manager, SOS Coordinator; Housing Coordinator; (3) Substance Abuse Techs and (2) PRN staff for a total of (12). The Auditor interviewed all staff that was at the facility during the site visit, 12/13 (80%).</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<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>No text provided.</p>

Specialized Staff, Volunteers, and Contractor Interviews

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

75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	7
76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

<p>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</p>	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Agency contract administrator <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 <input type="checkbox"/> Line staff who supervise youthful inmates (if applicable) <input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable) <input checked="" type="checkbox"/> Medical staff <input checked="" type="checkbox"/> Mental health staff <input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches <input checked="" type="checkbox"/> Administrative (human resources) staff <input type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff <input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations <input checked="" type="checkbox"/> Investigative staff responsible for conducting criminal investigations <input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness <input type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation <input checked="" type="checkbox"/> Staff on the sexual abuse incident review team <input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation <input checked="" type="checkbox"/> First responders, both security and non-security staff <input checked="" type="checkbox"/> Intake staff <input type="checkbox"/> Other
<p>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</p>	<ul style="list-style-type: none"> <input type="radio"/> Yes <input checked="" type="radio"/> No
<p>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</p>	<ul style="list-style-type: none"> <input type="radio"/> Yes <input checked="" type="radio"/> No

<p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p>	<p>The auditor interviewed 12 facility staff, covering all shifts. These twelve staff included both random and specialized staff. Due to the small staffing size, many of the duties associated with the specialized interviews are shared among the few employees. Each person interviewed held duties that were related to a specialized interview protocol. It was necessary for the auditor to utilize the random staff interview questions with all staff and administer the related specialized staff questions related to their particular responsibilities. The facility currently has no active volunteers approved to come into the facility because this is not a secure facility and residents attend services and programming offsite at will. Interviews were held in a private office in the administration area. Specialized staff interviews were conducted for the following categories: agency contract administrator, medical and mental health staff, human resources staff, investigative staff, staff who perform risk screening, staff who conduct rounds, staff on the incident review team, designated staff charged with monitoring retaliation, first responders, and intake staff. There are no security staff positions as this is not a secure facility. Interviews collectively revealed that allegations of sexual abuse or sexual harassment at TCW are taken very seriously, and that staff understands their first responder duties as well as their reporting responsibility. In addition, they are aware of the consequences of violation of the zero-tolerance policy. They all indicated they received their PREA training at the time of hire and annually thereafter. The auditor interviewed at least one employee from every category of positions assigned to the facility, one executive staff designee, and two community providers. Staff interviews covered all shifts.</p>
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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.

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

<p>85. Reviewing/examining all areas of the facility in accordance with the site review component of the audit instrument?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>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)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>88. Informal conversations with staff during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>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).</p>	<p>The auditor arrived at 8:00 a.m. on December 7, 2021, and met with Holly Perez-Knight, Program Director/PREA Coordinator, Kara Schroader, Operations Manager/PREA Compliance Manager, and Julianna DeJesus, Lead Substance Use Tech/Alternate Compliance Manager. An overview was presented of the facility operations and then the team took the auditor for a full tour of the facility and made staff introductions. The auditor spoke with a variety of staff and clients informally during the facility tour. Staff interviews began directly after the tour and resident interviews were conducted after lunch. During the site visit, the auditor observed placements of audit notices and found them to be posted throughout the facility in areas that are frequented by staff and residents. The auditor also confirmed during resident and staff interviews that they were aware of the audit notices and their ability to correspond with the auditor.</p> <p>Trilogy Center for Women (TCW) is a 100-bed recovery program for women. The program is designed to provide a safe environment to assist women through recovery from drugs and alcohol addiction. TCW is an adult community confinement facility housing adult, female residents. TCW is located at 100 Trilogy Avenue, Hopkinsville, KY 42240. TCW is an affiliate of Pennyroyal Center. Their mission is "to be the standard of excellence by planning and providing person-centered services in behavioral health, substance use, and intellectual and developmental disabilities for all citizens within our region."</p> <p>The website for TCW is located at https://pennyroyalcenter.org/services/residential-treatment/ and contains the following PREA Statement: "The Trilogy Center for Women TCW has a zero-tolerance policy toward all forms of sexual abuse or sexual harassment between any client, staff, volunteers, contractors or visitors. Anonymous or third-party reports may be made by calling the PREA hotline toll-free at 1-833-362-PREA (7732). All reports of sexual abuse or sexual harassment shall be administratively investigated by specially trained TCW investigators. Allegations of sexual abuse will be referred to the Kentucky Department of Corrections and Kentucky State Police for investigation and potential prosecution. All substantiated allegations of sexual abuse or sexual harassment will result in the appropriate disciplinary actions taken against the employee, contractor, volunteer, or resident, and where appropriate, will be referred for prosecution. The website had a Final PREA report posted for 2015 and 2019. Clients are not incarcerated individuals, and this is not a secure facility. The age range of the population is 18+ and the average length of stay is between 6-9 months.</p> <p>Food is prepared by the residents under the general supervision of staff and recreation is self-led. Most of the residents' time is occupied in recovery-oriented programming, either in group settings or individual studies. No religious services are provided by the facility; however, residents can attend outside services of their choosing. Medical and mental health services are provided by local community providers, as needed; additionally, Pennyroyal Center provides services of a Psychologist and a mental health counselor at the TCW. Jenny Stuart Medical Center/Community Medical Clinic is the primary medical service provider. The local hospital</p>

providing SANE services is Jenny Stuart Medical Center which has a SANE on-call 24/7. Victim support services are provided by Sanctuary, Inc.

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

Documentation Sampling

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

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.).

The auditor reviewed relevant documents provided by the facility and on the agency website in addition to the PAQ and supporting documents uploaded. Using the PREA Compliance Audit Instrument and the Checklist of Documents during the review of the PAQ, a list was prepared for review during the on-site portion of the audit. Other documents reviewed will be referenced in the discussion associated with the individual standards. Throughout the audit, an extensive document review was conducted including personnel records and resident files. Various policies, forms, contracts, and additional working documents were reviewed, evaluated, and triangulated against information obtained from interviews and personal observations during the site visit, which were instrumental in determining agency and facility compliance with the PREA Standards. TCW is subject to Recovery Kentucky (RKY) and Kentucky DOC (KY DOC) policies and both are referenced and adhered to according to their applicability to the program. Included below is the list of governing policies that will be referenced throughout the audit report and are annotated throughout this report using only the policy name, as the policies are not numbered. This list is not intended to be exhaustive but outlines the core policy documents used in the evaluation process:
RKY Policy: Compliance with Prison Rape Elimination Act (PREA)
KY DOC CPP 9.8, Search Policy
RKY Communications with Persons with Limited English Proficiency
KY DOC CPP 14.7, Sexual Abuse Prevention and Intervention Programs
KY DOC CPP 14.8, Lesbian, Gay, Bisexual, Transgender, and Intersex Offenders

The auditor's search for state mandatory reporting laws found that Ky.Rev.Stat. 600.020, 620, and Ky.Rev.Stat. 209 states that everyone, excluding attorney-client and clergy-penitent, must report child abuse, dependency, neglect, and vulnerable adult abuse or neglect to the Statewide Abuse Reporting Hotline. TCW is not a juvenile facility and does not house individuals under the age of 18. The auditor conducted outreach to advocacy organizations and a general search of public information that could determine facility and agency compliance. A web search discovered no articles related to sexual abuse or sexual harassment of residents. No relevant litigation, no DOJ involvement, no federal consent decrees, nor local oversight were discovered during the search. Interviews with the Program Director/CEO designee confirmed no consent decrees or oversight exists.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

You indicated that you are unable to provide information for one or more of the fields above. Explain why this information could not be provided.

There were no allegations reported, therefore, there is no status information available.

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	x	x	x	x
Staff-on-inmate sexual abuse	x	x	x	x
Total	x	x	x	x

You indicated that you are unable to provide information for one or more of the fields above. Explain why this information could not be provided.

There were no allegations reported, therefore, there is no status information available.

