

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: 07/17/2025

Auditor Certification

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



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



I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.



Auditor Full Name as Signed: Sharon Ray Shaver

Date of Signature: 07/17/2025

AUDITOR INFORMATION

Auditor name: Shaver, Sharon

Email: sharonrshaver@gmail.com

Start Date of On-Site Audit: 06/02/2025

End Date of On-Site Audit: 06/02/2025

FACILITY INFORMATION

Facility name: Trilogy Center for Women

Facility physical address: 100 Trilogy Avenue , Hopkinsville, Kentucky - 42240

Facility mailing address:

Primary Contact

Name:	Kara Schroader
Email Address:	kschroader@pennyroyalcenter.org
Telephone Number:	270-885-2902

Facility Director	
Name:	Kara Schroader
Email Address:	kschroader@pennyroyalcenter.org
Telephone Number:	70-885-2902

Facility PREA Compliance Manager	
Name:	Deanna Groves
Email Address:	dgroves@pennyroyalcenter.org
Telephone Number:	270-885-2902 ext. 16

Facility Characteristics	
Designed facility capacity:	88
Current population of facility:	50
Average daily population for the past 12 months:	50
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Women/girls
In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For	

definitions of “intersex” and “transgender,” please see https://www.prearesourcecenter.org/standard/115-5	
Age range of population:	18-70
Facility security levels/resident custody levels:	community
Number of staff currently employed at the facility who may have contact with residents:	11
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	3
Number of volunteers who have contact with residents, currently authorized to enter the facility:	5

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:	Kara Schroader	Email Address:	kschroader@pennyroyalcenter.org
--------------	----------------	-----------------------	---------------------------------

Facility AUDIT FINDINGS

Summary of Audit Findings

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

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

5

- 115.211 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
- 115.231 - Employee training
- 115.232 - Volunteer and contractor training
- 115.233 - Resident education
- 115.286 - Sexual abuse incident reviews

Number of standards met:

36

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:	2025-06-02
2. End date of the onsite portion of the audit:	2025-06-02

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:	Sanctuary, Inc.; Pennyroyal Center; Jennie Stuart Medical Center.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	88
15. Average daily population for the past 12 months:	50
16. Number of inmate/resident/detainee housing units:	32
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	49
19. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
20. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
21. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
22. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
23. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
24. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	6

25. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
26. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
27. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	3
28. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
29. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	The facility is not a secure confinement facility and does not use segregation; therefore, question 47 is not applicable. The facility does not have a database to track the information asked in questions 37-46. The information provided to the auditor was based on review of risk assessments and staff knowledge at the time of the audit.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
30. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	14
31. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0

32. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	3
33. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	<p>The facility has 18 designated positions but have experienced vacancies during the twelve months preceding the audit.</p> <p>Contractors are employed by the parent company but treated as contractors for purposes of access to facility and training.</p>
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	7
35. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<div> <input checked="" type="checkbox"/> Age </div> <div> <input checked="" type="checkbox"/> Race </div> <div> <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) </div> <div> <input checked="" type="checkbox"/> Length of time in the facility </div> <div> <input checked="" type="checkbox"/> Housing assignment </div> <div> <input type="checkbox"/> Gender </div> <div> <input type="checkbox"/> Other </div> <div> <input type="checkbox"/> None </div>

36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	<p>The auditor selected all available targeted interviewees first and then identified their program level/living unit. Once the number of individuals already selected was categorized by their program level/living unit, then the auditor selected the remaining random individuals from each of the program levels/ living units according to factors such as age, race, ethnicity, and length of time in the facility to ensure a balanced representative number of interviewees from each of the housing units. The living units are identified by the level of the program the resident is in, and the auditor selected residents from all phases of the program.</p>
37. Were you able to conduct the minimum number of random inmate/ resident/detainee interviews?	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
38. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	<p>The auditor met no barriers to ensuring representation of the population and all selected for interviews participated voluntarily.</p>
Targeted Inmate/Resident/Detainee Interviews	
39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	<p>6</p>
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/ resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/ residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	

40. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
40. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div> <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. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
40. 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>The auditor interviewed the Programs and Operations Manager/PREA Coordinator, PREA Compliance Officer, and SOS Coordinator/RN to confirm there were no clients in this targeted category assigned. The auditor randomly selected and reviewed risk screening instruments for a sample of clients currently admitted. In addition, the auditor spent time at the facility observing clients in the living units and during meals, programming and leisure and observed nothing that would indicate otherwise.</p>
41. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	0
41. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div> <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. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>

<p>41. 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 interviewed the Programs and Operations Manager/PREA Coordinator, PREA Compliance Officer, and SOS Coordinator/RN to confirm there were no clients in this targeted category assigned. The auditor randomly selected and reviewed risk screening instruments for a sample of clients currently admitted. In addition, the auditor spent time at the facility observing clients in the living units and during meals, programming and leisure and observed nothing that would indicate otherwise.</p>
<p>42. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>42. 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>42. 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 interviewed the Programs and Operations Manager/PREA Coordinator, PREA Compliance Officer, and SOS Coordinator/RN to confirm there were no clients in this targeted category assigned. The auditor randomly selected and reviewed risk screening instruments for a sample of clients currently admitted. In addition, the auditor spent time at the facility observing clients in the living units and during meals, programming and leisure and observed nothing that would indicate otherwise.</p>
<p>43. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>

<p>43. 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>43. 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 interviewed the Programs and Operations Manager/PREA Coordinator, PREA Compliance Officer, and SOS Coordinator/RN to confirm there were no clients in this targeted category assigned. The auditor randomly selected and reviewed risk screening instruments for a sample of clients currently admitted. In addition, the auditor spent time at the facility observing clients in the living units and during meals, programming and leisure and observed nothing that would indicate otherwise.</p>
<p>44. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>44. 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>44. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor interviewed the Programs and Operations Manager/PREA Coordinator, PREA Compliance Officer, and SOS Coordinator/RN to confirm there were no clients in this targeted category assigned. The auditor randomly selected and reviewed risk screening instruments for a sample of clients currently admitted. In addition, the auditor spent time at the facility observing clients in the living units and during meals, programming and leisure and observed nothing that would indicate otherwise.</p>
<p>45. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>5</p>
<p>46. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>46. 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>46. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor interviewed the Programs and Operations Manager/PREA Coordinator, PREA Compliance Officer, and SOS Coordinator/RN to confirm there were no clients in this targeted category assigned. The auditor randomly selected and reviewed risk screening instruments for a sample of clients currently admitted. In addition, the auditor spent time at the facility observing clients in the living units and during meals, programming and leisure and observed nothing that would indicate otherwise.</p>
<p>47. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>47. 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>47. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor interviewed the Programs and Operations Manager/PREA Coordinator, PREA Compliance Officer, and SOS Coordinator/RN to confirm there were no clients in this targeted category assigned. The auditor reviewed case files compared to the current census roster.</p>
<p>48. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>3</p>

49. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
49. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div> <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. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
49. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	This facility is not a secure confinement facility and does not place residents in segregation or isolation.
50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	There were no clients from the targeted categories of limited English proficiency, segregated for risk of victimization, physical/mental/intellectual disability, hearing/vision disability, reported sexual abuse. The auditor oversampled in the categories of lesbian/gay/bisexual and reported prior sexual abuse during risk screening.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
51. Enter the total number of RANDOM STAFF who were interviewed:	8

52. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
53. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
54. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	Due to the small staff size, the auditor interviewed eight staff randomly selected. All staff at the facility cover multiple duties.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	8
56. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No

58. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
59. 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)

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

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

	<input type="checkbox"/> Other
61. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
62. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
62. Enter the total number of CONTRACTORS who were interviewed:	2
62. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input checked="" type="checkbox"/> Maintenance/construction <input checked="" type="checkbox"/> Other
63. Provide any additional comments regarding selecting or interviewing specialized staff.	<p>Many employees participate in all functions at the facility and held multiple roles for purposes of the specialized staff interviews. The auditor interviewed a behavioral health therapist employed by the parent company and housed at the facility full-time and one maintenance worker. There are no volunteers who come to the facility to provide services.</p>

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

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

☒ Yes

☐ No

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

65. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?

☒ Yes

☐ No

66. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?