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	x	x	x	x	x
Staff-on-inmate sexual harassment	x	x	x	x	x
Total	x	x	x	x	x

You indicated that you are unable to provide information for one or more of the fields above. Explain why this information could not be provided.

There were no allegations reported, therefore, there is no status information available.

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	x	x	x	x
Staff-on-inmate sexual harassment	x	x	x	x
Total	x	x	x	x

You indicated that you are unable to provide information for one or more of the fields above. Explain why this information could not be provided.

There were no allegations reported, therefore, there is no status information available.

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

0

a. Explain why you were unable to review any sexual abuse investigation files:

There were no allegations of sexual abuse, nor sexual harassment during the audit period.

<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files) </p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any 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 type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) </p>
<p>Staff-on-inmate sexual abuse investigation files</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 <input type="radio"/> No <input checked="" 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 <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files) </p>
<p>Sexual Harassment Investigation Files Selected for Review</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>There were no allegations of sexual abuse, nor sexual harassment during the audit period.</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 <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files) </p>
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Inmate-on-inmate sexual harassment investigation files

<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
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<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) </p>
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<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) </p>
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Staff-on-inmate sexual harassment investigation files

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

DOJ-certified PREA Auditors Support Staff

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

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

<p>121. Who paid you to conduct this audit?</p>	<p><input checked="" type="radio"/> The audited facility or its parent agency</p> <p><input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p>
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Standards**Auditor Overall Determination Definitions**

- Exceeds Standard
(Substantially exceeds requirement of standard)

- Meets Standard
(substantial compliance; complies in all material ways with the stand for the relevant review period)

- Does Not Meet Standard
(requires corrective actions)

Auditor Discussion Instructions

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

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 318">Evidence Reviewed: RKY PREA Policy; Organizational Chart; Observations During Site Visit; Interviews.</p> <p data-bbox="229 318 1509 542">115.211(a): Trilogy Center for Women (TCW) has zero tolerance toward all forms of sexual assault and sexual harassment. TCW is a part of the Recovery Kentucky (RKY) network and follows the RKY Compliance with Prison Rape Elimination Act (PREA) Policy. This policy outlines the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents. The auditor's personal observations during the site visit and the interview with the PREA Coordinator confirmed the implementation of these measures at TCW.</p> <p data-bbox="229 542 1509 855">115.211(b): A review of the TWC's organization chart identifies Program Director, Holly Perez-Knight as the agency PREA Coordinator. She reports directly to the Director of Substance Abuse Services, Jessica Sullivan who reports to the CEO, Ashley Boze. The PREA Coordinator indicates that she has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards. Kara Schroader, Operations Manager serves as the facility PREA Compliance Manager and also indicates that she has sufficient time and authority to oversee the facility's efforts to comply with the PREA standards. The facility identified an Alternate PREA Compliance Manager, Julianna DeJesus, who also participated in the audit process. Because the facility has designated both a PREA Coordinator and Compliance Manager and a backup, TCW has exceeded the requirements of this provision.</p> <p data-bbox="229 855 1509 949">Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions and has exceeded the requirements of this standard.</p>

115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Interviews.</p> <p>115.212(a)(b)(c): Pennyroyal Center Behavioral Healthcare, TWC does not contract with any other entity for the confinement of residents, therefore these provisions are not applicable.</p> <p>Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance through non-applicability with all provisions of this standard.</p>

115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 318">Evidence Reviewed: RKY PREA Policy; TCW staffing plan; Personal Observations During Site Visit; Interviews.</p> <p data-bbox="229 318 1509 595">115.213(a)(c): The RKY PREA policy states that each RKY center shall develop a staffing plan that provides for adequate levels of supervision to protect residents against sexual abuse. This plan shall be reviewed at least once per year and approved by DOC as part of DOC's semi-annual inspection of the center. A review of the current staffing plan confirms that the facility has developed a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring to protect residents against sexual abuse. The average number of residents at TCW for the twelve months prior to the audit was 58. The average daily number of residents on which the staffing plan was predicated is 100. The staffing plan is reviewed, at least annually, and documented in meeting minutes.</p> <p data-bbox="229 595 1509 730">115.213(b): The facility has indicated that no deviations have been made from the current staffing plan. The facility is required by contract to maintain a minimum of two staff on at all times. There is never a time when the facility drops below this staffing. This was confirmed through interviews with the PREA Coordinator and random staff and resident interviews.</p> <p data-bbox="229 730 1509 815">Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 318">Evidence Reviewed: RKY PREA Policy; PREA Checklist; KY DOC CPP 9.8; Observations During Site Visit; Interviews.</p> <p data-bbox="229 318 1509 434">115.215(a)(b)(c)(f): Pat searches, frisk searches, and strip searches of residents are strictly prohibited at TCW. This is not a secure facility and body searches are not conducted. This was confirmed by the auditor through interviews with staff and residents. Staff is not trained on searches because searches are never conducted at the facility.</p> <p data-bbox="229 434 1509 640">115.215(d): RKY PREA Policy states that residents shall be provided facilities that enable them to shower, perform bodily functions, and change clothing in a private area. A staff member of the opposite gender shall announce his or her presence before entering a restroom area or resident's apartment. Based on interviews with staff and residents and observations during the site visit, all staff knock and announce their presence before entering a restroom or a resident's apartment. All bathroom areas have doors for privacy.</p> <p data-bbox="229 640 1509 703">115.215(e): Any knowledge obtained about a resident's genital status would occur through self-disclosure only.</p> <p data-bbox="229 703 1509 781">Based on the auditor's review of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	<p data-bbox="231 197 1508 257">Auditor Discussion</p> <p data-bbox="231 257 1508 347">Evidence Reviewed: RKY PREA Policy; Policy and Procedures for Communications with Persons with Limited English Proficiency; KY DOC CPP 14.7; Observations During Site Visit; Interviews.</p> <p data-bbox="231 347 1508 660">115.216(a): RKY PREA Policy states that upon admission to the RKY Center, residents will receive education including but not limited to the following: zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, expectations for appropriate behavior, residents' rights, how to access support services, etc. This material shall be presented to the resident in both verbal and written form with special consideration for those who have limited reading ability or who are hearing and/or vision impaired or with limited English proficiency. Staff interviews revealed that there have been no residents who have had vision or hearing impairments at the facility. However, staff did indicate that when a resident has difficulty reading or comprehending the information, staff will take extra time to cover the information in detail to ensure the resident has an opportunity to understand it.</p> <p data-bbox="231 660 1508 862">115.216(b): In addition to the PREA policy, the facility has a policy regarding communications with persons with limited English proficiency that outlines the identification of LEP offenders and their language; obtaining a qualified interpreter; providing written translations; providing notices to LEP offenders; and monitoring language needs. Interviews with staff indicated that there have been no LEP residents at the facility. The facility is prepared to work with the referring agency to ensure that translation and/or interpreter services are coordinated with the referring agency should there be a need.</p> <p data-bbox="231 862 1508 1041">115.216(c): TCW follows the KY DOC CPP 14.7 which states that the use of offender interpreters for assistance in offender education on aspects of the department's efforts to prevent, detect and respond to sexual abuse and sexual harassment shall be prohibited except in circumstances where extended delays in obtaining an effective interpreter could compromise the offender's safety. TCW indicated no such interpretations occurred.</p> <p data-bbox="231 1041 1508 1120">Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

115.217	Hiring and promotion decisions
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1027 300">Evidence Reviewed: RKY PREA Policy; Employee Personnel Files; Interviews.</p> <p data-bbox="240 336 1493 734">115.217(a)(b)(f): The RKY PREA Policy states that prior to employment, all RKY center employees will submit to a routine background check. The check shall be conducted using NCIC data if possible. Background checks will be used to screen for prior convictions for sex offenses. Criminal background check requests will be performed every five years. Prior to hiring, the RKY center will also make a reasonable attempt to determine if the candidate has been civilly or administratively adjudicated to have engaged in inappropriate sexual conduct as described in the PREA standard. Contact with prior institutional employers will be made if applicable. Applicants will also be asked about previous misconduct. TCW shall not hire or promote anyone who has violated sections 1-3 of this standard. Interviews with the HR Manager and Program Director confirmed that incidents regarding sexual harassment for new hires, promotions, contractors, or volunteers will be reviewed on a case-by-case basis. The Auditor reviewed twelve completed employee questionnaires that ask applicants and employees who may have contact with residents directly about previous misconduct and the form advises employees that they have a continuing affirmative duty to disclose any such misconduct. The agency imposes upon employees a continuing affirmative duty to disclose any such misconduct and this was confirmed through staff interviews.</p> <p data-bbox="240 770 1477 936">115.217(c): The facility indicates that in the past twelve months, they have not hired any new employees. The auditor reviewed personnel records for eight randomly selected employees and they all had a completed background check performed as required. The facility indicated that everyone who is hired is a prior client. The interview with the HR Manager confirms that, if an employee has prior institutional employment history, substantiated cases of sexual harassment would be considered.</p> <p data-bbox="240 972 1445 1034">115.217(d): The facility provided confirmation that a criminal background check was conducted on the two mental health contractors before enlisting their services.</p> <p data-bbox="240 1070 1490 1196">115.217(e): Agency policy requires that criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with residents. A review of personnel records for TCW revealed that not all employees had a five-year background check. The facility put a correction action in place to ensure that five-year background checks are completed and all employees now have a current background check.</p> <p data-bbox="240 1232 1474 1330">115.217(g): Based on interviews with the HR Manager and Program Director, the agency considers material omissions regarding misconduct described in provision (a) of this standard, or the provision of materially false information, grounds for termination. There have been no instances of employee termination for this cause.</p> <p data-bbox="240 1366 1474 1491">115.217(h): Interview with the HR Director and Facility Director confirmed that the facility will provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. There were no requests made in the twelve months prior to the audit.</p> <p data-bbox="240 1527 1461 1590">Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Personal Observations During Site Visit; Interviews.</p> <p>115.218(a)(b): The facility indicates that they have not acquired a new facility, made a substantial expansion or modification to existing facilities. The facility indicated that they did install a camera system since the last PREA audit. This camera placement in isolated areas helps the facility to prevent, detect or respond to incidents of sexual harassment and sexual abuse. The facility has a total of 35 cameras. The Operations Manager/PREA Compliance Manager and the Program Director/PREA Coordinator have access to the cameras. The Auditor observed the placement of these cameras and found them to be sufficient in covering blind spots and aiding with keeping residents and staff safe.</p> <p>Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

115.221	Evidence protocol and forensic medical examinations
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1453 331">Evidence Reviewed: RKY PREA Policy; KY DOC CPP 14.7; MOU between KY DOC and Kentucky Association of Sexual Assault Programs (KASAP); Observations During Site Visit; Interviews.</p> <p data-bbox="240 367 1477 533">115.221(a): RKY PREA Policy states that allegations of sexual abuse and sexual harassment shall be promptly, thoroughly, and objectively investigated. Sexual abuse investigations alleging force, coercion, or possible criminal behavior shall be conducted by specially trained investigators from the Kentucky Department of Corrections, Kentucky State Police, or other law enforcement agency. Administrative investigations are conducted by the facility, and TCW follows the Kentucky DOC policy 14.7, which includes a uniform evidence protocol.</p> <p data-bbox="240 568 1485 667">115.221(b): The TCW is responsible for administrative investigations of allegations of sexual harassment; any abuse allegations will be referred to the local law enforcement agency or state police as applicable and any referring agency for the resident(s) involved.</p> <p data-bbox="240 703 1493 967">115.221(c): The TCW adheres to the KY DOC CPP 14.7 which requires that the Medical Department shall promptly make arrangements for the alleged victim to be transported to an outside facility for an examination that may include: a collection of forensic evidence, testing for sexually transmitted diseases, prophylactic treatment, follow-up, and mental health assessment. Current and previous victims of sexual abuse shall receive any medical and mental health services related to the sexual abuse at no cost to the offender. The auditor's interview with the SOS Coordinator/RN confirmed that all such services would be provided by community service providers and not at the facility. These services will be provided at the Jenny Stuart Medical Center, where the auditor confirmed a SANE is on-call 24/7. A review of incidence data and interviews confirms that no incidents occurred which would warrant a forensic examination within the audit period.</p> <p data-bbox="240 1003 1493 1236">115.221(d)(e): The auditor's review of the MOU between the KY DOC and KASAP determined that residents are provided with confidential emotional support services related to sexual abuse. In the event that an incident occurs, the resident will be provided with a toll-free phone number for services. An interview with the Kentucky DOC PREA Coordinator confirms that these services are available for any resident of an RKY center regardless of whether they are under DOC supervision or not. A victim advocate, qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.</p> <p data-bbox="240 1272 1481 1406">115.221(f): There has been no sexual abuse investigation at the facility in the twelve months prior to the audit. However, the PREA Coordinator explained that once a case is turned over to the Interviews with the local law enforcement or state policy, as applicable, she would request that the external agency investigate the case in accordance with CFR §115.71/§115.21, and would attempt to stay updated on the status of the case in coordination with any referring agency.</p> <p data-bbox="240 1442 1469 1500">115.221(h): Interview with the PREA Coordinator and the established MOU provides that the facility always makes a victim advocate from a rape crisis center available to victims, therefore this provision is not applicable.</p> <p data-bbox="240 1536 1461 1594">Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

115.222	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 367">Evidence Reviewed: RKY PREA Policy; KY DOC CPP 14.7; Kentucky State Police Policy, General Order OM-C-1; Web Search; Website Search; Interviews.</p> <p data-bbox="229 367 1509 703">115.222(a)(b): The RKY PREA Policy indicates that all allegations of sexual abuse and sexual harassment shall be promptly, thoroughly, and objectively investigated. Sexual abuse investigations alleging force, coercion, or possible criminal behavior shall be conducted by specially trained investigators from the Kentucky Department of Corrections, Kentucky State Police, or other law enforcement agency. The facility indicates that no allegations were administratively or criminally investigated and completed because there were no allegations reported within twelve months prior to the audit. Interviews with the PREA Coordinator and PREA Compliance Manager confirmed that any allegations of a criminal nature will be reported to the local law enforcement or state police immediately and the referring agency, as appropriate. A review of https://pennyroyalcenter.org/ found the facility's policy to investigate all allegations of sexual abuse and sexual harassment. Additionally, a review of the KY DOC website confirmed that the PREA policy, KY DOC CPP14.7, is published.</p> <p data-bbox="229 703 1509 837">115.222(c): Based on the cooperative agreement between RKY and Kentucky DOC, TCW is encompassed as part of the response coordination with KSP. The auditor reviewed the Kentucky State Police Policy, General Order OM-C-1, Criminal Investigations & Reports and found that it outlines the responsibilities of the investigating entity.</p> <p data-bbox="229 837 1509 916">Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

115.231	Employee training
	Auditor Overall Determination: Exceeds Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 318">Evidence Reviewed: RKY PREA Policy; RKY PREA Training; Employee Files; Observations During Site Visit; Interviews.</p> <p data-bbox="229 318 1509 672">115.231(a)(c)(d): The RKY PREA policy states that all new employees, volunteers, interns, and persons affiliated with the RKY Center and its residents on a regular or recurring basis will receive training regarding PREA standards, laws, and RKY policies related to Code of Ethics and Dual Relationships. Refresher training occurs on an annual basis. Training is tailored to be gender-specific to the facility. Completion of the training is to be documented by employee signature attesting that they have received and understand the training material. The auditor's review of the training module confirms it includes how employees are to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response. The Auditor reviewed employee training 5 files and 5/5 (100%) had signed acknowledgments of training. Interviews determined that everyone had received training in which they understood and they were able to articulate all aspects of the training. Files revealed that refresher training is delivered and documented annually which is beyond the requirement of provision (c).</p> <p data-bbox="229 672 1509 801">115.231(b): The RKY PREA policy states that training shall be tailored to be gender-specific to the facility. The auditor's review of the training curriculum confirmed that it is appropriate to the gender of the facility. An employee would not be eligible to transfer from another RKY facility based on the auditor's interviews with the Program Director/PREA Coordinator.</p> <p data-bbox="229 801 1509 916">Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard and exceeded provision (c).</p>