☒ Yes

☐ No

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

☒ Yes

☐ No

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

☒ Yes

☐ No

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

Trilogy Center for Women is an 88-bed recovery program for women. The program is designed to provide a safe environment to assist women through recovery from drugs and alcohol addiction. Trilogy is a community facility housing adult, female residents located at 100 Trilogy Avenue, Hopkinsville, KY 42240. Trilogy 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." This is the fourth PREA audit for this facility and it was conducted by the lead auditor and support auditor, both DOJ certified PREA auditors. A brief overview was presented of the facility operations then a full inspection was made of the facility by the auditor and Programs and Operations Manager. The auditor spoke with a variety of staff and clients informally. Client interviews were completed by the support auditor and began at the same time the facility inspection started. 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 clients. The auditors also confirmed during client and staff interviews that they were aware of the audit notices and their ability to correspond with the auditor. The facility does not have a segregation unit nor a practice of segregating clients from the population. It was clear during the interviews with staff and clients and observations during the site visit that zero-tolerance for sexual abuse and sexual harassment is embedded in the culture at Trilogy. All clients appeared relaxed during their interviews and forthcoming about their experiences at the center. They all expressed that they felt safe at the facility, and that employees are responsive and concerned about their well-being. The auditors interviewed all staff present during the audit and conducted four telephone interviews within the week

following the site visit. Each staff member was asked random staff questions as well as the relevant specialized staff interview questions. The facility currently has no active volunteers. There are no security staff working at the facility as this is not a secure confinement facility. Due to the small staffing at this facility type, many of the duties are shared by multiple employees. Interviews collectively revealed that allegations of sexual abuse or sexual harassment at Trilogy 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. The original design facility capacity was 100, but has been reduced to 88 for this program. Twelve beds were allocated to a separate program that is not a part of this operation and is located in a separate area of the building. The facility has not been to capacity over the past twelve months. Trilogy is part of Pennyroyal Centers, a non-profit organization, and an affiliate of the Recovery Kentucky Initiative. Trilogy living units consist of 30 apartments and 2 dormitories. The building holds administrative offices, recreation and relaxation areas, a kitchen and dining area, and two large programming rooms that can be partitioned for smaller programming activities. Trilogy has a camera system to monitor residents in common areas and the front and rear exterior doors. 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 choice. Medical and mental health services are provided by local community providers, as needed; additionally, Pennyroyal Center provides services of a mental health counselor at Trilogy. Jennie Stuart Medical Center/Community Medical

Clinic is the primary medical service provider. The local hospital providing SANE services is Jennie Stuart Medical Center which has a SANE on-call 24/7. Victim support services are provided by Sanctuary, Inc. Clients are not incarcerated individuals, and this is not a secure facility. The population age is 18 and older and the average length of stay is six months. Clients enter into the program into the Safe Off the Streets (SOS) level of the program which includes their intake, orientation, and introduction into the program. Clients are stabilized and monitored for withdrawal symptoms and remain at this level for 7-10 days. There are 16 beds (double bunks) assigned to this open bay dormitory for SOS. During the SOS phase, clients receive an in-depth orientation to the program and an in-depth orientation to the program and are introduced to the 12 steps of Alcoholics Anonymous and the classroom curriculum of Recovery Dynamics developed by the Kelly Foundation. Clients have the opportunity to become acclimated to group living and the overall structure of the recovery program while attending educational classes and 12-step support group meetings with their peers in the program. Clients move from the SOS to the Motivational Track (MT1/MT2). While in MT1 clients are housed in the open bay dormitory which is identical to the housing in SOS. Both dormitories each have a bathroom with 2 showers, 2 toilets, and 2 sinks. Bathrooms have a solid door, toilet stalls have doors, and showers are equipped with full shower curtains. In the MT phase, clients begin "trudging" (walking in groups with their peers daily), and attending Recovery Dynamics classes off-site. Trudging builds a sense of camaraderie and clients begin to trust and lean on one another for support. Clients continue to live at the facility but spend the majority of the class day off-site in educational classes and attending 12 step support group meetings. When clients move into MT2 they are assigned a room shared with another client. These rooms are

similar to efficiency apartment rooms with two single beds, a dresser, a kitchen table and chairs, and a full private bathroom. Clients sign a lease with Kentucky Housing Corporation for their housing for the duration of the program. The east side of the building has 6 rooms and a small laundry room. There are 38 total rooms on the west wing on two floors. Each floor has a self-service laundry room. All clients are assigned job duties once they move out of the SOS, beginning in the kitchen, then moving to security, housekeeping, and maintenance. Client jobs change every two weeks, and the community votes in the supervisor for each of the work areas, which are held for two weeks at a time also. In Phase I of the program, clients begin to work in-depth on the 12 steps of Alcoholics Anonymous and begin to study and understand their addiction. Phase I clients spend a great deal of time in Recovery Dynamics classes and 12 step support group meetings. These clients continue to live at the facility and receive the overall support of the staff. Phase II clients are near completion of the 12th step of Alcoholics Anonymous and are ready to begin the process of reentry. Clients may become peer mentors at Trilogy, obtain outside employment, continue their program of recovery, begin to visit and repair relationships with children and other family members, address court and legal issues, and work diligently to maintain sobriety while still in the protected environment of the facility. Food is prepared by the clients under the general supervision of staff and recreation is self-led. Most of the client's time is occupied in recovery-oriented programming, either in group settings or individual studies. No religious services are provided by the facility; however, clients can attend outside services of their choice. Medical and mental health services are not provided at the facility. Clients may be referred through consultation with the SOS Coordinator or they may self-refer directly through the community resource providers. The contractual relationship

between Trilogy and the Kentucky Department of Corrections (KDOC) requires that Trilogy be compliant with the PREA standards and also affords Trilogy access to resources and services of the KDOC. The KDOC PREA Coordinator's office provides guidance and support to Trilogy with limited oversight concerning the implementation and management of their PREA program. Annual compliance visits are conducted by the KDOC PREA Coordinator's Office although not all clients 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 client 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.

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

☒ Yes

☐ No

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

The auditors reviewed relevant documents provided by the facility and on the agency website in addition to the PAQ and supporting documents uploaded. A large portion of the documentation was requested and reviewed during the pre-audit phase to save time and be more efficient during the site visit. Using the PREA Compliance Audit Instrument and the Checklist of Documents during the review of the PAQ, a list was prepared for review during the on-site portion of the audit. Other documents reviewed will be referenced in the discussion associated with the individual standards. Throughout the audit, an extensive document review was conducted including personnel records and resident files. Various policies, forms, contracts, and additional working documents were reviewed, evaluated, and triangulated against information obtained from interviews and personal observations during the site visit, which were instrumental in determining agency and facility compliance with the PREA Standards. Trilogy is subject to Recovery Kentucky (RKY) and Kentucky DOC (KY DOC) policies, where applicable, and both are referenced and adhered to according to their applicability to the program. 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. 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 Programs and Operations Manager and the interim CEO 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.

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

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

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	2	0	2	0
Total	2	0	2	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	2
Total	0	0	0	2

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

0

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

There were no sexual abuse allegations/ investigations during the audit period.

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

85. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	2
87. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
88. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
89. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	<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)
90. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

Staff-on-inmate sexual harassment investigation files

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

2

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

☐ Yes

☒ No

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

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

☒ Yes

☐ No

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

94. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.

There were two sexual harassment allegations reported and investigated during the twelve months preceding the audit and the auditor reviewed both case files.