115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 190 1509 250">Auditor Discussion</p> <p data-bbox="229 250 1509 311">Evidence Reviewed: RKY PREA Policy; RKY PREA Training; Contractor File; Interviews.</p> <p data-bbox="229 311 1509 759">115.232(a)(b)(c): RKY PREA Policy states that all new employees, volunteers, interns, and persons affiliated with the RKY Center and its residents on a regular or recurring basis will receive training regarding PREA standards, laws, and RKY policies related to Code of Ethics and Dual Relationships. Based on the auditor's interviews with the Program Director/PREA Coordinator the contractors and volunteers receive the same training as employees, including notification of the facility's zero-tolerance policy. The facility indicated that they have five contractors and no volunteers approved to work in the facility within the audit period. Two mental health professionals are employed by Pennyroyal Center and training acknowledgment forms were provided for both indicating they have received their basic PREA training. The three maintenance workers are employed by the Housing Authority and are only at the facility to conduct repairs or preventive maintenance; signed acknowledgment forms were provided for all three workers to confirm they have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed of how to report incidents. These maintenance workers have no direct contact with residents. Residents are allowed to leave the center and attend programming traditionally delivered in a facility by external volunteers.</p> <p data-bbox="229 759 1509 848">Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

115.233	Resident education
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 453 237">Auditor Discussion</p> <p data-bbox="242 273 1485 331">Evidence Reviewed: RKY PREA Policy; Trilogy Policy & Procedure for Providing Meaningful Communication; PREA Brochure English & Spanish; Resident Training Records; Zero-Tolerance Posters; Observations During Site Visit; Interviews.</p> <p data-bbox="242 371 1485 698">115.233(a): RKY PREA policy indicates that upon admission to the RKY Center, residents will receive education including but not limited to the following: zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, expectations for appropriate behavior, residents' rights, and how to access support services. Residents and staff who report sexual abuse or harassment shall be protected from retaliation. In the twelve months prior to the audit, the facility indicates that 137 residents received this information during intake. The auditor reviewed training records for 16 residents randomly selected, indicating that training was received and understood. Additionally, these same 16 residents were interviewed and they were found to be knowledgeable about the information delivered during the PREA training. Intake is conducted in a private setting and the SOS Coordinator/RN meets with each new intake within 24 hours of arrival to discuss any medical or mental health needs that may need a referral to a provider. There were no intakes during the site visit.</p> <p data-bbox="242 739 1406 797">115.233(b): The facility indicates that residents are not transferred between facilities; therefore, the facility meets this standard through non-applicability.</p> <p data-bbox="242 837 1485 1034">115.233(c)(d): RKY PREA policy indicates that the training material shall be presented to the resident in both verbal and written form with special consideration for those who have limited reading ability or who are hearing and/or vision impaired or with limited English proficiency. The policy also states that documentation of such training shall be maintained in the resident file. There were no residents that met the criteria for LEP, nor any resident disabilities that would require specialized training in the program within the audit period. Interviews with intake staff indicated they are aware of how to access additional services to ensure effective communication with any new arrival or existing resident who may require services.</p> <p data-bbox="242 1075 1485 1169">115.233(e): The agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats. During the site visit and through interviews with staff and residents, the auditor confirmed such education is available through the required formats and accessible.</p> <p data-bbox="242 1209 1461 1267">Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 367">Evidence Reviewed: RKY PREA Policy; Specialized Training: Investigating Sexual Abuse in Confinement Settings Curricula; PREA Visit Checklist; Interviews.</p> <p data-bbox="229 367 1509 479">115.234(a): The RKY PREA Policy states that sexual abuse investigations alleging force, coercion, or possible criminal behavior shall be conducted by specially trained investigators from the Kentucky Department of Corrections, Kentucky State Police, or other law enforcement agency. The facility is only responsible for performing administrative investigations.</p> <p data-bbox="229 479 1509 748">115.234 (b)(c): A review of the Specialized Training Curricula reveals that the training includes material regarding PREA Updates and Standards Overview; Legal Issues and Liability; Culture; Trauma and Victim Response; Medical and Mental Health Care; First Response and Evidence Collection; Adult Interviewing Techniques; Juvenile Interviewing Techniques; Report Writing and Prosecutorial Collaboration. Collectively, these topics cover all requirements of provision (b). TCW indicates that three employees are specially trained to conduct administrative investigations and provided certificates confirming completion of the required training. Interviews with these three investigators confirm a thorough knowledge of their responsibilities as facility investigators.</p> <p data-bbox="229 748 1509 840">Based on the auditor’s review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 318">Evidence Reviewed: Organizational Chart; Training Records; Training Curriculum; Interviews.</p> <p data-bbox="229 318 1509 600">115.235(a)(b)(c)(d): TCW has one RN assigned to the facility and two mental health staff employed by Pennyroyal Center who provide services to residents as needed at the facility. The facility does not provide medical services, only triages and makes referrals to community providers. The facility provided records indicating that all three employees have received the required specialized and basic PREA training. Interviews and auditor's review of the curriculum confirmed the training included how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse; and how and to whom to report allegations of sexual abuse and harassment. Forensic medical examinations are not conducted at the facility.</p> <p data-bbox="229 600 1509 680">Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 318">Evidence Reviewed: RKY PREA Policy; Screening Instrument; Resident Files; Interviews.</p> <p data-bbox="229 318 1509 595">115.241(a)(c)(d)(e): RKY PREA Policy states that residents shall be assessed for risk of sexual abuse victimization or predatory behaviors within 72 hours of admission using a validated risk assessment tool. The facility reports that all residents entering the facility were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility. A review of the screening instrument used by the facility confirms that the facility considers provision (d)1-9, of this standard. The auditor reviewed 16 files randomly selected and found risk screenings were conducted on all 16. Of the files reviewed all were completed within 72 hours. Interviews with staff and residents confirmed these assessments are conducted in accordance with the policy and standard requirements and using the objective instrument.</p> <p data-bbox="229 595 1509 770">115.241(f)(g): RKY PREA policy states that residents may also be re-assessed within 30 days based on any relevant additional information. The auditor's review of the 16 resident files found that 30-day reassessments were conducted. The Interview with the Program Director/PREA Coordinator confirmed that a resident's risk level will be reassessed due to a referral, a request, an incident of sexual abuse, and receipt of any additional relevant information. The facility indicates no cases where such reassessments were required.</p> <p data-bbox="229 770 1509 869">115.241(h): Interviews with staff and residents confirmed that residents are not disciplined for refusing to answer screening questions or for not disclosing complete information.</p> <p data-bbox="229 869 1509 1061">115.241(i): Access to information obtained during the assessment is limited to staff necessary to make program and housing placement decisions. Sensitive information such as medical history and screening information obtained is kept in a separate file in the SOS Coordinator/RN's office and is restricted to staff with a need to know the information. The auditor observed during the file review process that there is a general resident file that contains the education and other general information and a separate file that contains the sensitive information.</p> <p data-bbox="229 1061 1509 1173">Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

115.242	Use of screening information
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1469 331">Evidence Reviewed: RKY PREA Policy; Screening Instrument; KY DOC 14.8 LGBTI Policy; Observations During Site Visit; Interviews.</p> <p data-bbox="240 398 1493 824">115.242(a)(b): RKY PREA Policy states that information obtained from the risk assessment shall be used to determine appropriate housing and/or bed placement or appropriateness for an RKY program. The Interview with the PREA Coordinator determined that any risk assessment indicating a risk for sexual abuse of a particular resident is weighed into the decision for housing and program placement. Trilogy has a code on the headcount that says ARV or ARP. Any information obtained from the risk screening instrument that indicates a resident may be at high risk for sexual victimization or abusiveness is immediately addressed. All residents are housed in an open dormitory setting under direct supervision for the first two phases of the program. The facility is a peer support housing facility and resident behaviors are monitored not only by staff but also by peer monitors. Once a resident is assigned to a room through the housing coordinator, an assessment for compatibility is made by the Housing Coordinator with input from the SOS Coordinator/RN and the Program Director/PREA Coordinator. The residents' own concerns about safety and roommate assignments are taken into consideration when making housing decisions and if incompatibility arises, then the Housing Coordinator assists the resident in changing roommates. Based on interviews with 16 residents, TCW provides a safe environment and all residents felt comfortable in their housing assignments.</p> <p data-bbox="240 869 1485 1093">115.242(c)(d): The facility indicated that no transgender or intersex individuals have been received at TCW. All showers are private. Interviews revealed that an individual's safety concerns will be considered when determining housing, bed, and work assignments for all residents. The Housing Coordinator explained that she places in housing arrangements taking many factors into consideration, especially any concerns of the individual. Interviews with the Program Coordinator and PREA Compliance Manager indicated that should it become known to them of a transgender/intersex individual entering the program, decisions will be made based on an individual basis, taking into consideration safety concerns of the individual and all residents. Coordination of placement would be handled in collaboration with any referring agency.</p> <p data-bbox="240 1137 1222 1164">115.242(e): All residents are able to shower privately and separately from other residents at TCW.</p> <p data-bbox="240 1205 1422 1263">115.242(f): TCW has no dedicated wings and residents are not housed according to their sexual orientation or gender identity.</p> <p data-bbox="240 1303 1461 1361">Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 1449 331">Evidence Reviewed: RKY PREA Policy; PREA Reporting Hotline Poster English & Spanish; PREA Brochure English and Spanish; Observations During Site Visit; Interviews.</p> <p data-bbox="240 371 1485 734">115.251(a)(b): RKY PREA Policy states that residents shall be provided multiple internal ways to privately report sexual abuse incidents. Residents shall also have at least one way to report incidents to an outside agency. A resident or third party may report a sexual offense verbally or in writing. Reports may be made anonymously. They shall report any retaliation against someone who has reported such an incident. They shall also report any knowledge of staff who neglect to report the above incidents. A review of the PREA Brochure reveals that residents are informed on the multiple ways to report sexual abuse or sexual harassment. The Kentucky DOC reporting hotline is available as an outside agency to any resident of the TCW and allows the reporter to remain anonymous upon request. Interviews with residents confirmed that there are no communication restrictions for outside contact, and whenever they are permitted to use the phone when they ask. The auditor placed a test call to the Kentucky DOC hotline and spoke with an investigator who confirmed that callers could remain anonymous and that allegations of sexual abuse or harassment reported through this line would be forwarded to the facility's PREA Coordinator and the DOC PREA Coordinator's Office.</p> <p data-bbox="240 775 1481 969">115.251(c): RKY PREA Policy states that staff members shall immediately report to their supervisor all knowledge, suspicions, or information of an incident of a sexual offense within a Kentucky or other correctional facility. The facility states that all reports are required to be documented within 24 hours. Staff members may also make reports to the PREA hotline. Interviews with staff confirmed their knowledge of the requirement to accept reports made verbally, in writing, anonymously, and from third parties and the requirement to document verbal reports. The facility indicates that there have been no reports of sexual harassment or sexual abuse of a resident during the audit period.</p> <p data-bbox="240 1010 1469 1133">115.251(d): Staff may also use the Kentucky DOC PREA hotline to make a private report. Interviews with staff indicate that they are aware they may use any of the reporting methods available to the residents for making a report privately if they felt the need to do so; however, they all understood their duty to immediately report any suspicion of sexual abuse or harassment.</p> <p data-bbox="240 1173 1461 1234">Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

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

115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 210 453 237">Auditor Discussion</p> <p data-bbox="244 271 1485 331">Evidence Reviewed: Kentucky Association of Sexual Assault Programs (KASAP) MOU with KY DOC; KASAP Regional Map; Sanctuary Inc poster; Resident Education; Acknowledgement Form; Observations During Site Visit; Interviews.</p> <p data-bbox="244 371 1477 600">115.253(a)(b)(c): The facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse through the Kentucky Association of Sexual Assault Programs (KASAP). Posters providing contact information for Sanctuary, Inc. in Hopkinsville were observed in the resident housing units and common areas. The facility states that communications are not monitored and that the residents may communicate with these outside community services at will. Interviews with residents confirmed that they are all aware of these services, how to access them, and understand they are confidential. Based on the auditor's telephone call to the Sanctuary, Inc. these services are available to the residents at TWC, and limits of confidentiality will be discussed with any resident prior to services being provided.</p> <p data-bbox="244 640 1461 701">Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 210 453 237">Auditor Discussion</p> <p data-bbox="244 271 1441 331">Evidence Reviewed: RKY PREA Policy; PREA Hotline Posters; PREA Brochure; Web Search; Observations During Site Visit; Interviews.</p> <p data-bbox="244 371 1477 600">115.254(a): RKY PREA policy states that a resident or third party may report a sexual offense verbally or in writing. Reports may also be made anonymously. A review of the KY DOC website (https://corrections.ky.gov/About/Pages/Prison-Rape-Elimination-Act-(PREA).aspx) confirms that third-party reports can be made by reporting any incident of sexual abuse or sexual harassment involving an offender housed within a Department of Corrections facility, by calling the PREA Hotline toll free at 1-833-DOC-PREA (1-833-362-7732). The facility also has a method for 3rd Party Reporting listed on their public website at pennyroyalcenter.org.</p> <p data-bbox="244 640 1310 667">Based on review and analysis of the evidence, the facility has demonstrated compliance with this standard.</p>