SUPPORT STAFF INFORMATION**DOJ-certified PREA Auditors Support Staff**

95. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

☒ Yes

☐ No

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

1

Non-certified Support Staff

96. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

☐ Yes

☒ No

AUDITING ARRANGEMENTS AND COMPENSATION

97. Who paid you to conduct this audit?

☒ The audited facility or its parent agency

☐ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

☐ A third-party auditing entity (e.g., accreditation body, consulting firm)

☐ Other

Standards	
Auditor Overall Determination Definitions	
<ul style="list-style-type: none"> 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	
<p>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.</p>	

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Evidence Reviewed: RKY PREA Policy; Trilogy Center for Women Zero Tolerance Policy for Sexual Abuse and Sexual Harassment (Trilogy PREA Policy); Organizational Chart; Observations During Site Visit; Interviews.</p> <p>115.211(a): Trilogy Center for Women has zero tolerance toward all forms of sexual assault and sexual harassment. Trilogy Center for Women is committed to maintaining a safe, supportive, and respectful environment for all residents, staff, contractors, and volunteers. Trilogy has a zero-tolerance policy toward all forms of sexual abuse and sexual harassment, and demonstrated a proactive and coordinated approach to preventing, detecting, and responding to such conduct. 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 clients. The facility is a part of the Recovery Kentucky (RKY) network and follows the RKY Compliance with Prison Rape Elimination Act (PREA) Policy which is in alignment with the facility's PREA Policy. The auditor's personal</p>

	<p>observations during the site visit and the interview with the Programs and Operations Manager/PREA Coordinator confirmed the implementation of these measures at the facility.</p> <p>115.211(b): A review of the facility’s organization chart identifies Programs and Operations Manager Kara Schroader as the agency PREA Coordinator. She reports directly to the Vice President of Behavioral Health. The PREA Coordinator explained during her interview that she has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards. The facility also identified Deanna Groves, Case Manager, as the PREA Compliance Officer. Because the facility has designated both a PREA Coordinator and Compliance Officer, the facility has exceeded the requirements of this provision.</p> <p>A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard and exceeded by designating a PREA Compliance Officer.</p>
--	---

115.212	Contracting with other entities for the confinement of residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence Reviewed: Information Obtained During Interviews.</p> <p>115.212(a)(b)(c): The facility does not contract with any other entity for the confinement of clients; therefore, these provisions are not applicable.</p> <p>A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard.</p>

115.213	Supervision and monitoring
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence Reviewed: RKY PREA Policy; Trilogy Staffing Plan; Facility Schematics; Personal Observations During Site Visit; Interviews.</p> <p>115.213(a)(c): The RKY PREA policy establishes that each RKY center shall develop a staffing plan that provides for adequate levels of supervision to protect clients against sexual abuse. This plan shall be reviewed at least once per year and approved by DOC as part of DOC’s semi-annual inspection of the center. Trilogy has developed a staffing plan that provides for adequate levels of staffing and video</p>

	<p>monitoring to protect residents against sexual abuse. Trilogy is an 88-bed residential facility for women. Currently there are only female employees. The facility is staffed with eighteen employee positions including management. Trilogy has thirty-five cameras located throughout the facility that were installed in 2019. The only people that have access to review the cameras and their footage are the PREA Coordinator and the PREA Compliance Officer. Each camera is strategically located throughout the facility to provide maximum coverage of all areas. This is utilized, along with the staffing plan to provide sexual safety for all residents. This plan will be reviewed, at the very least annually and sooner if the layout of the facility, a sexual abuse incident, the composition of the current resident population or any other relevant factors change. The last review was conducted in October 2024 with the previous review conducted in October 2023.</p> <p>115.213(b): The facility indicated on the PAQ that there were no deviations from the current staffing plan which was confirmed during an interview with the Programs and Operations Manager. The facility is required by contract to always maintain a minimum of two staff at the facility. There is never a time when the facility drops below this staffing supervision model. Peer Monitors are utilized to supplement staffing during sleep hours. This practice was confirmed during interviews with the Programs and Operations Manager/PREA Coordinator, PREA Compliance Officer, random staff, and clients.</p> <p>A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard.</p>
--	--

115.215	Limits to cross-gender viewing and searches
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence Reviewed: RKY PREA Policy; Trilogy PREA Policy; Observations During Site Visit; Interviews.</p> <p>115.215(a)(b)(c)(f): Pat searches, frisk searches, and strip searches of clients are strictly prohibited at the facility. Trilogy Center for Women is not a secure facility and body searches are not conducted. This was confirmed by the auditor through interviews with staff and clients. Employees are not trained in searches because searches are never conducted at the facility.</p> <p>115.215(d): RKY PREA Policy and Trilogy PREA Policies establish that clients will 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 client's apartment. Based on interviews with staff and clients and observations during the site visit, all staff knock and announce their presence before entering a restroom or a client's apartment. All bathrooms have solid doors in client rooms. In areas with multiple stalls, each toilet</p>

	<p>stall has a door, and showers have curtains. for privacy. Currently, Trilogy only employs female staff.</p> <p>115.215(e): Any knowledge obtained about a client's genital status would occur through self-disclosure only.</p> <p>A systematic review and analysis of the evidence concluded that the facility 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
	Auditor Discussion
	<p>Evidence Reviewed: RKY PREA Policy; Trilogy PREA Policy; Trilogy Language Access Policy; KDOC CPP 14.7; Observations During Site Visit; Interviews.</p> <p>115.216(a): RKY PREA Policy and Trilogy PREA Policy requires that upon admission to the Center, clients will receive education including but not limited to the following: zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, expectations for appropriate behavior, clients' rights, how to access support services, etc. This material will be presented to the client in both verbal and written form with special consideration for those who have limited reading ability or who are hearing and/or vision impaired or with limited English proficiency. The facility also has a Language Access Policy that outlines instructions and resources available when language accommodation services are needed. Staff interviews confirmed that there have been no clients who have had a vision or hearing impairments at the facility. However, staff did explain that when a client has difficulty reading or understanding the information, staff will take extra time to cover the information in detail to ensure the client has an opportunity to understand it and ask questions.</p> <p>115.216(b): Trilogy PREA Policy establishes that the facility will 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, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. Interviews with staff confirmed that there were no LEP clients at the facility since the last PREA audit. Interviews with the PREA Coordinator and PREA Compliance Officer confirmed that the facility is prepared to work with the client's referring agency to ensure that translation and/or interpreter services are coordinated should there be a need.</p> <p>115.216(c): Trilogy PREA Policy establishes that the agency shall not rely on resident interpreters, resident readers, or other types of resident assistants except in limited</p>

	<p>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. Interviews confirmed that no such interpretations occurred since the last PREA audit.</p> <p>A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard.</p>
--	--

115.217	Hiring and promotion decisions
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Evidence Reviewed: RKY PREA Policy; Trilogy PREA Policy; Employee Personnel Files; Interviews.</p> <p>115.217(a)(b)(f): The Trilogy PREA Policy requires that prior to employment, the Trilogy Center employees will submit to a routine background check using AOC. 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 Trilogy Center will also make a reasonable attempt to determine if the candidate has been civilly or administratively adjudicated to have engaged in inappropriate sexual conduct as described in the PREA standard. Contact with prior institutional employers will be made if applicable. Applicants will also be asked about previous misconduct. Interviews with the HR Director and Programs and Operations Manager/PREA Coordinator confirmed that incidents regarding sexual harassment for new hires, promotions, contractors, or volunteers will be reviewed on a case-by-case basis. The Auditor requested and reviewed completed questionnaires that ask applicants and employees who may have contact with clients directly about previous misconduct and the form advises employees that they have a continuing affirmative duty to disclose any such misconduct for ten employees and three contractors. An interview with the HR Director confirmed that the facility imposes upon employees a continuing affirmative duty to disclose any such misconduct, and this was further confirmed during staff interviews that staff are all aware of this policy.</p> <p>115.217(c): The facility indicated on the PAQ that three new employees were hired during the twelve months preceding the audit. The auditor reviewed personnel records for these three employees and two employees who promoted within the last year, and confirmed they all had a completed background check performed as required. The Programs and Operations Manager explained that most everyone who is hired to work at the facility is a prior client. An interview with the HR Director confirmed that if an employee has prior institutional employment history these employers would be contacted to inquire about any substantiated cases of sexual abuse or resignations during an investigation. She further explained that no</p>

	<p>employees had prior institutional experience.</p> <p>115.217(d): The facility provided confirmation that a criminal background check was conducted on the mental health contractor and three maintenance workers before enlisting their services which the auditor verified during a review of personnel records.</p> <p>115.217(e): Trilogy PREA Policy requires that criminal background record checks be conducted every year for current employees and contractors who may have contact with clients. An interview with the HR Director confirmed that 25% of all agency employees receive an updated background check annually. The auditor selected four employees who were employed for more than five years and reviewed their personnel records confirming a background check was completed within the past twelve months.</p> <p>115.217(g): Based on interviews with the HR Director and Programs and Operations Manager, 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>115.217(h): Interview with the HR Director and the Programs and Operations Manager 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. The facility received no requests during the twelve months prior to the audit.</p> <p>A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard.</p>
--	---