115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 318">Evidence Reviewed: RKY PREA Policy; Kentucky Law KRS620; KRS209; Observations During Site Visit; Interviews.</p> <p data-bbox="229 318 1509 533">115.261(a): RKY PREA Policy states that staff members shall immediately report to their supervisor all knowledge, suspicions, or information of an incident of a sexual offense within a Kentucky or other correctional facility. They shall report any retaliation against someone who has reported such an incident. They shall also report any knowledge of staff who neglect to report the above incidents. Staff members may also make reports to the KY DOC PREA hotline. Interviews with staff indicated their awareness of their duty to immediately report all such information.</p> <p data-bbox="229 533 1509 770">115.261(b)(c): RKY PREA Policy states that all information in a report or investigation of a sexual offense shall be kept confidential except to the extent necessary to report to an appropriate supervisor, adequately investigate the incident, provide treatment, or make security or management decisions. An individual interviewed in the course of resolving the complaint shall be cautioned to treat the information as confidential. Breach of this confidentiality shall be grounds for disciplinary action. The auditor reviewed the resident acknowledgment forms that advise the resident of their limits to confidentiality and staff obligations to report. Medical and mental health services are not provided by the facility but by community service providers.</p> <p data-bbox="229 770 1509 1008">115.261(d): Kentucky law requires mandatory reporting of child abuse, neglect, and dependency (KRS 620) and the abuse, neglect, or financial exploitation of adults who have a physical or mental disability and are unable to protect themselves; this might include an elderly person (KRS 209). Reports are typically made to the Cabinet for Health and Family Services. The Cabinet, in turn, will investigate the allegation and is sometimes required to notify the appropriate law enforcement agency. TCW does not house residents under the age of 18 and there have been no incidents involving a vulnerable adult within the audit period.</p> <p data-bbox="229 1008 1509 1151">115.261(e): RKY PREA Policy states that notifications for the purpose of an investigation shall be immediately made to the designated facility investigator. In addition, all allegations of sexual assaults that involve potentially criminal behavior shall be referred for a criminal investigation to the Kentucky State Police and the referring agency if applicable.</p> <p data-bbox="229 1151 1509 1249">Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 318">Evidence Reviewed: RKY PREA Policy; Observations During Site Visit; Interviews.</p> <p data-bbox="229 318 1509 600">115.262(a): RKY PREA Policy states that if at any time it is learned that a resident is subject to a substantial risk of imminent sexual assault, immediate action shall be taken to protect the resident. The facility reports no incidents where the agency or facility determined that a resident was subject to a substantial risk of imminent sexual abuse within the audit period. Staff interviews confirmed that any knowledge or suspicion of a substantial risk of imminent sexual assault must be acted on immediately to ensure the safety of the individual, and the Program Director/PREA Coordinator would be notified for advisement and further instructions. Based on an interview with the Program Director/PREA Coordinator, alternative placements would be coordinated through the referring agency if a resident cannot be housed safely at the facility.</p> <p data-bbox="229 600 1509 680">Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 210 451 237">Auditor Discussion</p> <p data-bbox="244 271 754 297">Evidence Reviewed: RKY PREA Policy; Interviews.</p> <p data-bbox="244 338 1477 465">115.263(a)(b)(c)(d): Policy states that within 72 hours of receiving an allegation that a resident was sexually abused while confined at another facility, the RKY Center Director shall notify the Head of the facility where the alleged incident occurred. The notification shall be documented. All allegations received from other facilities shall be investigated. The facility indicates that they did not receive an allegation that a resident was abused while confined at another facility within the audit period.</p> <p data-bbox="244 506 1461 562">Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 453 237">Auditor Discussion</p> <p data-bbox="240 271 1166 297">Evidence Reviewed: RKY PREA Policy; KY DOC CPP 14.7; Training Curriculum; Interviews.</p> <p data-bbox="240 338 1485 499">115.264(a): The facility adopted the KY DOC CPP 14.7 policy for first responder protocols. Upon receiving the report, the staff on duty shall ensure the separation of the alleged victim and perpetrator and if possible secure and protect any crime scene to keep potential evidence in place for examination and investigation. If the crime scene cannot be secured, the crime scene shall be photographed or videotaped. The facility indicated no allegations of sexual abuse were received within the audit period.</p> <p data-bbox="240 539 1493 734">115.264(b): KY DOC CPP 14.7 states that if the incident occurred within the previous ninety-six (96) hours, the alleged victim and alleged perpetrator shall not take any actions that could destroy physical evidence which includes: washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating. The training curriculum provides staff with first responder instructions. The facility staff is responsible only for maintaining the crime scene until external investigators arrive to collect evidence. A review of the PREA training curriculum for the facility confirms that the information is discussed during training. Based on interviews with staff, they are all very knowledgeable about their responsibilities as first responders.</p> <p data-bbox="240 775 1461 835">Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 210 453 237">Auditor Discussion</p> <p data-bbox="244 271 1050 297">Evidence Reviewed: RKY PREA Policy; Coordinated Response Plan; Interviews.</p> <p data-bbox="244 338 1469 465">115.265(a): The RKY PREA Policy requires all RKY facilities to create an action plan unique to their facility. TCW has developed a written institutional plan to coordinate actions among staff first responders, community medical and mental health providers, investigators, and facility leadership. Interviews with staff indicate they are all aware of their individual and collective responsibilities in response to an allegation of sexual abuse.</p> <p data-bbox="244 506 1461 562">Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 318">Evidence Reviewed: Interviews.</p> <p data-bbox="229 318 1509 465">115.266(a): Based on the interview with the CEO's designee, the agency has not entered into or renewed any collective bargaining agreement or other agreement that would limit the agency's ability to remove alleged staff sexual abusers from contact with any residents when warranted.</p> <p data-bbox="229 465 1509 548">Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 210 453 237">Auditor Discussion</p> <p data-bbox="244 271 1150 297">Evidence Reviewed: RKY PREA Policy; PREA Visit Checklist; Monitoring Form; Interviews.</p> <p data-bbox="244 338 1481 633">115.267(a-e): RKY PREA Policy states that residents and staff who report sexual abuse or harassment shall be protected from retaliation. These residents and staff will be monitored for at least 90 days following a report. A member of the facility management staff will be designated to monitor the situation. Changes in housing assignments or work schedules may be necessary. Obligation to monitor can be terminated if it is determined that an allegation of retaliation is unfounded. TCW has three designated retaliation monitors: Holly Perez-Knight (Program Director/PREA Coordinator); Kara Schroader (Compliance Manager); Julianna Dejesus (Alternate Compliance Manager). The auditor's interview with the designated retaliation monitors confirmed that the required monitoring will be conducted if a report of sexual abuse or harassment is received and that there is zero-tolerance for retaliation at the facility. The facility reports that there were no retaliation incidents reported within the audit period.</p> <p data-bbox="244 674 1461 732">Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

115.271	Criminal and administrative agency investigations
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1286 300">Evidence Reviewed: RKY PREA Policy; KSP Memorandum; Interviews; Specialized Training; Interviews.</p> <p data-bbox="242 338 1485 667">115.271(a)(b): RKY PREA policy states that allegations of sexual abuse and sexual harassment shall be promptly, thoroughly, and objectively investigated. Sexual abuse investigations alleging force, coercion, or possible criminal behavior shall be conducted by specially trained investigators from the Kentucky Department of Corrections, Kentucky State Police, or other law enforcement agency. RKY center staff shall also receive specialized training in conducting investigations. The facility has three specially trained investigators. Based on interviews with the investigators, the auditor determined that they are aware of the requirement to conduct thorough, prompt, and objective investigations. Any allegation that appears to be criminal in nature will be immediately reported to the Kentucky State Police, and any applicable referring agency, for a criminal investigation. Based on interviews with the PREA Coordinator and the Compliance Manager, an investigation will be conducted on all allegations including third-party and anonymous reports. There were no reports, including third-party or anonymous, received during the audit period.</p> <p data-bbox="242 705 1485 1034">115.271(c)(d)(f)(h): The facility investigator is limited to administrative actions, but follows the KY DOC CPP 14.7 policy for gathering and preserving direct and circumstantial evidence when required. There were no administrative or criminal investigations conducted during the audit period to review. The auditor's interview with the investigators confirmed that the alleged victim, suspected perpetrator, and witnesses would be interviewed. A review for any prior complaints and reports of sexual abuse involving the suspected perpetrator would be conducted. The investigation would be documented in a written report that includes a description of the physical and testimonial evidence, the reasoning behind credibility assessments, the review of prior complaints and reports of sexual abuse involving the suspected perpetrator, and investigative facts and findings. All investigators explained that the facility would conduct no compelled interviews and would defer to the appropriate law enforcement agency. The administrative investigation includes efforts to determine whether staff actions or failures to act contributed to the incident being investigated.</p> <p data-bbox="242 1072 1469 1200">115.271(e): Interview with the investigators determined that the credibility of an alleged victim, suspect, or witness would be assessed on an individual basis and not on the basis of that individual's status as a resident or staff member. It was confirmed that the agency investigates allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding.</p> <p data-bbox="242 1238 1485 1433">115.271(g)(l): The facility staff does not conduct criminal investigations. Criminal investigations will be conducted by the KSP or local law enforcement agency. The auditor's review of a Memorandum from Kentucky State Police confirming all Troopers receive training in sexual abuse investigations during basic training, which is consistent with the requirements of §115.34. Interview with the Program Director confirms that should a case be turned over to an external law enforcement agency for investigation, the facility would attempt to stay in contact with the external investigator and any referring agency representative to remain informed about the case.</p> <p data-bbox="242 1471 1485 1666">115.271(i): RKY PREA Policy states that all case records associated with claims of sexual offenses, including incident reports, investigation reports, resident information, case disposition, medical and counseling evaluation findings, and recommendations for aftercare or counseling shall be retained in accordance with the records retention schedule. The PREA Coordinator explained all resident records will be maintained by the facility for a minimum of five years. The Records Request policy states that PREA records will be maintained by PREA standard 115.271 which was also confirmed during the interview with the PREA Coordinator.</p> <p data-bbox="242 1704 1485 1800">115.271(j): RKY PREA Policy states that the departure of the alleged perpetrator or victim from the employment or control of the facility or department shall not provide a basis for terminating an investigation. Additionally, this was confirmed through interviews with the investigators and the CEO designee.</p> <p data-bbox="242 1839 1461 1901">Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: RKY PREA Policy; KY DOC CPP 14.7; Interviews.</p> <p>115.272(a): TWC follows KY DOC CPP 14.7 which states no standard higher than a preponderance of the evidence shall be imposed in determining whether allegations of sexual abuse or sexual harassment are substantiated for administrative investigations, which was confirmed through interviews with the three investigators.</p> <p>Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