115.218	Upgrades to facilities and technology
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence Reviewed: Personal Observations During Site Visit; Interviews.</p> <p>115.218(a)(b): The facility indicated on the PAQ that they have not acquired a new facility, made a substantial expansion or modification to existing facilities; nor did they install or modify a camera system since the last PREA audit. The facility has a total of 35 cameras. The Auditor observed the placement of these cameras and found them to be sufficient in covering blind spots and aiding with keeping clients and staff safe.</p> <p>A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard.</p>

115.221	Evidence protocol and forensic medical examinations
	<p data-bbox="279 185 981 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="279 264 564 297">Auditor Discussion</p> <p data-bbox="279 342 1404 454">Evidence Reviewed: RKY PREA Policy; Trilogy PREA Policy; KDOC CPP 14.7; MOU between KDOC and Kentucky Association of Sexual Assault Programs (KASAP); Observations During Site Visit; Interviews.</p> <p data-bbox="279 499 1476 779">115.221(a): RKY and Trilogy PREA Policies establish 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 agencies. Administrative investigations are conducted by the facility, and the facility follows the Kentucky DOC policy 14.7, which includes a uniform evidence protocol.</p> <p data-bbox="279 824 1476 981">115.221(b): The facility 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 client(s) involved.</p> <p data-bbox="279 1025 1476 1507">115.221(c): The facility adheres to the KDOC 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 sexual abuse at no cost to the client. 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 Jennie Stuart Medical Center/Deaconess, where the auditor confirmed a SANE is on-call 24/7. No incidents occurred during the audit period which would warrant a forensic examination within the audit period.</p> <p data-bbox="279 1552 1476 2000">115.221(d)(e): The auditor's review of the MOU between the KDOC and KASAP determined that clients are provided with confidential emotional support services related to sexual abuse. In the event that an incident occurs, the client 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 client 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. A review of the service map indicated these services are available throughout the state.</p> <p data-bbox="279 2045 1444 2078">115.221(f): The PREA Coordinator explained that once a case is turned over to the</p>

	<p>local law enforcement or state police, 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. A memorandum from the KSP Academy Commander confirmed that all KSP Troopers receive training in sexual abuse investigations during basic training at the State Police Academy including techniques for interviewing sexual abuse victims, proper use of Miranda warnings, sexual abuse evidence collection at crime scenes including in confined settings and the evidence required to substantiate a case for prosecution referral. The two allegations of sexual harassment that were reported during the twelve months preceding the audit were referred to Kentucky Department of Corrections for investigation.</p> <p>115.221(h): Interview with the Programs and Operations Manager/PREA Coordinator and review of the established MOU provides that the facility always makes a victim advocate from a rape crisis center available to victims, therefore this provision is not applicable.</p> <p>A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard.</p>
--	---

115.222	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Evidence Reviewed: RKY PREA Policy; Trilogy PREA Policy; DOC CPP 14.7; Kentucky State Police Policy, General Order OM-C-1; Case Files; Web Search; Website Search; Interviews.</p> <p>115.222(a)(b): The RKY and Trilogy PREA Policies establishes 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 agencies. A memorandum from the KSP Academy Commander confirmed that KSP investigates allegations of criminal sexual abuse when requested by KDOC facilities. There were two allegations of sexual harassment reported at the facility during the twelve months preceding the audit and both were administratively investigated by the KDOC/Probation/Parole. Interviews with the Programs and Operations Manager/PREA Coordinator and PREA Compliance Officer 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 KDOC website confirmed that the PREA policy, KDOC CPP14.7, is published. The</p>

	<p>auditor's review of two case files confirmed that in both cases, once the facility was made aware of the allegations, the incident was immediately referred to the KDOC for investigation.</p> <p>115.222(c): Based on the cooperative agreement between RKY and Kentucky DOC, Trilogy 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>A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard.</p>
--	---

115.231	Employee training
	<p>Auditor Overall Determination: Exceeds Standard</p>
	<p>Auditor Discussion</p> <p>Evidence Reviewed: RKY PREA Policy; PREA Training; Employee Training Records; Observations During Site Visit; Interviews.</p> <p>115.231(a)(c)(d): The RKY PREA policy establishes that all new employees, volunteers, interns, and persons affiliated with the RKY Center and its clients on a regular or recurring basis will receive training regarding PREA standards, laws, and RKY policies related to Code of Ethics and Dual Relationships. Refresher training 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 Programs and Operations Manager/PREA Coordinator provided the training curriculum used for employee training which was obtained from the PRC website. 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. A review of employee training records found that the three new employees received their initial PREA training and twelve staff received their refresher during the twelve months preceding the audit, which was also supported by signed acknowledgement statements. Training refresher rosters were also reviewed for December 15, 2023, and October 31, 2022.</p> <p>115.231(b): The RKY PREA policy establishes that training shall be tailored to be gender-specific to the facility. The auditor's review of the training curriculum confirmed that it is appropriate 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 Programs and Operations Manager/PREA Coordinator.</p> <p>A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard and exceeded based on conducting annual refresher training.</p>

115.232	Volunteer and contractor training
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Evidence Reviewed: RKY PREA Policy; PREA Training; Contractor Training Records; Interviews.</p> <p>115.232(a)(b)(c): RKY PREA Policy establishes that all new employees, volunteers, interns, and persons affiliated with the RKY Center and its clients on a regular or recurring basis will receive training regarding PREA standards, laws, and RKY policies related to Code of Ethics and Dual Relationships. Based on the auditor's interviews with the Programs and Operations Manager/PREA Coordinator the contractors and volunteers receive the same training as employees, including notification of the facility's zero-tolerance policy. During the twelve months prior to the audit the facility had one contract employee (therapist) and three maintenance contractors approved to work in the facility. The mental health professional is employed by Pennyroyal Center and training acknowledgment forms were provided indicating she has received initial and refresher training on the same requirement as other Trilogy staff. 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 these 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 clients. The auditor conducted a telephone interview with one of the maintenance workers and further confirmed his awareness of the zero-tolerance policy and his requirement to report sexual abuse or sexual harassment. Additionally, the facility provided a signed acknowledgement form for the contractor who services the vending machines at the facility. Clients may leave the center and attend programming traditionally delivered in a facility by external volunteers; therefore, the facility does not utilize onsite volunteers.</p> <p>A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard and exceeded by training full-time contractors using the same curriculum as staff.</p>

115.233	Resident education
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Evidence Reviewed: RKY PREA Policy; Trilogy Language Access Policy; PREA Brochure English & Spanish; Client Training Records; PREA Acknowledgement Form; Zero-Tolerance Posters; Observations During Site Visit; Interviews.</p>

115.233(a): RKY PREA policy establishes that upon admission to the RKY Center, clients will receive education including but not limited to the following: zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, expectations for appropriate behavior, clients' rights, and how to access support services. Clients and staff who report sexual abuse or harassment shall be protected from retaliation. In the twelve months preceding the audit, the facility indicated on the PAQ that 135 clients received this information during intake. The auditor reviewed training records for twenty clients randomly selected from the admissions list between January 9, 2024-April 9, 2025, confirming that training was received during intake and understood. Additionally, thirteen of these clients were interviewed, and they were found to be knowledgeable about the information delivered during intake and confirmed that they received the PREA education on their first day at the facility. Intake is conducted in a private setting by the shift Substance Use Tech and the SOS Coordinator/RN consults 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; however, the auditor requested a mock demonstration from the shift Substance Use Tech which includes reading the PREA acknowledgement statement and covering the KDOC PREA brochure. The Substance Use Tech is responsible for meeting with new clients when they arrive to conduct intake and staff the facility 24/7 on shifts. The auditor was provided with the intake packet which included sexual safety information (PREA information/zero-tolerance information) that is provided at the point of intake. The on-shift Substance Use Tech asks the new client to read the PREA information aloud, and if they cannot or choose not to, then the staff member will read the information. She then gives a recap of the PREA information in her own words and then asks if the client has any questions, answering questions or getting answers if she does not know, then asks the client to sign the acknowledgement form. The auditor's assessment of the written information about PREA provided to clients confirmed that it is clear and provided at an appropriate reading level and is accessible for all clients at the facility. The Substance Use Tech explained that if the client spoke a language besides English that she would contact the PREA Compliance Officer who would provide the information translated in a language the client could understand. An interview with the Programs and Operations Manager and PREA Compliance Officer confirmed that multiple times throughout the year they participate in a group refresher session with all clients present and document these sessions through signed rosters. On May 30, 2025, forty-three clients attended the group PREA class delivered by the PREA Coordinator and PREA Compliance Officer. Additional rosters were reviewed for March 28, 2025, October, 28, 2024, July 17, 2024, April 30, 2024, February 23, 2024, December 29, 2023, November 2023, September 18, 2023, and July 25, 2023. Delivery of this refresher training exceeds the requirements of this provision.