115.273	Reporting to residents
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1326 300">Evidence Reviewed: RKY PREA Policy; KY DOC CPP 14.7; KY DOC Notification to Victim Form; Interviews.</p> <p data-bbox="240 336 1453 564">115.273(a)(b)(c)(d): RKY PREA Policy states that alleged victims shall be informed when a report has been found to be substantiated, unsubstantiated, or unfounded, the alleged perpetrator is no longer housed at the RKY facility, the alleged perpetrator is no longer employed by or affiliated with the RKY facility, and/or the alleged perpetrator has been indicted or convicted. The duty to inform the alleged victim ends when the victim leaves the RKY program. The facility indicates no investigations were completed by the agency/facility within the audit period. The auditor's interview with the PREA Coordinator and the PREA Compliance Manager confirmed that they would follow the notification requirements of this standard utilizing the Kentucky DOC notification to victim form to document the notification.</p> <p data-bbox="240 604 1493 734">115.273(e): KY DOC CPP 14.7 states that following an investigation where the alleged victim has reported the case of sexual abuse, the alleged victim shall be informed within thirty days of the conclusion of the investigation. It shall be documented. There were no incidents of sexual abuse or harassment reported in the audit period therefore no such notification was required.</p> <p data-bbox="240 775 1461 833">Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 210 453 237">Auditor Discussion</p> <p data-bbox="244 271 756 297">Evidence Reviewed: RKY PREA Policy; Interviews.</p> <p data-bbox="244 338 1493 667">115.276(a)(b)(c)(d): RKY PREA policy states that staff shall be subject to disciplinary sanctions up to and including termination for violating RKY, DOC, or parent agency sexual harassment or sexual abuse policies. Criminal acts committed by staff, contractors, or volunteers shall be reported to law enforcement. Other violations of the code of ethics or dual relationship policies shall be reported to any relevant licensing or certification boards. Interviews confirmed that termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse. Additionally, employees are held accountable through a disciplinary process for violations of agency policies commensurate with the nature and circumstances of the incident. If staff is suspected of committing criminal acts, they will automatically be reported to the KSP, even if the employee resigns; any relevant licensing body will be notified of terminations for violations of sexual abuse/harassment policies, as appropriate. TCW reports no staff violations of the sexual harassment or sexual abuse policies within the audit period, which was confirmed through interviews with the Program Director/PREA Coordinator and CEO designee.</p> <p data-bbox="244 707 1461 770">Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 318">Evidence Reviewed: RKY PREA Policy; Interviews.</p> <p data-bbox="229 318 1509 689">115.277(a)(b): RKY PREA Policy states that staff shall be subject to disciplinary sanctions up to and including termination for violating RKY, DOC, or parent agency sexual harassment or sexual abuse policies. Criminal acts committed by staff, contractors, or volunteers shall be reported to law enforcement. Other violations of the code of ethics or dual relationship policies shall be reported to any relevant licensing or certification boards. Interviews with the Program Director/PREA Coordinator and CEO designee confirm that termination is the presumptive disciplinary sanction for contractors or volunteers who engage in sexual abuse or violate agency policies. Any contractor or volunteer suspected of committing a criminal act will automatically be reported to the KSP by the facility and any relevant licensing body will be notified of terminations for violations of sexual abuse/harassment policies, as appropriate. TCW reports no contractor or volunteer violations of the sexual harassment or sexual abuse policies in the twelve months prior to the audit which was confirmed through interviews with the Program Director.</p> <p data-bbox="229 689 1509 772">Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

115.278	<p data-bbox="231 71 1508 1317">Disciplinary sanctions for residents</p> <p data-bbox="231 145 1508 190">Auditor Overall Determination: Meets Standard</p> <p data-bbox="231 212 1508 257">Auditor Discussion</p> <p data-bbox="231 280 1508 324">Evidence Reviewed: RKY PREA Policy; KY DOC CPP 14.7; Interviews.</p> <p data-bbox="231 347 1508 705">115.278(a)(b)(c): TWC observes the KY DOC CPP 14.7 for meeting compliance with this standard which states that offenders may be disciplined for substantiated incidents of offender-on-offender sexual abuse according to KY DOC CPP 15.2. The facility reports that there were no incidents in the audit period, of resident-on-resident sexual abuse. If a sexual abuse case is substantiated, the resident found to have perpetrated the sexual abuse will be terminated from the program as residents at this facility are not considered incarcerated persons. The KY DOC CPP 14.7 further states that if an offender has pending disciplinary sanctions for alleged offender-on-offender sexual abuse, consideration shall be given as to whether the offender's mental disabilities or mental illness contributed to his or her behavior when determining what level of sanction if any, will be imposed. TCW would confer with the referring agency and/or the relevant law enforcement agency with regard to additional disciplinary action for the perpetrator. Residents with mental disabilities or mental illness will be referred to an appropriate community resource, as deemed necessary. TWC does not have a formal disciplinary system for residents and those who violate the rules will be terminated from the program.</p> <p data-bbox="231 739 1508 840">115.278(d): The facility does not offer therapy, counseling, or other interventions designed to address and correct underlying reasons for motivating sexual abuse. Residents would be referred back to the referring agency or to a community service resource, as needed.</p> <p data-bbox="231 873 1508 1041">115.278(f): RKY PREA Policy states that an offender may be discharged for reporting a false allegation of sexual abuse or sexual harassment only where the facility can demonstrate the false allegation was knowingly made in bad faith. A report made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute a false report or lying even if an investigation does not establish evidence sufficient to substantiate the allegation. Interview with the Program Director/PREA Coordinator confirmed that false reporting is taken seriously and a violation of the resident code of conduct.</p> <p data-bbox="231 1075 1508 1209">115.278(g): The resident PREA acknowledgment form advises the residents of the zero-tolerance policy, which includes any consensual activity. During interviews, the auditor found it was common knowledge among staff and residents that sexual activity of any kind is prohibited at the facility and it is explained clearly in the residents' code of conduct.</p> <p data-bbox="231 1243 1508 1317">Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>
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115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 318">Evidence Reviewed: RKY PREA Policy; KY DOC CPP 14.7; Interviews.</p> <p data-bbox="229 318 1509 703">115.282 (a)(b)(c)(d): RKY PREA Policy states that residents who have been victims of sexual abuse shall be offered referrals for emergency medical and mental health evaluations and as deemed appropriate, any necessary treatment related to the sexual abuse, to include timely and comprehensive information about lawful pregnancy-related medical services and be referred for test for sexually transmitted infections if requested. Medical and mental health services shall be available on an ongoing basis. Interviews with the Program Director/PREA Coordinator and SOS Coordinator/Facility RN confirmed that victims of sexual abuse will be provided with referrals/treatment for medical and mental health services with a community provider at no cost. General medical services and emergency medical services are provided by a Jenny Stuart Medical Center, Community Medical Clinic, located at 320 W 18th St, Hopkinsville, KY 42240, where they have SANE services available. There have been no incidents within the audit period requiring emergency medical or mental health evaluations or treatment.</p> <p data-bbox="229 703 1509 781">Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