Based on the facility's Census Report, on the first day of the audit the facility had forty-nine clients admitted. Facility staff identified the following categories for the auditor to select interviewees: 3-disclosed prior victimization during screening; 6-identified as lesbian/gay/bisexual. There were no clients who reported sexual

	<p>abuse at the facility, no youthful clients, no clients with physical, hearing or vision disability, and no clients who were LEP. For this population, the PREA Auditor Handbook requires interviews with ten clients (5-random/5-targeted). The auditor interviewed thirteen clients (7-random; 5-LGB; 3-disclosed prior sexual victimization). These clients were at various stages of the program, SOS, MT, Phase 1, and Phase 2. These interviews with thirteen clients confirmed that they received training on PREA during intake on their first day of arrival and a "PREA Class" at various times since they have been at the facility. The clients were able to explain to the auditor zero-tolerance policy regarding sexual abuse and sexual harassment; how to report incidents or suspicions of sexual abuse or sexual harassment; their rights to be free from sexual abuse and sexual harassment; their rights to be free from retaliation for reporting such incidents; the facility's policies and procedures for responding to PREA incidents. All clients interviewed said they feel safe at the facility and that staff are responsive to their needs.</p> <p>115.233(b): The Programs and Operations Manager explained that clients are not transferred between RKY facilities; therefore, the facility meets this standard through non-applicability.</p> <p>115.233(c): RKY PREA policy establishes that the training material shall be presented to the client in both verbal and written form with special consideration for those who have limited reading ability or who are hearing and/or vision impaired or with limited English proficiency. The facility also has a Language Access Policy that outlines instructions and resources available when language accommodation services are needed. There were no clients that met the criteria for LEP, nor any client disabilities that would require specialized training in the program within the audit period. Interviews with intake staff confirmed they are aware of how to access additional services to ensure effective communication with any new arrival or existing client who may require services.</p> <p>115.233(d): Documentation of PREA training is maintained in the client file. The Programs and Operations Manager/PREA Coordinator maintains copies of the signed rosters when group PREA refreshers are delivered throughout the year.</p> <p>115.233(e): The facility ensures that key information about the PREA policy is continuously and readily available or visible through posters, client handbooks, or other written formats. During the site visit the auditor observed signage throughout the facility in common areas in a format that is easily understood and accessible to all clients. During interviews with clients, the auditor confirmed their awareness of these posters and how to obtain more information if needed.</p> <p>A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard and exceeded provision (a) by providing periodic refresher training to clients in a group setting.</p>
--	--

115.234	Specialized training: Investigations
----------------	---

	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Trilogy PREA Policy; Specialized Training: Investigating Sexual Abuse in Confinement Settings Curricula; PREA Visit Checklist; Interviews.</p> <p>115.234(a): The Trilogy PREA Policy establishes that sexual abuse investigations alleging force, coercion, or possible criminal behavior shall be conducted by specially trained investigators from the Kentucky Department of Corrections, Kentucky State Police, or other law enforcement agency. The facility is only responsible for performing administrative investigations which will be conducted by specially trained investigators</p> <p>115.234 (b)(c): A review of the Specialized Training Curricula confirmed 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). Trilogy reported that two employees are trained to conduct administrative investigations and provided certificates confirming completion of the KDOC PREA Investigator Course. Interviews with both investigators confirmed they had a thorough knowledge of their responsibilities as facility investigators.</p> <p>A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard.</p>

115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Organizational Chart; Training Records; Training Curriculum; Interviews.</p> <p>115.235(a)(b)(c)(d): Trilogy has one Registered Nurse assigned to the facility and one mental health staff employed by Pennyroyal Center who provide services to clients 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 both staff have received the required specialized and basic PREA training. Interviews with both staff and 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</p>

	<p>are not conducted at the facility.</p> <p>A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard.</p>
--	---

115.241	Screening for risk of victimization and abusiveness
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Evidence Reviewed: RKY PREA Policy; Trilogy PREA Policy; Screening Instrument; Client Files; Observations During Site Visit; Interviews.</p> <p>115.241(a)(b)(c)(d)(e): RKY and Trilogy PREA Policies establish that clients shall be assessed for risk of sexual abuse victimization or predatory behaviors within 72 hours of admission using a risk assessment tool. The facility reports that all 135 clients entering the facility during the twelve months preceding the audit were screened for risk of sexual victimization or risk of sexually abusing other clients 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 20 files for clients admitted between March 4, 2024-April 9, 2025, randomly selected, and found risk screenings were conducted on all 20 as required. Of the files reviewed all were completed on the same day of arrival. Interviews with staff and clients confirmed these assessments are conducted in accordance with the policy and standard requirements and using the objective instrument.</p> <p>115.241(f)(g): RKY and Trilogy PREA Policies establish that clients may also be re-assessed within 30 days based on any relevant additional information. The auditor's review of the 20 client files found that 30-day reassessments were conducted on the 14 eligible clients, 6 were no longer assigned to the facility at the 30-day mark. An interview with the Programs and Operations Manager/PREA Coordinator confirmed that a client's risk level will be reassessed due to a referral, a request, an incident of sexual abuse, and receipt of any additional relevant information. There were no incidents that required a reassessment of this nature.</p> <p>115.241(h): Interviews with staff and clients confirmed that clients are not disciplined for refusing to answer screening questions or for not disclosing complete information.</p> <p>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 client file that contains education and other general information and a</p>

	<p>separate file that contains the sensitive information.</p> <p>A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard.</p>
--	---

115.242	Use of screening information
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Evidence Reviewed: RKY PREA Policy; Trilogy PREA Policy; Screening Instrument; KDOC 14.8 LGBTI Policy; Census Report; Observations During Site Visit; Interviews.</p> <p>115.242(a)(b): RKY and Trilogy PREA Policies establish that information obtained from the risk assessment shall be used to determine appropriate housing and/or bed placement. An interview with the Programs and Operations Manager/PREA Coordinator concluded that any risk assessment indicating a risk for sexual abuse of a particular client is weighed into the decision for housing and program placement. Trilogy utilizes a code on the daily Census Report that indicates if a client is ARV (at risk for victimization) or ARP (at risk for perpetration). Any information obtained from the risk screening instrument that indicates a client may be at high risk for sexual victimization or abusiveness is immediately addressed. All clients 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 client behaviors are monitored not only by staff but also by peer monitors. Once a client 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 Programs and Operations Manager/PREA Coordinator. The clients' 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 client in changing roommates. Based on interviews with thirteen clients, Trilogy provides a safe environment, and all clients felt comfortable in their housing assignments.</p> <p>115.242(c)(d): The Programs and Operations Manager explained that no transgender or intersex individuals have been admitted to the program during the twelve months preceding the audit. Interviews with the Programs and Operations Manager/PREA Coordinator and Case Manager/PREA Compliance Officer confirmed that an individual's safety concerns will be considered when determining housing, bed, and work assignments for all clients. The Housing Coordinator explained that she places clients in housing arrangements taking many factors into consideration, especially any concerns of the individual. Interview with the Programs and Operations Manager confirmed 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</p>

	<p>and all clients. Coordination of placement would be handled in collaboration with any referring agency.</p> <p>115.242(e): All clients are able to shower privately and separately from other clients.</p> <p>115.242(f): Trilogy has no dedicated wings and clients are not housed according to their sexual orientation or gender identity.</p> <p>A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard.</p>
--	--

115.251	Resident reporting
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Evidence Reviewed: RKY PREA Policy; Trilogy PREA Policy; PREA Reporting Hotline Poster English & Spanish; PREA Brochure English and Spanish; Observations During Site Visit; Interviews.</p> <p>115.251(a)(b): RKY and Trilogy PREA Policies establish that clients shall be provided multiple internal ways to privately report sexual abuse incidents. Clients shall also have at least one way to report incidents to an outside agency. A client or third party may report a sexual offense verbally or in writing. Reports may be made anonymously. Retaliation against someone who has reported such an incident will not be tolerated and may be reported through any of the established reporting methods. Any knowledge of staff who neglect to report the above incidents may also be reported through these same methods. A review of the PREA Brochure confirmed that clients are informed on the multiple ways to report sexual abuse or sexual harassment. The Kentucky DOC reporting hotline is available as an outside agency to any client of the facility and allows the reporter to remain anonymous upon request. Interviews with clients 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>115.251(c)(d): RKY and Trilogy PREA Policies establish 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 requires all reports to be documented within 24 hours. Staff members may also make private reports to the PREA hotline should they feel they need to do so. Interviews with staff confirmed their knowledge of the requirement to accept reports made verbally, in writing, anonymously, and from third parties and the requirement</p>

	<p>to document verbal reports. All staff interviewed understood their duty to immediately report any suspicion of sexual abuse or harassment.</p> <p>A systematic review and analysis of the evidence concluded that the facility 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 client 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
	Auditor Discussion
	<p>Evidence Reviewed: Kentucky Association of Sexual Assault Programs (KASAP) MOU with KDOC; KASAP Regional Map; Sanctuary, Inc. Poster; Client Education; Acknowledgement Form; Observations During Site Visit; Interviews.</p> <p>115.253(a)(b)(c): The facility provides clients with access to outside victim advocates for emotional support services related to sexual abuse through the Kentucky Association of Sexual Assault Programs (KASAP). The local provider for these services is Sanctuary, Inc. in Hopkinsville, KY. Signage providing contact information, including address and telephone number for Sanctuary, Inc. were observed posted in the client housing units and common areas of the facility. The Programs and Operations Manager explained that the pay phones have been removed, and clients may place direct phone calls outside the facility at no cost and that communications are not monitored. Clients are allowed to communicate with any outside community service provider at will. Facility staff will also connect the client with these services upon request of the client. Interviews with thirteen clients 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 Sanctuary, Inc. these services are available to the clients at Trilogy, and limits of confidentiality will be discussed with any client prior to services being provided.</p> <p>A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard.</p>

115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: RKY PREA Policy; Trilogy PREA Policy; PREA Hotline Posters; PREA Brochure; Web Search; Observations During Site Visit; Interviews.</p> <p>115.254(a): RKY and Trilogy PREA policies establish that a client or third party may report a sexual offense verbally or in writing. Reports may also be made anonymously. Trilogy's parent agency Pennyroyal Center has a 24-HR Emergency Response (877) 473-7766 line posted on its public website. A review of the KDOC website https://corrections.ky.gov/About/Pages/Prison-Rape-Elimination-Act-(PREA).aspx confirms that third-party reports can be made 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).</p> <p>A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard.</p>

115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: RKY PREA Policy; Trilogy PREA Policy; Kentucky Law KRS620; KRS209; Case Files; Observations During Site Visit; Interviews.</p> <p>115.261(a): RKY and Trilogy PREA Policies establish that staff members are to immediately report to their supervisor all knowledge, suspicions, or information of an incident of a sexual offense within a Kentucky or other correctional facility including any retaliation against someone who has reported such an incident. They are also required to report any knowledge of staff who neglect to report the above incidents. Staff members may also make reports to the KDOC PREA hotline. Interviews with staff confirmed their awareness of their duty to immediately report all such information.</p> <p>115.261(b)(c): RKY and Trilogy PREA Policies establish 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. Breach of this confidentiality shall be grounds for disciplinary action. The auditor reviewed the client acknowledgment forms that advise the client of their limits to confidentiality and staff obligations to report. Medical and mental health services are not provided</p>

	<p>by the facility but by community service providers. Interviews with eight random staff confirmed their responsibility to refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other management decisions.</p> <p>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. Trilogy does not house clients under the age of 18 and there have been no incidents involving a vulnerable adult within the audit period.</p> <p>115.261(e): Interviews with eight random staff confirmed that allegations of sexual abuse and sexual harassment, including third party and anonymous reports would be reported directly to the Programs and Operations Manager/PREA Coordinator and/or the PREA Compliance Officer who are both facility investigators. The auditor's review of the two case files that were reported during the twelve months preceding the audit confirmed that the first staff member to become aware of the incident reported the incident directly to the Programs and Operations Manager.</p> <p>A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard.</p>
--	---

115.262	Agency protection duties
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence Reviewed: RKY PREA Policy; Trilogy PREA Policy; Observations During Site Visit; Interviews.</p> <p>115.262(a): RKY and Trilogy PREA Policies establish that if at any time it is learned that a client is subject to a substantial risk of imminent sexual assault, immediate action shall be taken to protect the client. The facility reports no incidents where the agency or facility determined that a client was subject to a substantial risk of imminent sexual abuse during the twelve months preceding the audit. Random and specialized 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 Programs and Operations Manager/PREA Coordinator would be notified for advisement and further instructions. Based on interviews with the interim CEO and the Programs and Operations Manager/PREA Coordinator, an alternative placement would be coordinated through the referring agency if a client cannot be housed safely at the facility.</p> <p>A systematic review and analysis of the evidence concluded that the facility</p>

	demonstrated compliance with all provisions of this standard.
--	---

115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: RKY PREA Policy; Interviews.</p> <p>115.263(a)(b)(c)(d): RKY PREA Policy establishes that within 72 hours of receiving an allegation that a client 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 is to be documented. All allegations received from other facilities will be investigated. An interview with the Programs and Operations Manager confirmed that any reports of an incident that occurred at another facility would be reported to the Director of that facility and to the KDOC if the client was a DOC referral. The facility reported there were no allegations received that a client was abused while confined at another facility within the audit period.</p> <p>A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard.</p>

115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: RKY PREA Policy; Trilogy PREA Policy; KDOC CPP 14.7; Training Curriculum; Interviews.</p> <p>115.264(a)(b): The facility adopted the KDOC 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. Trilogy PREA Policy establishes that the first staff responder to an incident of sexual assault will request that the alleged victim not take any actions that could destroy physical evidence which includes: washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating and ensure that the alleged perpetrator 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 are responsible only for maintaining the</p>

	<p>crime scene until external investigators arrive to collect evidence. The auditor's review of training material and interviews with random and specialized staff confirmed that they have been trained in these first responder duties. Trilogy is not a secure facility; therefore, all staff would complete the actions required in provision (a). There were two allegations of sexual harassment reported during the twelve months preceding the audit but neither required a full implementation of the first responder duties and the first staff to become aware of the incident took appropriate actions.</p> <p>A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard.</p>
--	---

115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Trilogy Coordinated Response Plan; Interviews.</p> <p>115.265(a): The facility has developed a coordinated response plan to coordinate actions among staff first responders, community medical and mental health providers, investigators, and facility leadership. Interviews with random and specialized staff confirmed they are all aware of their individual and collective responsibilities in response to an allegation of sexual abuse.</p> <p>A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard.</p>

115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Trilogy PREA Policy; Interviews.</p> <p>115.266(a): Based on the interview with the interim CEO and review of Trilogy PREA Policy, 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 clients when warranted.</p> <p>A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard.</p>

115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: RKY PREA Policy; Trilogy PREA Policy; Monitoring Form; Case Files; Interviews.</p> <p>115.267(a-e): RKY and Trilogy PREA Policies establish that clients and staff who report sexual abuse or harassment shall be protected from retaliation. These clients and staff will be monitored for at least 90 days following a report. A member of the facility management staff will be designated to monitor the situation. Changes in housing assignments or work schedules may be necessary. Obligation to monitor can be terminated if it is determined that an allegation of retaliation is unfounded. The Programs and Operations Manager/PREA Coordinator will conduct retaliation monitoring when required. The auditor's interview with the Programs and Operations Manager confirmed that anyone who reports an allegation of sexual abuse or sexual harassment will be monitored for retaliation for up to 90 days, or longer if needed, and that there is zero tolerance for retaliation at the facility. She further explained that monitoring would include any negative performance reports or housing changes clients, or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. There were two sexual harassment allegations reported at the facility and no retaliation incidents reported during the twelve months preceding the audit. The auditor's review of the two case files confirmed that retaliation monitoring was conducted for 90 days or until the alleged victim completed the program.</p> <p>A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard.</p>

115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: RKY PREA Policy; Trilogy PREA Policy; KSP Memorandum; Case Files; Specialized Training Certificates; Interviews.</p> <p>115.271(a)(b)(c)(d)(e)(f)(h): RKY and Trilogy PREA policies establish 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 agencies. Facility investigative staff shall also receive specialized training in conducting investigations. The facility has two investigators who have</p>

received the required training. Based on interviews with the investigators, the auditor determined that they are aware of the requirement to conduct thorough, prompt, and objective investigations. These interviews with the investigators confirmed that the alleged victim, suspected perpetrator, and witnesses would be interviewed and that a review for any prior complaints and reports of sexual abuse or harassment 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. Both 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. The facility investigator is limited to administrative actions, but follows the KDOC CPP 14.7 policy for gathering and preserving direct and circumstantial evidence when required. 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 Programs and Operations Manager/PREA Coordinator and the Compliance Officer, an investigation will be conducted on all allegations including third-party and anonymous reports.