115.283	<p data-bbox="229 69 1509 1249">Ongoing medical and mental health care for sexual abuse victims and abusers</p> <p data-bbox="229 129 1509 190">Auditor Overall Determination: Meets Standard</p> <p data-bbox="229 197 1509 257">Auditor Discussion</p> <p data-bbox="229 264 1509 324">Evidence Reviewed: RKY PREA Policy; KY DOC CPP 14.7; Interviews.</p> <p data-bbox="229 331 1509 548">115.283(a)(b)(g): RKY PREA Policy states that residents who have been victims of sexual abuse shall be offered referrals for emergency medical and mental health evaluations and as deemed appropriate. Medical and mental health services shall be available on an ongoing basis and at no charge to the resident. Victim services through Sanctuary, Inc. are provided to TCW residents, at no cost to the resident. The residents at TCW are not considered incarcerated individuals and have full access to community services. The facility assists the residents with follow-up services and connects them with community resources as part of the after-care release planning.</p> <p data-bbox="229 560 1509 683">115.283(c): TCW does not provide medical treatment at the facility. The residents at TCW are not considered incarcerated individuals and have full access to community services. Therefore, the residents do receive treatment equivalent to the community level of care.</p> <p data-bbox="229 694 1509 817">115.283(d)(e): RKY PREA Policy states that if pregnancy results for conduct specified in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services through community resource providers. There have been no incidents during the audit period.</p> <p data-bbox="229 828 1509 1019">115.283(f): RKY PREA Policy states that residents who have been victims of sexual abuse shall be offered referrals for emergency medical and mental health evaluations and as deemed appropriate, any necessary treatment related to the sexual abuse, to include timely and comprehensive information about lawful pregnancy-related medical services and be referred for test for sexually transmitted infections if requested. The residents at TCW are not considered incarcerated individuals and have full access to community service providers.</p> <p data-bbox="229 1030 1509 1153">115.283(h): The facility does not conduct mental health evaluations or treatment, but will make referrals as needed to a community service provider. Confirmed resident-on-resident abusers would be terminated from the program, in consultation with the referring agency, according to an interview with the Program Director/PREA Coordinator.</p> <p data-bbox="229 1164 1509 1249">Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>
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115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 318">Evidence Reviewed: RKY PREA Policy; Interviews.</p> <p data-bbox="229 318 1509 801">115.286(a-e): RKY PREA policy states that within 30 days of the conclusion of an investigation, a review will be conducted by the RKY center management team. The purpose of the review is to determine whether there is a need to revise policy and/or procedures, adjust staffing levels, address behavioral norms within the facility, review and correct physical plant issues, employ monitoring technology, etc. The review team will prepare a written report of recommendations and submit this to the agency head and PREA compliance manager. In the auditor's interview with the Program Director, this procedure is in place, although there have been no incidents to review. Due to the small staffing size, the management team is generally comprised of the same staff who will investigate any incident. confirmed their knowledge that a review is to be conducted within 30 days after the conclusion of an investigation and that they should subsequently document consideration of all items described in provision (d)1-6 of this standard. The PREA Compliance Manager and Alternate were both aware of these responsibilities as confirmed during their interviews. These interviews further confirmed their knowledge of the purpose of using the incident reviews to enhance the facility's zero-tolerance policy and prevention of sexual abuse procedures. There were no sexual abuse or sexual harassment allegations reported within the audit period therefore the facility conducted no incident reviews.</p> <p data-bbox="229 801 1509 884">Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

115.287	Data collection
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 318">Evidence Reviewed: RKY PREA Policy; Web Search; 2020 KY DOC Annual Report; TCW Annual Report; Interviews.</p> <p data-bbox="229 318 1509 636">115.287(a-d): RKY PREA policy states that all case records associated with claims of sexual offenses, including incident reports, investigation reports, resident information, case disposition, medical and counseling evaluation findings, and recommendations for aftercare or counseling shall be retained in accordance with the records retention schedule. This data shall be reviewed on an ongoing basis in an effort to identify problem areas and take corrective action. Yearly reports shall be made public. TCW posts its annual report on its public website at https://pennyroyalcenter.org/services/residential-treatment/ and their data is also included in the KDOC's individual/aggregated data reports as they are a contract facility. Interview with the Program Director confirms that PREA safety is a normal part of the facility's culture and that opportunities to improve the facility's ability to improve the program are an ongoing effort among the management team.</p> <p data-bbox="229 636 1509 725">115.287(e): The facility does not contract with private agencies for the confinement of residents. Therefore, the facility meets this provision through non-applicability.</p> <p data-bbox="229 725 1509 815">115.287(f): The DOJ has not requested information from TCW, but according to an interview with the PREA Coordinator, this information is provided to the KDOC and included in their aggregated data for reporting.</p> <p data-bbox="229 815 1509 916">Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 210 453 237">Auditor Discussion</p> <p data-bbox="244 271 1126 297">Evidence Reviewed: RKY PREA Policy; KY DOC CPP 14.7; Website Search; Interviews.</p> <p data-bbox="244 338 1474 465">115.288(a): Based on the auditor's interview with the Program Director/PREA Coordinator data collected is used to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including (a) identifying problem areas; (b) taking corrective action on an ongoing basis; and (c) preparing an annual report of its findings from its data review and any corrective actions for the facility.</p> <p data-bbox="244 506 1442 600">115.288(b)(c)(d): TCW sexual abuse data is provided to the KDOC to be included in the agency's aggregated data for contracted facilities. The 2020 PREA Annual report is published on the KY DOC website. The agency indicates that they redact personal identifiers from the annual report.</p> <p data-bbox="244 640 1461 701">Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

115.289	Data storage, publication, and destruction
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1066 300">Evidence Reviewed: RKY PREA Policy; Observations During Site Visit; Interviews.</p> <p data-bbox="240 336 1477 533">115.289(a)(d): RKY PREA Policy states that all case records associated with claims of sexual offenses, including incident reports, investigation reports, resident information, case disposition, medical and counseling evaluation findings, and recommendations for aftercare or counseling shall be retained in accordance with the records retention schedule. Interview with the Program Director/PREA Coordinator confirmed that incident data will be maintained for a minimum of 10 years. The auditor observed the facility's records area and found that all files are stored in a locked filing cabinet inside of the PREA Compliance Manager's office with restricted access. Access to these files is restricted to those persons who need to know.</p> <p data-bbox="240 568 1490 766">115.289(b)(c): TCW has had no sexual abuse incident within the audit period. The facility reports its sexual abuse incident data to the Kentucky DOC as part of the contractual agreement for bed space. Therefore, the Kentucky DOC collects and publishes aggregated sexual abuse data to its public website from facilities under its direct control and private facilities with which it contracts. The PREA Coordinator compiles and publishes this annual report, as noted in §115.88. The most current report published by TCW and the Kentucky DOC is 2020. Each report is published on the respective agency's public website. Neither report contains personally-identifying information.</p> <p data-bbox="240 801 1461 864">Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 210 453 237">Auditor Discussion</p> <p data-bbox="244 271 970 297">Evidence Reviewed: Personal Observations During Site Visit; Interviews.</p> <p data-bbox="244 338 1474 499">115.401(a): Trilogy Center for Women TCW is a stand-alone facility and affiliate of the Recovery Kentucky Centers throughout the state. The facility has operated since 2016. The Kentucky Department of Corrections contracts with TCW for bed space for paroling and or community status offenders which requires that TCW comply with the PREA standards. This audit is occurring within the third year of the current audit cycle. This is the third audit of the facility. TCW's last PREA Audit was on 12/20/2018, with a final report published on January 19, 2019.</p> <p data-bbox="244 539 1461 633">115.401(h): The auditor was allowed access to all areas of the facility. The auditor was provided a complete tour of the facility and grounds, led by the Operations Manager/PREA Compliance Manager and Lead Substance Use Tech/Alternate Compliance Manager.</p> <p data-bbox="244 667 1142 694">115.401(i): All documents requested were promptly provided in electronic or paper format.</p> <p data-bbox="244 728 1465 790">115.401(m): The auditor was provided a private office to conduct interviews with residents and staff. All residents and staff were randomly selected by the auditor for interviews and records reviews.</p> <p data-bbox="244 831 1487 960">115.401(n): There are no restrictions to whom the residents may correspond, either by phone or by mail. Resident interviews confirmed that the information about the PREA audit was posted for at least two months before the audit. The auditor observed a notice posted on each resident's apartment door and walls or bulletin boards in all common areas of the facility. Interviews further confirmed that the residents were aware they could communicate with the auditor confidentially.</p> <p data-bbox="244 1001 1461 1059">Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

115.252 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.252 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	na
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	na
115.252 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
115.252 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	na
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	na
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na
115.252 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	na
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	na
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	na

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

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

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

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

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

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

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

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

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

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

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