There were two allegations of sexual harassment reported which resulted in two administrative and no criminal investigations conducted during the audit period. The two allegations were investigated by specially trained investigators of the Kentucky Department of Corrections. The auditor's review of the two case files confirmed that the alleged victim, suspected perpetrator, and witnesses was interviewed. The investigation was documented in a written report that included a description of the physical and testimonial evidence, the reasoning behind credibility assessments, the review of prior complaints and reports of sexual abuse or harassment involving the suspected perpetrator, and investigative facts and findings. No truth-telling device was used during the investigation.

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 Programs and Operations Manager confirmed that she remained in contact with the KDOC during the course of the two investigations to remain informed about the status of the case.

115.271(i): RKY and Trilogy PREA Policies establish that all case records associated with claims of sexual offenses, including incident reports, investigation reports, client information, case disposition, medical and counseling evaluation findings, and recommendations for aftercare or counseling shall be retained in accordance with the records retention schedule. The Programs and Operations Manager/PREA Coordinator explained all records will be maintained by the facility for a minimum of

	<p>five years.</p> <p>115.271(j): RKY and Trilogy PREA Policies establish 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 interim CEO.</p> <p>A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard.</p>
--	--

115.272	Evidentiary standard for administrative investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Evidence Reviewed: Trilogy PREA Policy; Case Files; KDOC CPP 14.7; Interviews.</p> <p>115.272(a): The Trilogy Center shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. Interviews with both facility investigators confirmed that preponderance of the evidence is the standard used to substantiate allegations of sexual abuse or sexual harassment investigated at the facility. The auditor's review of two case files concluded that the standard of evidence used was a preponderance of the evidence.</p> <p>A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard.</p>

115.273	Reporting to residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Evidence Reviewed: RKY PREA Policy; Trilogy Policy; Case Files; KDOC CPP 14.7; Information Obtained from Interviews.</p> <p>115.273(a)(b)(c)(d)(e): RKY and Trilogy PREA Policies establish 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. There were two sexual harassment allegations reported and investigated during the</p>

	<p>twelve months preceding the audit. The auditor's interview with the Programs and Operations Manager/PREA Coordinator confirmed that she made verbal notifications to the victims at the conclusion of the investigation.</p> <p>A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard.</p>
--	---

115.276	Disciplinary sanctions for staff
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Evidence Reviewed: RKY PREA Policy; Trilogy PREA Policy; Case Files; Information Obtained During Interviews.</p> <p>115.276(a)(b)(c)(d): RKY and Trilogy PREA policies establish 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 a staff member is suspected of committing criminal acts, they will 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. Trilogy had one allegation of staff sexual misconduct reported and investigated during the twelve months preceding the audit which was substantiated. The employee was placed on administrative leave during the investigation and terminated after the investigation concluded. Interviews with the Programs and Operations Manager/PREA Coordinator, HR Director, and interim CEO the auditor confirmed that termination is the standard for substantiated cases of sexual abuse and sexual harassment by staff against a client. Evidence obtained during the investigation did not support a referral for criminal prosecution.</p> <p>A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard.</p>

115.277	Corrective action for contractors and volunteers
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>

	<p>Evidence Reviewed: RKY PREA Policy; Trilogy PREA Policy; Case Files; Interviews.</p> <p>115.277(a)(b): RKY and Trilogy PREA Policies establish 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 Programs and Operations Manager/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. One case investigated during the twelve months preceding the audit involved an employee of Trilogy's parent agency, considered a contractor for the facility. The employee misconduct was substantiated, and the agency terminated the employee/contractor from employment for violation of policies. Evidence obtained during the investigation was not sufficient to refer for criminal investigation/prosecution.</p> <p>A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard.</p>
--	---

115.278	Disciplinary sanctions for residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Evidence Reviewed: RKY PREA Policy; Trilogy PREA Policy; KDOC CPP 14.7; Interviews.</p> <p>115.278(a)(b)(c): Trilogy PREA Policy and interview with the Programs and Operations Manager/PREA Coordinator confirmed that following an administrative finding that a client engaged in sexual abuse against another client, the offending client would be terminated from the program. The facility does not have a formal disciplinary process in place as it is not a secure confinement facility. There were no sexual abuse or harassment incidents reported and investigated involving a client perpetrator during the twelve months preceding the audit.</p> <p>115.278(d): Clients with mental disabilities or mental illness will be referred to an appropriate community resource, as deemed necessary. The facility does not offer therapy, counseling, or other interventions designed to address and correct underlying reasons for motivating sexual abuse. Clients identified to need these services would be referred to the referring agency or to a community service resource, as needed.</p>

	<p>115.278(e): Trilogy PREA Policy and interview with the Programs and Operations Manager/PREA Coordinator confirmed that the facility would terminate a client for sexual contact with staff only upon finding that the staff member did not consent to such contact.</p> <p>115.278(f): RKY and Trilogy PREA Policies establishes that an offender may be discharged from the program 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.</p> <p>115.278(g): The client PREA acknowledgment form advises each client of the zero-tolerance policy, which includes any consensual activity. During interviews, the auditor found it was common knowledge among staff and clients that sexual activity of any kind is prohibited at the facility, and it is explained clearly in the clients' code of conduct and handbook.</p> <p>A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard.</p>
--	---

115.282	Access to emergency medical and mental health services
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence Reviewed: RKY PREA Policy; Trilogy PREA Policy; KDOC CPP 14.7; Interviews.</p> <p>115.282 (a)(b)(c)(d): RKY and Trilogy PREA Policies establish that clients who have been victims of sexual abuse shall be offered referrals for emergency medical and mental health evaluations and as deemed appropriate, any necessary treatment related to the sexual abuse, to include timely and comprehensive information about lawful pregnancy-related medical services and be referred for test for sexually transmitted infections if requested. Medical and mental health services shall be available on an ongoing basis. Interviews with the Programs and Operations Manager/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 at Jennie Stuart Medical Center/Deaconess, 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. Trilogy is not a secure confinement facility and does not employ security staff; direct care workers are trained to take preliminary steps to protect the victim until emergency</p>

	<p>services available.</p> <p>A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard.</p>
--	--

115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: RKY PREA Policy; Trilogy PREA Policy; KDOC CPP 14.7; Interviews.</p> <p>115.283(a)(b)(g): RKY and Trilogy PREA Policies establish that clients who have been victims of sexual abuse shall be offered referrals for emergency medical and mental health evaluations and as deemed appropriate. Medical and mental health services will be available on an ongoing basis and at no charge to the client. Victim services through Sanctuary, Inc. are provided to Trilogy clients, at no cost to the client. The clients at Trilogy are not incarcerated individuals and have full access to community services. The facility assists the clients with follow-up services and connects them with community resources as part of the after-care release planning.</p> <p>115.283(c): Trilogy does not provide medical treatment at the facility. The clients at Trilogy are not incarcerated individuals and have full access to community services. Therefore, the clients do receive community level of care.</p> <p>115.283(d)(e)(f): RKY and Trilogy PREA Policies establish that if pregnancy results from sexual abusive vaginal penetration while at the facility, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services through community resource providers. Clients who have been victims of sexual abuse shall be offered referrals for emergency medical and mental health evaluations and as deemed appropriate, any necessary treatment related to the sexual abuse, to include timely and comprehensive information about lawful pregnancy-related medical services and be referred for tests for sexually transmitted infections if requested. The clients at Trilogy are not incarcerated individuals and have full access to community service providers.</p> <p>115.283(h): The facility does not conduct mental health evaluations or treatment, but will make referrals as needed to an appropriate community service provider. Confirmed client-on-client abusers would be terminated from the program, in consultation with the referring agency, according to an interview with the Programs and Operations Manager/PREA Coordinator.</p> <p>A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard.</p>

115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Evidence Reviewed: RKY PREA Policy; Trilogy PREA Policy; Case Files; Information Obtained During Interviews.</p> <p>115.286(a)(b)(c)(d)(e): RKY and Trilogy PREA policies establish 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. The review team will prepare a written report of recommendations and submit this to the agency head and PREA compliance manager. The Programs and Operations Manager explained that due to the small staffing size, the review team is comprised of herself, the PREA Compliance Officer, and the RN/SOS Coordinator. The auditor's interview with each of these members 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. 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 policies and procedures. There were two allegations reported within the audit period and both case files contained a completed incident review. Because incident reviews are conducted on all investigations, not just abuse cases, the facility exceeds provision (a). One of the reviews included a recommendation for procedural improvements which was implemented by the Programs and Operations Manager.</p> <p>A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard and exceeded based on the facility conducting incident reviews on all investigations.</p>

115.287	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: RKY PREA Policy; Trilogy PREA Policy; Website; 2024 KDOC Annual Report; Trilogy Annual Report; Information Obtained During Interviews.</p> <p>115.287(a-d): RKY and Trilogy PREA policies establish that all case records associated with claims of sexual offenses, including incident reports, investigation reports, client information, case disposition, medical and counseling evaluation</p>

	<p>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. Trilogy posts its annual report on its parent agency's public website at https://pennyroyalcenter.org/services/residential-treatment/. The facility's data is also included in the KDOC's individual/aggregated data reports as Trilogy is a contract facility. Interviews with the Programs and Operations Manager and interim CEO confirmed 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>115.287(e): The facility does not contract with private agencies for the confinement of clients. Therefore, the facility meets this provision through non-applicability.</p> <p>115.287(f): The DOJ has not requested information from Trilogy as of the audit, 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>A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard.</p>
--	---

115.288	Data review for corrective action
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Evidence Reviewed: RKY PREA Policy; Trilogy PREA Policy; Website Search; 2020 2024 KY DOCKDOC Annual Report; Trilogy Annual Report; Information Obtained During Interviews.</p> <p>115.288(a): Based on the auditor's interview with the Programs and Operations Manager/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. Improvements were made to the staff training curriculum as a result of incidence data collected within the past year. Trilogy posts its annual report on its parent agency's public website at https://pennyroyalcenter.org/services/residential-treatment/.</p> <p>115.288(b)(c)(d): Trilogy sexual abuse data is included in the published annual report and also provided to the KDOC to be included in the agency's aggregated data for contracted facilities. The 2024 PREA Annual report is published on the KDOC website. The agency explained that they include no personal identifiers in the annual report, which was further verified by the auditor's review.</p> <p>A systematic review and analysis of the evidence concluded that the facility</p>

	demonstrated compliance with all provisions of this standard.
--	---

115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: RKY PREA Policy; Trilogy PREA Policy; Website Search; 2020 2024 KY DOCKDOC Annual Report; Trilogy Annual Report; Information Obtained During Interviews.</p> <p>115.289(a)(d): RKY and Trilogy PREA Policies establish that all case records associated with claims of sexual offenses, including incident reports, investigation reports, client information, case disposition, medical and counseling evaluation findings, and recommendations for aftercare or counseling shall be retained in accordance with the records retention schedule. Interviews with the Programs and Operations Manager/PREA Coordinator and interim CEO 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 in the office of the PREA Compliance Officer which has restricted access. Access to these files is restricted to those individuals who need to know.</p> <p>115.289(b)(c): Trilogy had two allegations reported and investigated during the audit period which is included in the annual report. The facility reports its sexual abuse incident data to the Kentucky DOC as part of the contractual agreement for bed space. 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 Trilogy and the Kentucky DOC is 2024. Each report is published on the respective agency's public website. Neither report contains personally identifying information.</p> <p>A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed: Website Search; Personal Observations During Site Visit; Interviews.

	<p>115.401(a): Trilogy Center for Women is a stand-alone facility and affiliate of the Recovery Kentucky Centers throughout the state. The facility has been operating since 2016. The Kentucky Department of Corrections contracts with Trilogy for bed space for paroling and community status offenders which requires that the facility comply with the PREA standards. This audit is occurring within the third year of the current audit cycle. This is the fourth audit of the facility. Trilogy's last PREA Audit was on December 7, 2021, with a final report published on January 21, 2022.</p> <p>115.401(h): The auditor was allowed access to all areas of the facility and provided with a complete site inspection of the facility and grounds, led by the Programs and Operations Manager.</p> <p>115.401(i): All documents requested were promptly provided in electronic or paper format during all stages of the audit.</p> <p>115.401(m): The auditor was provided with a private office to conduct interviews with clients and staff. All clients and staff were randomly selected by the auditor for interviews and records reviews.</p> <p>115.401(n): There are no restrictions to whom the clients may correspond, either by phone or by mail. Audit notices were provided to the facility and posted on March 21, 2025. Client interviews confirmed that the information about the PREA audit was posted for at least two months before the audit. During the site visit, the auditor observed audit notices posted at the entry and on each living area floor, in the SOS dormitories, and all common areas used by clients and staff. Interviews further confirmed that the clients were aware they could communicate with the auditor confidentially.</p> <p>A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard.</p>
--	--

115.403	Audit contents and findings
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence Reviewed: Website Search; Interviews.</p> <p>115.403(f): The facility has published on its parent agency's public website at https://pennyroyalcenter.org/ all Final Audit Reports.</p> <p>A systematic review and analysis of the evidence concluded that the facility 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	na

	emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
115.213 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.213 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	na
115.213 (c)	Supervision and monitoring	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing	yes

	staffing patterns?	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
115.215 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.215 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	yes
115.215 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes
115.215 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower,	yes

	perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes
115.215 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.215 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.216 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes

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

	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.216 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes
115.217 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of	yes

	force, or coercion, or if the victim did not consent or was unable to consent or refuse?	
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
115.217 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
115.217 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.217 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
115.217 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.217	Hiring and promotion decisions	

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

	agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	
115.221 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.221 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.221 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.221 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.221 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	na

115.222 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.222 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.222 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes
115.231 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with	yes

	residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.231 (b)	Employee training	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.231 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training,	yes

	does the agency provide refresher information on current sexual abuse and sexual harassment policies?	
115.231 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.232 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.232 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.232 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.233 (a)	Resident education	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes

	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
115.233 (b)	Resident education	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes
115.233 (c)	Resident education	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
115.233 (d)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.234 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent	yes

	the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	
115.234 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	yes
115.235 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.235 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
115.235 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.235 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes
	Do medical and mental health care practitioners contracted by	yes

	and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	
115.241 (a)	Screening for risk of victimization and abusiveness	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.241 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization:	yes

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

115.241 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes
115.241 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.241 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.242 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes

	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.242 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
115.242 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.242 (d)	Use of screening information	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.242 (e)	Use of screening information	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.242	Use of screening information	

(f)		
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
115.251 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.251 (b)	Resident reporting	

	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.252 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.252 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	na
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve	na

	with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	
115.252 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
115.252 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	na
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	na
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na
115.252 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	na
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf	na

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

	alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	
115.253 (a)	Resident access to outside confidential support services	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
115.253 (b)	Resident access to outside confidential support services	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.253 (c)	Resident access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.254 (a)	Third party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.261 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

	information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.261 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.261 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.261 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.261 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

115.262 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.263 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.263 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.263 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.264 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate,	yes

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

	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.267 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.267 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes

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

	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.271 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.271 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.271 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.271 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.271	Criminal and administrative agency investigations	

(h)		
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.271 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.271 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
115.271 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
115.272 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.273 (a)	Reporting to residents	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.273 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency	yes

	request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	
115.273 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.273 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform	yes

	the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
115.273 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.276 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.276 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.276 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.276 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.277 (a)	Corrective action for contractors and volunteers	

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

	condition of access to programming and other benefits?	
115.278 (e)	Disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.278 (f)	Disciplinary sanctions for residents	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.278 (g)	Disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.282 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.282 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.282 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information	yes

	about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	
115.282 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.283 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.283 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive	yes

	information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	
115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.286 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

115.286 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.287 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287	Data collection	

(c)		
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.287 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.287 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
115.287 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
115.288 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes

115.288 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.288 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.288 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
115.289 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes

115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with residents?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the	yes

	same manner as if they were communicating with legal counsel?	
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes