

# PREA Facility Audit Report: Final

**Name of Facility:** Volunteers of America Addiction Recovery Services Louisville

**Facility Type:** Community Confinement

**Date Interim Report Submitted:** 12/11/2022

**Date Final Report Submitted:** 02/17/2023

| Auditor Certification                                                                                                                                                                                                                           |                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| The contents of this report are accurate to the best of my knowledge.                                                                                                                                                                           | <input type="checkbox"/>                |
| No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.                                                                                                                                       | <input type="checkbox"/>                |
| I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template. | <input type="checkbox"/>                |
| <b>Auditor Full Name as Signed:</b> Bryan Pearson                                                                                                                                                                                               | <b>Date of Signature:</b><br>02/17/2023 |

| AUDITOR INFORMATION                 |                           |
|-------------------------------------|---------------------------|
| <b>Auditor name:</b>                | Pearson, Bryan            |
| <b>Email:</b>                       | bryan@pearsongroupllc.com |
| <b>Start Date of On-Site Audit:</b> | 10/19/2022                |
| <b>End Date of On-Site Audit:</b>   | 10/20/2022                |

| FACILITY INFORMATION              |                                                              |
|-----------------------------------|--------------------------------------------------------------|
| <b>Facility name:</b>             | Volunteers of America Addiction Recovery Services Louisville |
| <b>Facility physical address:</b> | 1436 South Shelby Street, Louisville, Kentucky - 40217       |
| <b>Facility mailing address:</b>  |                                                              |

| <b>Primary Contact</b>   |                     |
|--------------------------|---------------------|
| <b>Name:</b>             | Syreeta Jones       |
| <b>Email Address:</b>    | SyreetaJ@voamid.org |
| <b>Telephone Number:</b> | 5026354509          |

| <b>Facility Director</b> |                      |
|--------------------------|----------------------|
| <b>Name:</b>             | Jennifer McMinn      |
| <b>Email Address:</b>    | JenniferM@voamid.org |
| <b>Telephone Number:</b> | 502 314-0100         |

| <b>Facility PREA Compliance Manager</b> |  |
|-----------------------------------------|--|
| <b>Name:</b>                            |  |
| <b>Email Address:</b>                   |  |
| <b>Telephone Number:</b>                |  |

| <b>Facility Characteristics</b>                                                                                      |         |
|----------------------------------------------------------------------------------------------------------------------|---------|
| <b>Designed facility capacity:</b>                                                                                   | 50      |
| <b>Current population of facility:</b>                                                                               | 34      |
| <b>Average daily population for the past 12 months:</b>                                                              | 28      |
| <b>Has the facility been over capacity at any point in the past 12 months?</b>                                       | No      |
| <b>Which population(s) does the facility hold?</b>                                                                   | Males   |
| <b>Age range of population:</b>                                                                                      | 18-65   |
| <b>Facility security levels/resident custody levels:</b>                                                             | unknown |
| <b>Number of staff currently employed at the facility who may have contact with residents:</b>                       | 27      |
| <b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b> | 0       |
| <b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>             | 12      |

| <b>AGENCY INFORMATION</b>                                    |                                                               |
|--------------------------------------------------------------|---------------------------------------------------------------|
| <b>Name of agency:</b>                                       | Volunteers of America Mid-States                              |
| <b>Governing authority or parent agency (if applicable):</b> |                                                               |
| <b>Physical Address:</b>                                     | 570 South 4th Street, Suite 100, Louisville, Kentucky - 40202 |
| <b>Mailing Address:</b>                                      |                                                               |
| <b>Telephone number:</b>                                     |                                                               |

| Agency Chief Executive Officer Information: |  |
|---------------------------------------------|--|
| <b>Name:</b>                                |  |
| <b>Email Address:</b>                       |  |
| <b>Telephone Number:</b>                    |  |

| Agency-Wide PREA Coordinator Information |               |                       |                     |
|------------------------------------------|---------------|-----------------------|---------------------|
| <b>Name:</b>                             | Syreeta Jones | <b>Email Address:</b> | syreetaj@voamid.org |

### SUMMARY OF AUDIT FINDINGS

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

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

| Number of standards exceeded: |                                                                               |
|-------------------------------|-------------------------------------------------------------------------------|
| 1                             | <ul style="list-style-type: none"> <li>115.231 - Employee training</li> </ul> |
| Number of standards met:      |                                                                               |
| 40                            |                                                                               |
| Number of standards not met:  |                                                                               |
| 0                             |                                                                               |

## POST-AUDIT REPORTING INFORMATION

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

|                                                   |            |
|---------------------------------------------------|------------|
| 1. Start date of the onsite portion of the audit: | 2022-10-19 |
| 2. End date of the onsite portion of the audit:   | 2022-10-20 |

#### Outreach

|                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| 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<br><input type="radio"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| a. Identify the community-based organization(s) or victim advocates with whom you communicated:                                                                                                         | <p>This auditor contacted the Center for Women and Families to verify the relationship and services provided to VOA Mid-States. The Director described the different ways that residents could contact CWF. Residents can call the hotline or write to request services. CWF can send an advocate to VOA Mid-States for 3 in-person sessions or arrange 3 phone calls through the facility. If the resident doesn't want to meet with an advocate at the facility, CWF will send them information and correspond via mail. If a resident is allowed to go to offsite for work, they can physically come to the CWF office to meet with a VA. They have not been contacted by a VOAMID resident during the review period.</p> |

### AUDITED FACILITY INFORMATION

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|------------------------------------------------------|----|
| 14. Designated facility capacity:                    | 50 |
| 15. Average daily population for the past 12 months: | 28 |

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| <b>16. Number of inmate/resident/detainee housing units:</b>                            | 2                                                                                                                                                                                                  |
| <b>17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?</b> | <input type="radio"/> Yes<br><input type="radio"/> No<br><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

|                                                                                                                                                                                                                                                                      |    |
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| <b>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>                                                                                                                                 | 33 |
| <b>38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b>                                                                                                  | 0  |
| <b>39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b> | 0  |
| <b>40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b>                                                                        | 0  |

|                                                                                                                                                                                                                                |   |
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| <b>41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b>                                                       | 0 |
| <b>42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b>                                              | 1 |
| <b>43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b>                                             | 0 |
| <b>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b>                                               | 0 |
| <b>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b>                                                             | 0 |
| <b>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b>                        | 0 |
| <b>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b> | 0 |

|                                                                                                                                                                                                                                                                           |                          |
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| <p><b>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b></p> | <p>No text provided.</p> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|

**Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit**

|                                                                                                                                                                               |           |
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| <p><b>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b></p> | <p>27</p> |
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|                                                                                                                                                                                           |           |
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| <p><b>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p> | <p>12</p> |
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| <p><b>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p> | <p>0</p> |
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|                                                                                                                                                                                                                   |                          |
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| <p><b>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</b></p> | <p>No text provided.</p> |
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**INTERVIEWS**

**Inmate/Resident/Detainee Interviews**

**Random Inmate/Resident/Detainee Interviews**

|                                                                                                      |          |
|------------------------------------------------------------------------------------------------------|----------|
| <p><b>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p> | <p>9</p> |
|------------------------------------------------------------------------------------------------------|----------|



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| <p><b>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b></p>                                                                                     | <p><input type="checkbox"/> Age</p> <p><input type="checkbox"/> Race</p> <p><input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input checked="" type="checkbox"/> Length of time in the facility</p> <p><input checked="" type="checkbox"/> Housing assignment</p> <p><input type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>                                                 |
| <p><b>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b></p>                                                                                                              | <p>The resident list provided to this auditor was based on location, admission date and DOB. Race and ethnicity information was not provided. Residents are only at VOAMID for 90 days. Residents were randomly selected from the list based on time at the facility with representation of new arrivals, 30-60 days in the program and over 60 days in the program. Six were from the second floor living area and 3 from the third floor living area.</p> |
| <p><b>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b></p>                                                                                                                              | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>                                                                                                                                                                                                                                                                                                                                                                                 |
| <p><b>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p> | <p>The sample of 10 residents was 30% of the population. As a result it was determined there was no need for oversampling.</p>                                                                                                                                                                                                                                                                                                                              |
| <p><b>Targeted Inmate/Resident/Detainee Interviews</b></p>                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <p><b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>                                                                                                                                    | <p>1</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".

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| <p><b>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b></p> | <p>0</p> |
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| <p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
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| <p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p> | <p>The facility reported 0 on the PAQ, None of the randomly selected residents interviewed reported having a physical disability.</p> |
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| <p><b>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p> | <p>0</p> |
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| <p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>                                                                                                                      | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>                                                                                                                                                                                                                                      |
| <p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p> | <p>During the opening meeting with staff on the first day of the onsite audit, this auditor asked several questions to determine the existence of targeted resident interviews. Only one resident was identified as LEP. This resident was interviewed on day two of the onsite audit due to not being available on day one. Residents that were selected for random interviews did not offer information that would identify them as a targeted interview. Given the small population, the probability of having residents for each targeted category was unlikely.</p> |
| <p><b>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>                                         | <p>0</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>                                                                                                                      | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>                                                                                                                                                                                                                                      |
| <p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p> | <p>The facility reported 0 on the PAQ, None of the randomly selected residents reported being blind during interviews.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                               |

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| <p><b>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>                                                                    | <p>0</p>                                                                                                                                                                                                                                                                                                                            |
| <p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>                                                                                                                      | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p> | <p>The facility reported 0 on the PAQ, None of the randomly selected residents reported being deaf or hard of hearing during interviews.</p>                                                                                                                                                                                        |
| <p><b>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>                                                           | <p>1</p>                                                                                                                                                                                                                                                                                                                            |
| <p><b>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>                                     | <p>0</p>                                                                                                                                                                                                                                                                                                                            |
| <p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>                                                                                                                      | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |

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| <p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p> | <p>The facility reported 0 on the PAQ, None of the randomly selected residents reported being gay or bisexual during interviews.</p>                                                                                                                                                                                                |
| <p><b>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>                                       | <p>0</p>                                                                                                                                                                                                                                                                                                                            |
| <p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>                                                                                                                      | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p> | <p>The facility reported 0 on the PAQ, None of the randomly selected residents reported identifying as transgender or intersex during interviews.</p>                                                                                                                                                                               |
| <p><b>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>                                                                     | <p>0</p>                                                                                                                                                                                                                                                                                                                            |
| <p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>                                                                                                                      | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |

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| <p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>                                                            | <p>The facility reported 0 on the PAQ, None of the randomly selected residents reported being a victim of sexual abuse while at the facility during interviews.</p>                                                                                                                                                                 |
| <p><b>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>                                                                               | <p>0</p>                                                                                                                                                                                                                                                                                                                            |
| <p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>                                                                                                                                                                                 | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>                                                            | <p>The facility reported 0 on the PAQ, None of the randomly selected residents reported being a prior victim of sexual abuse during interviews.</p>                                                                                                                                                                                 |
| <p><b>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p> | <p>0</p>                                                                                                                                                                                                                                                                                                                            |

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

## Staff, Volunteer, and Contractor Interviews

### Random Staff Interviews

|                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>71. Enter the total number of RANDOM STAFF who were interviewed:</b></p>                                                     | <p>12</p>                                                                                                                                                                                                                                                                                                                                                      |
| <p><b>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p> | <p><input type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p> |

|                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>                                                                                                                                                                                                    | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>                                                                                                                                                                 |
| <p><b>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>                                                                          | <p>Given the small number of staff that were not interviewed for specialized staff interviews that were on a shift, the staff that were available (could be relieved) had an impact on the selection of random staff.</p>                   |
| <p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></p>                                                                                                                                                                                                                       |                                                                                                                                                                                                                                             |
| <p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p> |                                                                                                                                                                                                                                             |
| <p><b>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>                                                                                                                                                   | <p>13</p>                                                                                                                                                                                                                                   |
| <p><b>76. Were you able to interview the Agency Head?</b></p>                                                                                                                                                                                                                                | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>                                                                                                                                                                 |
| <p><b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b></p>                                                                                                                                                                                  | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>                                                                                                                                                                 |
| <p><b>78. Were you able to interview the PREA Coordinator?</b></p>                                                                                                                                                                                                                           | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>                                                                                                                                                                 |
| <p><b>79. Were you able to interview the PREA Compliance Manager?</b></p>                                                                                                                                                                                                                    | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p> |



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

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

|                                                                                                                                          |                                                                                                                                                                                                                                                                           |
|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                          | <input checked="" type="checkbox"/> Intake staff<br><br><input type="checkbox"/> Other                                                                                                                                                                                    |
| <b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>                          | <input checked="" type="radio"/> Yes<br><br><input type="radio"/> No                                                                                                                                                                                                      |
| <b>a. Enter the total number of VOLUNTEERS who were interviewed:</b>                                                                     | 1                                                                                                                                                                                                                                                                         |
| <b>b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)</b> | <input type="checkbox"/> Education/programming<br><br><input type="checkbox"/> Medical/dental<br><br><input type="checkbox"/> Mental health/counseling<br><br><input checked="" type="checkbox"/> Religious<br><br><input type="checkbox"/> Other                         |
| <b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>                         | <input type="radio"/> Yes<br><br><input checked="" type="radio"/> No                                                                                                                                                                                                      |
| <b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b>                                        | With only 27 total staff, there were a small number of staff that provided services covered by the specialized interviews. This auditor made best effort not to interview the same staff for multiple specialized interviews, however it could not be avoided completely. |

# SITE REVIEW AND DOCUMENTATION SAMPLING

## Site Review

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

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

Yes

No

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

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

Yes

No

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

Yes

No

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

Yes

No

|                                                                                                        |                                                                             |
|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <p><b>88. Informal conversations with staff during the site review (encouraged, not required)?</b></p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|

|                                                                                                                                                                                            |                                                                                                                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b></p> | <p>VOAMID Halfway Back men's program is in one building with 4 floors. Staff were seen in all areas where residents were observed during the tour.</p> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|

## 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.

|                                                                                                                                                                                      |                                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <p><b>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</b></p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|

|                                                                                                                                                                                                 |                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <p><b>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</b></p> | <p>All resident and staff records were selected by the auditor.</p> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|

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

## Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

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

# Sexual Abuse and Sexual Harassment Investigation Outcomes

## Sexual Abuse Investigation Outcomes

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

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

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

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

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

## Sexual Harassment Investigation Outcomes

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

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

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

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

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

# Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

## Sexual Abuse Investigation Files Selected for Review

|                                                                                                                                                                  |                                                                                                                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:</b>                                                                          | 0                                                                                                                                                                   |
| <b>a. Explain why you were unable to review any sexual abuse investigation files:</b>                                                                            | There were no reports of sexual abuse during the review period.                                                                                                     |
| <b>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b> | <input type="radio"/> Yes<br><input type="radio"/> No<br><input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files) |

## Inmate-on-inmate sexual abuse investigation files

|                                                                                                                         |                                                                                                                                                                                      |
|-------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b>               | 0                                                                                                                                                                                    |
| <b>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b>       | <input type="radio"/> Yes<br><input type="radio"/> No<br><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) |
| <b>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b> | <input type="radio"/> Yes<br><input type="radio"/> No<br><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

|                                                                                                                        |                                                                                                                                                                                     |
|------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b>               | 0                                                                                                                                                                                   |
| <b>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b>       | <input type="radio"/> Yes<br><input type="radio"/> No<br><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files) |
| <b>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b> | <input type="radio"/> Yes<br><input type="radio"/> No<br><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

|                                                                                                                                                                        |                                                                                                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b>                                                                          | 0                                                                                                                                                                        |
| <b>a. Explain why you were unable to review any sexual harassment investigation files:</b>                                                                             | There were no reports of sexual harassment received during the review period.                                                                                            |
| <b>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b> | <input type="radio"/> Yes<br><input type="radio"/> No<br><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files) |

## Inmate-on-inmate sexual harassment investigation files

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

## Staff-on-inmate sexual harassment investigation files

|                                                                                                                       |                                                                                                                                                                                                         |
|-----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>         | 0                                                                                                                                                                                                       |
| <b>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p> |

|                                                                                                                             |                                                                                                                                                                                          |
|-----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b> | <input type="radio"/> Yes<br><input type="radio"/> No<br><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) |
|-----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                       |                   |
|---------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| <b>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b> | No text provided. |
|---------------------------------------------------------------------------------------------------------------------------------------|-------------------|

## SUPPORT STAFF INFORMATION

### DOJ-certified PREA Auditors Support Staff

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

### Non-certified Support Staff

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

# AUDITING ARRANGEMENTS AND COMPENSATION

**121. Who paid you to conduct this audit?**

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

## Standards

### Auditor Overall Determination Definitions

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

### Auditor Discussion Instructions

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

|                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>115.211</b> | <b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                | <b>Auditor Overall Determination:</b> Meets Standard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                | <b>Auditor Discussion</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                | <p>a) Policy 300.24 PREA Policy and Procedures pg 1, 4-6, 12-13, 27-28</p> <p>The PREA Policy and Procedures provides a zero tolerance policy for any form of sexual misconduct. However, the policy provided a definition for sexual misconduct that described staff and volunteers as victims as well as clients. The policy does contain definitions for sexual abuse and sexual harassment under the General Definitions of Terminology section that were correct. The policy provides VOA Mid-States approach to preventing, detecting and responding to sexual abuse and sexual harassment.</p> <p>CORRECTIVE ACTION REQUIRED: This was discussed with the PCM and a revision to the policy was completed on 11/12/22 that corrected the definition to include the client as the only victim and staff, volunteers, and other clients as perpetrators.</p> <p><b>Corrective Action Completed</b></p> <p>b) Policy 300.24 pg 6</p> <p>Org Chart 2022</p> <p>VOA Mid-States Liberty Place has designated the Director of ARS Quality, Compliance and Integration to be the PREA Coordinator with direct report to the VP of Clinical Services. The PREA Coordinator has frequent communication with facility executive staff and the facility director. The PREA Coordinator said she didn't have enough time to do the PC duties during her interview, however she marked yes on the PAQ to that question and then provided answers in the rest of the interview that indicate she is completing the PC duties. The PREA Coordinator reported she completes internal audits and the facility has weekly therapeutic team meetings where PREA issues can be reviewed with facility executive staff.</p> |

|                |                                                                                                                                                                                         |
|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>115.212</b> | <b>Contracting with other entities for the confinement of residents</b>                                                                                                                 |
|                | <b>Auditor Overall Determination:</b> Meets Standard                                                                                                                                    |
|                | <b>Auditor Discussion</b>                                                                                                                                                               |
|                | VOA Midstates does not contract for confinement. This was verified during the interview with the Agency Head. VOA Midstates is contracted by the Kentucky DOC for housing KDOC clients. |

|                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>115.213</b> | <b>Supervision and monitoring</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                | <b>Auditor Overall Determination:</b> Meets Standard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                | <b>Auditor Discussion</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                | <p>a-c) 2022 Staffing Plan Review</p> <p>The VOA Mid-States COO/Director stated during her interview there is a monthly incident management team that reviews staffing. The staffing plan is predicated on one staff per resident floor. If there are staff call-ins or shortages, overtime will be used to provide coverage that meets the staffing plan. The PCM stated in her interview that if there were any deviations to the staffing plan they would be documented in a shift report. No deviations have occurred during the review period. The PCM is directly involved in the staffing plan review. Only the 2020 and 2022 staffing plan review was provided during the pre-audit document review. The PREA Coordinator stated during her interview the 2021 staffing plan review was not completed due to COVID restrictions at the time the report would have been completed. The staffing plan review is completed at the beginning of the fiscal year in July. During July of 2020 the facility had a hold on referrals and admissions lowering the number of residents and staff were either working from home or laid off.</p> <p>During the facility tour, this auditor observed staff in every area of the facility and cameras in most areas of the facility. Staff were posted on the resident floors and at the main entrance. Staff reported in random interviews that they made rounds every 30 minutes of resident living areas, medical, and the foodservice area. There were doors on resident rooms with no window that did not lock. Both staff and residents reported in interviews that these doors are to remain open at all times. During the tour, I observed resident room doors being open. This auditor recommended the removal of these doors absent any fire code issues. Resident bathrooms had solid doors with no windows that did not lock. At times the doors were propped open. Even if the door was open staff could not see residents in a state of undress. It was recommended these doors have a window installed or be removed. Removal of the door would not create a cross gender viewing issue. Currently staff completing rounds must enter the bathroom.</p> <p>The ARS Therapists had offices on the 4th floor. These offices had solid doors with no window. ARS Therapists meet with residents one on one in these offices. This auditor recommended windows be installed in all office doors that residents meet with staff in to allow staff making rounds to briefly see in the office without disrupting the therapy session. This was not required as the community confinement standard does not have the physical plant requirements that includes blind spots that are found in the prison standard nor was this found in a research of the FAQ's.</p> <p>The staffing at VOA Mid-States was found to be appropriate based on the population size, physical plant layout, presence of staff, video monitoring and the absence of reports of sexual abuse and sexual harassment.</p> |



|                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>115.215</b> | <b>Limits to cross-gender viewing and searches</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                | <b>Auditor Overall Determination:</b> Meets Standard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                | <b>Auditor Discussion</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                | <p>a) Policy 300.24 pg 7</p> <p>The policy states “VOAMID does not conduct cross-gender strip searches or cross-gender visual body cavity searches.” Strip searches and body cavity searches are prohibited by policy. Staff only conduct pat searches of residents when they return to the facility from work or medical appointments. Interviews with residents indicated that female staff were conducting a cross gender pat search based on the training curriculum. All female security staff could describe how to conduct a cross gender pat search. All staff interviewed could describe what to do if they had to search a transgender resident. The cross gender/transgender search video “Guidance in Cross-Gender and Transgender Pat Searches” released by the PRC in September 2016 is used to train staff in conducting cross gender and transgender searches. This video is included as part of the annual PREA training all staff have to complete on an annual basis.</p> <p>b) NA</p> <p>c) NA</p> <p>d) Policy 300.24 pg 8</p> <p>The policy states “VOAMID facility residents shower, perform bodily functions, and change clothing without staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in emergency of life-threatening circumstances. Staff of the opposite gender are required to announce their presence when entering a resident bedrooms and bathrooms.”</p> <p>The policy requires staff of the opposite gender to make an announcement prior to entering resident bedrooms and bathrooms. This auditor observed female staff making announcements when entering resident floors and bathrooms. During random staff interviews, all male staff said the female staff were making announcements and all female staff said they were required to make announcements prior to entering resident floors and bathrooms. All residents interviewed said they heard the female staff make an announcement as they entered the floor or prior to entering a bathroom. All residents indicated they could use the bathrooms and change clothes without female staff seeing them in a state of undress.</p> <p>During the facility tour, this auditor observed resident 4 bathrooms. There were two resident bathrooms on the 2nd floor living area. One had shower curtains hung at the opening for the toilet stalls and at the shower entrances. The second resident bathroom had solid stall doors at toilet stalls and at the entrance for the showers. This bathroom had been recently renovated. There were no viewing issues with any of the urinals in either bathroom. The third resident bathroom was on the third</p> |

floor living area. It had stall doors on all toilets and the entrance to the showers. There were no viewing issue with the urinals. The 4th resident bathroom was just outside the dining facility and contained only a toilet and sink. This bathroom had a solid door and remained locked. Residents would have to request use of this bathroom and be let in by staff.

e) Policy 300.24 pg 8 states “VOAMID staff shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident’s genital status. If the resident’s genital status is unknown, it may be determined during conversations with the resident.” There were no residents that identified as transgender housed at VOA Mid-States at the time of the audit. None of the residents interviewed had indicated identifying as transgender.

f) Policy 300.24 pg 8 states “VOAMID trains staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. Kentucky DOC training materials are utilized to inform staff of proper procedures.” There were no transgender residents to interview at the time of the audit. All staff stated that transgender residents would be searched by female staff or in a cross gender search if searched by male staff.

All staff interviewed could describe what to do if they had to search a transgender resident. The cross gender/transgender search video “Guidance in Cross-Gender and Transgender Pat Searches” released by the PRC in September 2016 is used to train staff in conducting cross gender and transgender searches. This video is included as part of the annual PREA training all staff have to complete on an annual basis. Documentation was provided that showed all staff had completed the annual PREA that were randomly selected for interviews.

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| 115.216                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>Residents with disabilities and residents who are limited English proficient</b> |
| <b>Auditor Overall Determination:</b> Meets Standard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                     |
| <b>Auditor Discussion</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                     |
| <p>a) Policy 300.24 pg 8 requires the staff to “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.” Materials may be read aloud for residents that cannot read or that have visual impairment. Materials were provided in Spanish that informed residents about the zero-tolerance policy and how to report sexual abuse. PREA education is provided to residents via a video from the PRC website with closed captioning. After residents view the video, they receive an individual review of the material with staff where additional accommodations can be provided for any identified disabilities. The staff providing the PREA education ensure the resident understands the material.</p> <p>b-c) Spanish 3rd Party Reporting poster</p> <p>Spanish PREA brochure</p> <p>Policy 300.24 pg 8 requires the use of interpreters and not to rely on residents to provide interpretation. During the onsite audit this auditor observed PREA posters in Spanish posted throughout the facility. During interviews a resident was identified that was limited English proficient with a native language of Arabic. This resident was interviewed with the use of an interpreter that was at the facility to assist the resident with an addiction recovery therapy session that day. The resident reported not having an interpreter for several days after arriving at the facility. This meant the resident was given the education and assessment without an interpreter. The staff said it took more time than usual to find an interpreter for the resident as there were no interpreters for Arabic in the area. The interpreter verified this and said it took time for the facility to contact her. The facility also uses a translator device called a Pocket Talk that can translate what is said and display it in the language selected. The resident that could only speak Arabic had the device with him and showed it to me. It looks like a cellphone. This device will only work for residents that can read their spoken language.</p> <p>CORRECTIVE ACTION: the facility was asked to re-educate and reassess for vulnerability the resident that was LEP using the interpreter that was now available to ensure the resident understood the procedures for the prevention, detection and reporting of sexual abuse. The PREA Coordinator provided documentation of the additional education and PREA assessment using the interpreter after the onsite audit.</p> <p><b>Corrective Action Completed</b></p> <p>c) Policy 300.24 pg 8 states “VOAMID policy prohibits use of resident</p> |                                                                                     |

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, or the investigation of the resident's allegations."

The PREA Coordinator reported no residents provided interpretive services during the review period. The resident that spoke Arabic did not have another resident translate for him as none could speak Arabic. Only one of the twenty residents selected for interviews reported having a disability or limited English proficiency.

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| <b>115.217</b> | <b>Hiring and promotion decisions</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                | <p data-bbox="280 188 1007 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 580 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 708 376">a-b) Policy 300.24 pg. 8-10</p> <p data-bbox="280 416 1445 528">The policy states “VOAMID will not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents, who:</p> <ul style="list-style-type: none"> <li data-bbox="280 568 1445 680">i. 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);</li> <li data-bbox="280 721 1481 833">ii. 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;</li> <li data-bbox="280 873 1394 949">iii. Has been civilly or administratively adjudicated to have engaged in the activity described above</li> <li data-bbox="280 990 1477 1102">iv. The agency shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.”</li> </ul> <p data-bbox="280 1142 1436 1299">The policy prohibits hiring or promoting anyone or enlist services of a contractor that has engaged in sexual abuse, been convicted of sexual abuse or had a civil judgement against them for sexual abuse. The facility shall consider incidents of sexual harassment in hiring and promotion.</p> <p data-bbox="280 1339 1401 1456">Interview with HR: During the interview this auditor was told there are four questions attached to all applications that must be answered pertaining to this provision. Any yes response to the first three would disqualify a candidate.</p> <p data-bbox="280 1496 660 1532">c-d) Policy 300.24 pg. 9</p> <p data-bbox="280 1572 1442 1684">The policy requires a criminal background check and contacting prior institutional employers to inquire about substantiated sexual abuse investigations or resignations during the investigation.</p> <p data-bbox="280 1724 1471 1881">Interview with HR: The HR Director stated all staff and contract staff must have a criminal background check prior to an offer of employment. If the applicant worked at a prior correctional institution, she would contact that prior employer to inquire about prior PREA investigations.</p> <p data-bbox="280 1921 1471 2083"><b>CORRECTIVE ACTION REQUIRED:</b> During random staff interviews, one staff reported to this auditor that he had previously worked previously at a correctional institution. This auditor requested a review of that staff’s personnel file to verify if there was prior correctional institution employment and if there was a PREA Employment</p> |

background check completed. It was determined that the staff did work at a prior correctional institution and the PREA employment background check was not completed at the time of his hire date. In fact, there was no system in place for conducting the employment background check and documenting it.

The facility developed a form that would be sent to a former correctional institution employer to request information about substantiated sexual abuse and sexual harassment investigations for the applicant. This new process was communicated in an email from the PREA Coordinator to the HR Director on February 9, 2023. The form and email was provided to this auditor for record. The PREA Coordinator indicated there had been no new hires with a prior correctional institution employment since the form was created, however the form would be utilized when needed in the future.

### **Corrective Action Completed**

e) Policy 300.24 pg. 9

The policy states "VOAMID shall 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." Most all staff at the facility had less than 5 years of employment. The long-term staff had criminal background checks that were less than 5 years old.

f) Policy 300.24 pg. 10

The policy states "VOAMID shall also ask all applicants and employees who may have contact with residents directly about previous misconduct described above in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. VOAMID will also impose upon employees a continuing affirmative duty to disclose any such misconduct."

**CORRECTIVE ACTION REQUIRED:** During the interview with the HR staff, this auditor was told there were 4 questions on all employee applications that were based on the requirements in (a) 1-3 and (b). Copies of applications were requested for all staff that criminal background checks were requested. None of the applicants had been asked the questions pertaining to a) 1-3 or incidents of sexual harassment of residents.

The facility developed a form with 4 questions pertaining to the standard. The questions are as follows:

1. Have you 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)?
2. Have you 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?

3. Have you been civilly or administratively adjudicated to have engaged in the activity described in number 1 and 2 above?

4. Have you ever had a substantiated finding of sexual harassment of an offender, resident or student in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?

This form was provided to the HR Director to use for all new hires. All current staff completed and signed this form as well. These were provided to this auditor for review. A copy of this form was also provided to this auditor for review for a staff hired on February 28, 2023.

**Corrective Action Completed**

g) Policy 300.24 pg. 10 states “Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.”

h) Policy 300.24 pg. 10

The policy states “VOAMID 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.”

Interview with HR: The HR Director said she could only tell prospective institutional employers a yes or no on any substantiated PREA investigations or resignation during the investigation. No other HR information could be disclosed. There had been no requests for information in the last 12 months.

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| <b>115.218</b> | <b>Upgrades to facilities and technology</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                | <b>Auditor Overall Determination:</b> Meets Standard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                | <b>Auditor Discussion</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                | <p>a) Policy 300.24 pg 10</p> <p>The policy states “When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, VOAMID shall consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect residents from sexual abuse.”</p> <p>Two resident bathrooms were renovated in the last year. The renovation improved the ability of residents to shower and use the bathroom without staff seeing them in a state of undress.</p> <p>b) Policy 300.24 pg 10</p> <p>The policy states “When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency’s ability to protect residents from sexual abuse.”</p> <p>A memo regarding cameras upgrades at VOA Mid-States was provided that described the installation of cameras in areas determined to need more coverage on the outside of the building. There are plans to install fisheye cameras in the dining facility and in the back kitchen. The upgraded cameras were viewed during the facility tour.</p> |



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| <b>115.221</b> | <b>Evidence protocol and forensic medical examinations</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                | <p data-bbox="280 188 1007 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 579 297"><b>Auditor Discussion</b></p> <p data-bbox="280 340 671 374">a) Policy 300.24 pg 14</p> <p data-bbox="389 412 796 445">KSP Evidence Training Memo</p> <p data-bbox="280 483 1441 680">The policy states “VOAMID shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The VOAMID PREA coordinator will ensure that allegations of sexual abuse or sexual harassment are referred for investigation to the legal authority to conduct criminal investigations.”</p> <p data-bbox="280 719 1461 1173">The PREA Coordinator reported in her interview the staff designated as the facility investigator would conduct administrative investigations into sexual harassment reports. The Kentucky State Police would conduct criminal investigations regarding reports of sexual abuse. The staff designated as the facility investigator was interviewed via telephone prior to the onsite audit. He stated that he investigates sexual harassment and the KSP would be called to investigate a report of sexual abuse. He also said the Kentucky DOC may assist with an investigation for a KDOC resident as well. He said there have been no reports of sexual abuse or sexual harassment during the review period. Based on the policy and interviews, investigations for sexual harassment are handled by the VOAMID investigator and investigations for sexual abuse are handled by the Ky State Police</p> <p data-bbox="280 1211 1477 1411">The Kentucky State Police Commander provided a memorandum to the Commissioner of the KDOC stating the KSP Troopers receive training in sexual abuse investigations that includes techniques for collecting sexual abuse evidence at crimes scenes to include confinement settings. The training curriculum was not available for review by this auditor.</p> <p data-bbox="280 1449 1481 1944">b) Policy 300.24 pg 25 states “VOAMID staff whenever possible and allowable per the community confinement contracts shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence.” Policy 300.24 pg 14 states “VOAMID will offer all victims of sexual abuse access to community-based forensic medical examinations at University of Louisville Hospital / Center for Women and Families or other free community service that offers examinations by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs).” All staff interviewed in random interviews could describe the ways to protect evidence that are found in the “National Protocol for Sexual Assault Medical Forensic Exams.” This auditor contacted staff at the forensic exam department at University of Louisville to verify they would provide a VOAMID resident a forensic exam that follows national protocols.</p> <p data-bbox="280 1982 1481 2058">c) Policy 300.24 pg 14 states “VOAMID will offer all victims of sexual abuse access to community-based forensic medical examinations at University of Louisville</p> |

Hospital / Center for Women and Families or other free community service that offers examinations by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). VOAMID will make available at no cost to the victim a victim advocate from a rape crisis center. The rape crisis centers to be utilized will not be part of the criminal justice system (such as a law enforcement agency) and will offer a comparable level of confidentiality as a nongovernmental entity that provides similar victim services.” The PREA Coordinator reported on the PAQ no residents being sent out for a forensic examination during the review period.

d-f) Kentucky Association of Sexual Assault Programs poster

Policy 300.24 pg 15 states “As requested by the victim, the victim advocate shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.” Victim advocate services are provided by the Center for Women and Families via a contract the KDOC has with the Kentucky Association of Sexual Assault Programs. A copy of this contract was provided by the PREA Coordinator in the pre-audit document review. This auditor contacted the CWF and spoke to the director. She verified that the CWF would provide victim advocate services at U of L if a VOAMID resident were sent there for a forensic examination.

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| <b>115.222</b> | <b>Policies to ensure referrals of allegations for investigations</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                | <b>Auditor Overall Determination:</b> Meets Standard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                | <b>Auditor Discussion</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                | <p>a-b) Policy 300.24 pg 15 states “VOAMID shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The VOAMID PREA coordinator will ensure that allegations of sexual abuse or sexual harassment are referred for investigation to the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. All such referrals will be documented in an incident report.” this policy is posted on the VOS Mid-States website at <a href="https://voa-production.s3.amazonaws.com/uploads/pdf_file/file/3961/ARS_and_BHSO_PREA_Policy_Updated_9.2020_.pdf">https://voa-production.s3.amazonaws.com/uploads/pdf_file/file/3961/ARS_and_BHSO_PREA_Policy_Updated_9.2020_.pdf</a>.</p> <p>The PREA Coordinator reported in her interview the staff designated as the facility investigator would conduct administrative investigations into sexual harassment reports. The Kentucky State Police would conduct criminal investigations regarding reports of sexual abuse. The staff designated as the facility investigator was interviewed via telephone prior to the onsite audit. He stated that he investigates sexual harassment and provides the initial investigative response to reports of sexual abuse. If the report could potentially be criminal, the KSP would be called to investigate a report of sexual abuse. He also said the Kentucky DOC may assist with an investigation for a KDOC resident as well. He said there have been no reports of sexual abuse or sexual harassment during the review period. Based on the policy and interviews, investigations for sexual harassment are handled by the VOAMID investigator and investigations for sexual abuse are handled by the Ky State Police.</p> |

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| <b>115.231</b> | <b>Employee training</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                | <p data-bbox="280 188 1038 224"><b>Auditor Overall Determination:</b> Exceeds Standard</p> <hr/> <p data-bbox="280 264 580 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 719 376">a) Policy 300.24 pg 12-14</p> <p data-bbox="280 416 1465 613">The policy states “As a part of VOAMID’s zero (0) -tolerance policy for sexual abuse and sexual harassment, all staff who work in the facilities advised of a resident’s right to be free from sexual abuse and sexual harassment, and trained in preventing, detecting, and responding to sexual conduct in the correctional setting. Additionally, this training shall include:</p> <ul style="list-style-type: none"> <li data-bbox="280 654 1182 689">i. How to recognize signs of sexual abuse or misconduct,</li> <li data-bbox="280 730 1437 837">ii. How to fulfill their responsibility of the VOAMID policies and procedures on preventing, detecting, reporting and responding to sexual abuse and sexual harassment.</li> <li data-bbox="280 878 1235 913">iii. Ways that residents may report incidents of sexual conduct,</li> <li data-bbox="280 954 1422 1025">iv. Resident’s and staff’s right to be free from retaliation for reporting sexual abuse, instructions for staff on reporting incidents of sexual conduct,</li> <li data-bbox="280 1066 1270 1102">v. The dynamics of sexual abuse and sexual harassment victims,</li> <li data-bbox="280 1142 1374 1178">vi. Common reactions of sexual abuse, crisis intervention, treatment and</li> <li data-bbox="280 1218 1118 1254">vii. Crime scene and evidence preservation techniques,</li> <li data-bbox="280 1294 1166 1330">viii. How to avoid inappropriate relationships with residents</li> <li data-bbox="280 1370 1050 1406">ix. How to effectively communicate with residents</li> <li data-bbox="280 1447 1465 1518">x. Cultural competency regarding lesbian, gay, bisexual, transgender, intersex or gender nonconforming residents.</li> <li data-bbox="280 1559 1134 1594">xi. Duties for first responders to sexual abuse incidents”</li> </ul> <p data-bbox="280 1626 1481 1733">VOA Mid-States uses the Kentucky DOC training curriculum. A review of this curriculum found all required elements of the standard and VOA policy. This training is self-guided and completed individually by staff annually.</p> <p data-bbox="280 1774 1449 1971">Refresher posters were provided to this auditor and observed in areas where staff would see them regularly. A staff PREA brochure was also provided that reminded staff of what types of incidents are sexual abuse and sexual harassment and how they are to respond to reports from residents. This is available at Support Tech stations or through supervisors.</p> <p data-bbox="280 2011 679 2047">b) Policy 300.24 pg 13</p> |

The policy states "All training shall be tailored to the gender of the resident population at a given facility." The training is tailored toward the male population with required announcements and cross gender searches by female staff.

c-d) Policy 300.24 pg 13

Refresher Poster #1 and #3

Staff Brochure

The policy states "In addition to the new employee orientation training, a module on identifying, responding to and preventing sexual conduct shall be included in the annual training for staff. This module shall include a refresher of the information in the new employee orientation training, training on guidelines for female staff announcing selves before entering males' sleeping and bathroom facilities, and any additional information that is deemed to be required."

All staff interviewed said the full PREA training was provided annually. Several staff that had just started in the last few months stated they had received the training prior to working with residents.

All training acknowledgements provided on staff that were randomly selected for interviews were completed within the last year.

Based on the policy, interviews and training documentation VOA Mid-States exceeds this standard by providing the full PREA training annually in addition to providing refresher information to staff.

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| <b>115.232</b> | <b>Volunteer and contractor training</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                | <b>Auditor Overall Determination:</b> Meets Standard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                | <b>Auditor Discussion</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                | <p>a-b) Policy 300.24 pg 14</p> <p>KDOC Volunteer &amp; Contractor Training form</p> <p>Staff Brochure</p> <p>The policy states “Volunteers, interns and contractors shall be advised that any form of sexual conduct with an resident, whether consensual or not, is strictly prohibited and that any volunteer, intern or contractor found to have engaged in such conduct shall be removed from the facility and not allowed to return and may be subject to criminal prosecution. Training in the detection and response to sexual behavior shall be made a part of the volunteer, intern and contractor orientation training.</p> <p>Each volunteer, intern or contractor having regular contact with residents shall be provided with a copy of the brochure provided to staff regarding sexual behavior and receive the same information and training materials that are provided to staff.</p> <p>All PREA related training received by volunteers, interns and contractors will be documented, including that they understood the training and the documentation will be kept by the VOAMID volunteer coordinator and/or human resource department.”</p> <p>VOAMID has 10 volunteers. One was randomly selected for interview. The interview was conducted by telephone as the volunteer was not available at the facility during the onsite interview. She was able to answer all questions regarding the zero tolerance policy of VOAMID and what her responsibility is in response to a report of sexual abuse by a resident.</p> <p>The facility provided training documents within the last year for the volunteer interviewed and another randomly selected volunteer from the list provided.</p> |

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| <b>115.233</b> | <b>Resident education</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                | <b>Auditor Overall Determination:</b> Meets Standard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                | <b>Auditor Discussion</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                | <p>a) Policy 300.24 pg 11-12</p> <p>Client Handbook Men’s ARS</p> <p>The policy states “All residents housed in VOAMID correctional facilities shall receive as a part of the orientation to a facility an educational segment regarding sexual conduct. The resident shall be provided with oral and written information regarding:</p> <ul style="list-style-type: none"> <li>i. VOAMID’s zero (0) tolerance of any sexual conduct</li> <li>ii. prevention and intervention</li> <li>iii. self-protection</li> <li>iv. reporting sexual conduct including abuse and/or assault and remain free from retaliation</li> <li>v. how VOAMID will respond to an alleged incident”</li> </ul> <p>b) All VOAMID residents receive the PREA education and do not transfer from another community confinement facility.</p> <p>c) Policy 300.24 pg 11</p> <p>The policy states “The presentation of this information shall be in a manner that is easily understandable to the residents.”</p> <p>This auditor was informed during interviews with staff that all residents are shown a video “PREA What you need to Know” from the PRC with the closed captioning on. They also read the information from the resident Handbook that covers PREA if they determine the resident has visual impairment or cannot read. If a translator is needed, they will use a device called Pocket Talk or contact a local translator to assist with the orientation.</p> <p>d) Policy 300.24 pg 11-12</p> <p>The policy states “Additionally, it shall be noted in each resident’s file that the resident received the brochure and was made aware of all appropriate information regarding VOAMID’s zero tolerance for all sexual conduct, including how to report it and how to obtain treatment if he/she becomes a victim. The resident shall sign a receipt indicating that this information was provided and the receipt shall be filed in the resident’s client file.”</p> <p>Documentation of PREA education for all twenty residents interviewed was provided. All residents interviewed indicated they had received the PREA education on the</p> |

same day of arrival or the next day and they signed a form.

e) During the tour of the facility, this auditor observed PREA information posters in all resident living areas, dining facility and other areas residents congregate that contained key information for reporting sexual abuse and sexual harassment. All residents reported being aware of these posters in interviews. The posters were in both English and Spanish.



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| <b>115.234</b> | <b>Specialized training: Investigations</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                | <p data-bbox="280 188 1007 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 579 297"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1445 418">a-b) The facility has staff designated as an investigator that has completed the Kentucky DOC PREA Investigator Course. The certificate was provided.</p> <p data-bbox="280 454 1477 613">The staff assigned as the facility investigator was interviewed via phone. He stated he attended the Kentucky DOC training for PREA investigations. When asked questions about the four specific subjects required by this standard, he gave detailed responses that demonstrated he had sufficient knowledge of that material.</p> <p data-bbox="280 622 1477 987">If he receives an allegation of sexual harassment or sexual abuse he would start the investigation immediately. If after the initial response he determines it is an incident of sexual abuse he would contact the Ky State Police and the Kentucky DOC Investigators. He investigates all allegations of sexual harassment. If it involves staff, he may contact the KDOC investigators for assistance. He provided a good explanation of preponderance of evidence, protection and collection of evidence and how he would document the investigation. If the KSP or KDOC investigated an incident, the VOAMID investigator states he would be in constant communication with those investigators and assist them in coordinating the investigation.</p> <p data-bbox="280 1025 1461 1391">The facility provided a Kentucky State Police General Order for Criminal Investigations and reports. This provided general information about how the KSP would conduct an investigation. This auditor was also provided a memorandum from the KSP Commander to the Commissioner of the Kentucky DOC indicating the KSP Troopers receive training in sexual abuse investigations that includes "techniques for interviewing sexual abuse victims, proper use of Miranda warnings, sexual abuse evidence collection at crime scenes including in a confined setting, and the criteria and evidence required to substantiate a case for prosecution referral."</p> <p data-bbox="280 1429 1430 1592">CORRECTIVE ACTION REQUIRED: A request was made for a copy of the Kentucky DOC PREA Investigator Course training curriculum for review. This has not been received as of the Interim report, therefore this auditor cannot determine if the training meets the standard's requirements.</p> <p data-bbox="280 1630 1453 1832">During the corrective action period, the PREA Coordinator provided the "KDOC Specialized Investigations Training" curriculum for review. This training curriculum was provided by the Moss Group and is the same training that the PRC provides on its website. It was found to cover Miranda/Garrity warnings, Evidence collection, techniques for interviewing SA victims, and the criteria for substantiating a case.</p> <p data-bbox="280 1870 738 1904"><b>Corrective Action Completed</b></p> <p data-bbox="280 1942 834 1975">c) Investigator Training Certificate</p> <p data-bbox="280 2013 1430 2092">A copy of the Kentucky DOC PREA Investigator Course completion certificate was provided for the staff designated as the facility investigator.</p> |

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| <b>115.235</b> | <b>Specialized training: Medical and mental health care</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                | <b>Auditor Overall Determination:</b> Meets Standard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                | <b>Auditor Discussion</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                | <p>a) Policy 300.24 pg 12-14</p> <p>The policy states “In addition to new employee orientation training, Medical and Mental Health Practitioners shall receive specialized training in Medical and Mental Care Standards.” The facility has a full time Nurse and a part-time Psychiatrist. If residents need to see a medical doctor they are sent to an outside clinic.</p> <p>The facility provided the training curriculum created by the NCCD found on the PRC website that the medical staff have completed. The training covers how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence, how to respond to victims, and how to report allegations or suspicions of sexual abuse and sexual harassment to the facility investigator.</p> <p>b) All forensic exams are conducted at the University of Louisville Hospital forensic exam department. Any resident needing a forensic exam would be sent to U of L.</p> <p>c) KDOC/VOA MidStates PREA Medical and Mental Care Acknowledgement Form</p> <p>This form was provided for both the Nurse and the Doctor. The completed 10/5/22 and the Doctor completed 11/30/22 after the onsite audit.</p> <p>d) Staff PREA Training Curriculum</p> <p>The PREA training curriculum from the KDOC was provided. Certificates of completion were requested for both the Nurse and the Doctor. The PREA Coordinator informed this auditor the Doctor will be completing the training soon and she would have to look for the training certificate for the Nurse.</p> <p><b>CORRECTIVE ACTION REQUIRED:</b> The Doctor must complete the annual PREA training. Documentation of completion of the PREA training will need to be provided for the Nurse and the Doctor.</p> <p>The Nurse had resigned during the corrective action period. A record was provided for her last completion of the PREA training in 2019. The Doctor completed the contract staff PREA training on 12/21/22. This completed the corrective action.</p> <p><b>Corrective Action Completed</b></p> |

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| <b>115.241</b> | <b>Screening for risk of victimization and abusiveness</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                | <p data-bbox="280 188 1007 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 579 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 815 591"> a) Policy 300.24 pg 15-16<br/> PREA Risk Assessment Tool<br/> Interview with Screening Staff<br/> Resident Interviews Q 7-8 </p> <p data-bbox="280 631 1481 1413"> The policy states “Within 24 hours of a resident’s admission to a VOAMID intake unit, staff shall assess a resident through interviews and reviews of the resident’s record to attempt to determine whether the resident may be a potential sexual aggressor or a potential sexual assault victim. Within 30 days of the resident’s arrival at the parent facility, staff shall reassess the resident’s risk of victimization or abusiveness based upon any additional information received by the facility since the intake assessment. A resident’s risk level shall be reassessed when warranted due to a referral, request, and incident of sexual abuse or receipt of additional information that bears on the risk of sexual victimization or abuse.” VOAMID uses the Kentucky DOC Screening for risk of sexual victimization and abusiveness for residents from the KDOC. The VOAMID assessment is used for residents from SMRC. Both assessment instruments were reviewed by this auditor and found to be identical in the information and scoring. The victim factors were prior victim of sexual abuse, mental or physical disabilities, age, physical build, prior conviction for sex offenses, LGBTI or gender nonconforming, first incarceration, nonviolent criminal history, and resident’s perception of vulnerability. The abusiveness factors are prior perpetrator of sexual abuse, prior sex offenses, prior violent offenses, prior discipline for sexual conduct, prior conduct for violent offenses. All factors required by the standard were covered in the assessment. </p> <p data-bbox="280 1453 1433 1570"> All of the residents interviewed recalled being asked questions about prior victimization, identifying as transgender/intersex, being gay or bisexual in sexual orientation, and their feelings about being vulnerable to sexual abuse. </p> <p data-bbox="280 1610 1481 2063"> The staff that perform risk screening was interviewed via telephone prior to the onsite audit. One staff member performs the intake screening with each resident in his office away from other residents. He asks each resident questions to gather information for the risk screening. Questions include identification as LGBTI, prior victimization, prior perpetration, disabilities, sex offense convictions, vulnerability to sexual abuse, prior violent offenses and prior incarcerations. The policy prohibits disciplining a resident for refusing to answer questions for the screening. A second staff was conducting the reassessment within 30 days. This auditor interviewed her via telephone prior to the onsite audit. The reassessment consisted of looking at the previous assessment factors and determining if there was any new information that might change the answers. The resident was not asked reaffirming questions </p> |

about prior victimization, identification as LGBTI or feelings about vulnerability to sexual abuse.

This auditor requested the risk assessment for twenty residents randomly selected from the resident list for interview. The assessments were received prior to the onsite audit and reviewed. Nineteen of the intake assessments were completed prior to 72 hours. Three reassessments were completed beyond the required 30 days. This auditor believed this happened as a result of waiting until the 30th day after arrival when the resident arrived in a month with 31 days.

**CORRECTIVE ACTION REQUIRED:** The reassessments were not being conducted within 30 days of arrival and the reaffirming questions required in the FAQ August 2019 for this standard were not being asked at the 30 days review. At the onsite audit, this auditor informed the PCM and screening staff that there would have to be a change in the process to ensure the screening reassessment is completed prior to 30 days and that residents are interviewed and asked questions about prior victimization, LGBTI and perception of vulnerability.

The PREA Coordinator sent six assessments that were completed after the onsite audit for this auditor to review. All six documented the staff responsible for screening asking the residents four reaffirming questions regarding prior victimization in an institution or in the community; sexual orientation and gender identity; and perception of vulnerability to sexual abuse. All reassessments were completed prior to 30 days from arrival at the facility.

**Corrective Action Completed**

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| <b>115.242</b> | <b>Use of screening information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                | <p data-bbox="280 188 1007 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="280 264 580 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1442 501">a) Policy 300.24 pg. 16 states “Based upon this assessment identification of aggressor likely and victim likely, the resident shall be placed in the appropriate area; this may include having a client housed in an individual room and placed on more frequent checks to ensure client safety.”</p> <p data-bbox="280 542 1442 703">b) Policy 300.24 pg 16 states “Based upon this assessment identification of aggressor likely and victim likely, the resident shall be placed in the appropriate area; this may include having a client housed in an individual room and placed on more frequent checks to ensure client safety.”</p> <p data-bbox="280 743 1474 1352">c) Policy 300.24 pg 16 states under the section for Transgender/Intersex “Serious consideration shall be given to such a resident’s own views with respect to his or her own safety.” The policy did not describe a process to determine if placement at VOAMID was appropriate for residents that identify as transgender in accordance with the requirements of the FAQ in 2016. It only addressed housing within VOAMID. A revision was made to the policy after discussion with the PREA Coordinator. The revision states “a. Determine what gender the resident identifies with on screening form during admission. If identified as transgender obtain a statement from the resident on preferences, and any safety concerns. b. The facility shall consider on a case by case basis whether a placement would risk the resident’s health, safety or present security concerns.” The PREA Coordinator stated during her interview, a resident that identifies as transgender will meet with the therapy team to discuss placement in the facility and accommodations needed if the resident remains at VOAMID. The resident would be asked how they feel about remaining at VOAMID.</p> <p data-bbox="280 1393 1474 1756">CORRECTIVE ACTION NEEDED: The policy revision provides the requirement to consider the transgender resident’s own views of safety, however does not cover the requirements of the FAQ. VOAMID needs to provide a description in policy that covers review of the appropriateness of a transgender resident’s placement at the facility, what staff are involved in that process and what will the process be if it is determined placement at VOAMID is not in the best interest of the transgender resident. The FAQ states "Best practices include informing decisions on appropriate housing through consultation by facility administration, classification and security staff, and medical and mental health professionals."</p> <p data-bbox="280 1796 1442 1877">Update: On January 12, 2023 the PREA Coordinator provided a policy revision that states:</p> <p data-bbox="280 1917 1458 1998">Serious consideration shall be given to such a resident’s own views with respect to his or her own safety.</p> <p data-bbox="424 2029 1458 2065">a. Determine what gender the resident identifies with on screening</p> |

form during admission. If identified as transgender obtain a statement from the resident on preferences, and any safety concerns.

b. The facility placement statement is uploaded into the client record.

c. The Program Manager and Clinical Team shall consider on a case-by-case basis whether a placement would risk a resident's health, safety or present security concerns.

d. If a resident presents as female and prefers a female facility placement; the Program Manager and Clinical Team will review the screening assessment, and determine if the placement is appropriate or would risk a resident's health and safety or present security concerns. If the placement is appropriate, the resident is then placed in the female facility.

e. The team meets with the resident to discuss and inform the resident of the facility placement decision.

f. If the resident cannot be appropriately placed in the female facility or does not agree with the placement decision, the resident is referred to another agency.

The change in policy provides a process to review the facility placement for any resident that identifies as transgender during the PREA assessment at intake to the facility.

#### **Corrective Action Completed**

d) Policy 300.24 pg. 16 states "Serious consideration shall be given to such a resident's own views with respect to his or her own safety." The PREA Coordinator stated in her interview the treatment team has met with a transgender resident in the past to discuss room assignment, showering procedures and other accommodations. This was outside of the review period, but would be the process for future transgender residents as well.

e) Policy 300.24 pg. 16 states "Transgender and intersex residents shall be given the opportunity to shower separately from other residents."

The facility reported no transgender/intersex residents were present at the time of the onsite audit or during the review period. No residents reported identifying as transgender during interviews. The PREA Coordinator said if the facility housed a transgender resident, they would be allowed to shower in the bathroom on floor 2 that has one shower stall and close that bathroom to other residents.

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| <b>115.251</b> | <b>Resident reporting</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                | <b>Auditor Overall Determination:</b> Meets Standard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                | <b>Auditor Discussion</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                | <p>a) Policy 300.24 pg 17</p> <p>Random Staff Interview Q 7</p> <p>Resident Interview Q 9</p> <p>Client Handbook Men’s ARS</p> <p>The policy states “VOAMID will inform residents, staff, volunteers, and contractors how to report sexual misconduct, abuse or harassment:</p> <ul style="list-style-type: none"> <li>i. Verbally report sexual offense incidents, or suspicions to any facility staff member, medical or mental health practitioner.</li> <li>ii. In writing to program manager, PREA Coordinator, facility staff member, medical or mental health practitioner.</li> <li>iii. Meeting with the PREA coordinator face to face</li> <li>iv. Call the confidential PREA hotline @ 1-833-362- PREA (7732).</li> <li>v. Call the Volunteers of America 24 hour, confidential hotline @ 1-800-862-8482.”</li> </ul> <p>All staff interviewed knew how a resident could report sexual abuse or sexual harassment. Many knew there was a number on posters in the facility. All said residents could go to any staff and make a report, file a grievance, write staff an anonymous note, or tell their family.</p> <p>Residents interviewed could describe at least two ways to make a report. All knew there were posters with information about making a PREA report and that there was information in the handbook about how to report. methods described were calling a number on posters, telling staff directly, writing to staff or dropping an anonymous note in the grievance box.</p> <p>A call to the VOA hotline goes to an automated system with prompts that will eventually allow a resident to leave a voicemail that goes to the facility investigator.</p> <p>During the tour, the auditor observed posters that contained information about reporting sexual abuse and sexual harassment in resident living areas and other common areas of the facility. The grievance box was observed in the dining hall.</p> <p>b) This auditor made a call to the PREA hotline to the Justice and Public Safety Department of Internal Investigations and left a message that I was an auditor needing to test the report line with my phone number. A return call was received within 15 minutes from an investigator. This agency is outside of VOA and the</p> |

KDOC. PREA reports received by them are immediately forwarded to the KDOC and VOA.

c) Policy 300.24 pg 17

Client Handbook page 11-12

The policy states "All VOAMID staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall forward the reports to the facility director immediately."

The client handbook states that residents can write to the program manager, PREA Coordinator, any facility staff, medical or mental health practitioner.

During interviews with random staff and residents, this auditor asked how a report could be made in writing and submitted. All responses were to drop the written report in the grievance box or the medical box. These boxes are in the dining facility. All residents thought they could put a note in this box with no name so they could remain anonymous as well. This box was observed during the tour of the facility.



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| <b>115.252</b> | <b>Exhaustion of administrative remedies</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                | <p data-bbox="280 188 1007 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 580 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 715 376">a) Policy 300.24 pg 18-19</p> <p data-bbox="280 416 1318 452">VOA Mid-States has procedures for grievances in the PREA policy 300.24.</p> <p data-bbox="280 488 671 524">b) Policy 300.24 pg 18</p> <p data-bbox="280 564 1481 801">The policy states “There is no a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse; any portion of the grievance that does not allege any incident of sexual abuse will follow the regular VOA timelines for the submission of grievances. Residents making an allegation of sexual abuse will not be required to use an informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.”</p> <p data-bbox="280 842 668 878">c) Policy 300.24 pg 18</p> <p data-bbox="280 918 1469 1070">The policy states “VOAMID ensures that - i. A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and ii. Such grievance is not referred to a staff member who is the subject of the complaint.”</p> <p data-bbox="280 1111 671 1146">d) Policy 300.24 pg 18</p> <p data-bbox="280 1187 1481 1339">The VOAMID policy requires a decision within 90 days and allows for an extension of 70 days. The resident will be notified in writing. Given that VOAMID program is only 90 days, the extension will not be used. The PAQ response was NA for d-5 to d-7 however the provision is written into the policy.</p> <p data-bbox="280 1379 671 1415">e) Policy 300.24 pg 19</p> <p data-bbox="280 1456 1481 1693">The policy states “Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents.” The facility may require the resident to agree to have the grievance filed on their behalf and if the resident declines document the decision on the grievance.</p> <p data-bbox="280 1733 663 1769">f) Policy 300.24 pg 19</p> <p data-bbox="280 1809 1469 2002">The policy states “An emergency grievance alleges that a resident is subject to a substantial risk of imminent sexual abuse.” The facility will provide an initial response to an emergency grievance reporting sexual abuse within 48 hours and a final answer within 5 calendar days. The facility reported no emergency grievances in the last 12 months on the PAQ.</p> <p data-bbox="280 2042 671 2078">g) Policy 300.24 pg 19</p> |

The policy states “The agency may discipline a resident for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the resident filed the grievance in bad faith.” The facility reported no discipline against a resident for a bad faith grievance reporting sexual abuse in the last 12 months.

Residents reported being aware they could file a grievance to report sexual abuse. None reported filing a grievance reporting sexual abuse. The PCM reported no grievances reporting sexual abuse in the last 12 months. Grievances are rarely received from the Clients at VOAMID.

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| <b>115.253</b> | <b>Resident access to outside confidential support services</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                | <p data-bbox="280 188 1007 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 579 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 715 443">a) Policy 300.24 pg 19-20<br/>Client Handbook</p> <p data-bbox="280 483 1430 725">The policy states “Residents will be given 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, and by enabling reasonable communication between residents and these organizations, in as confidential a manner as possible.”</p> <p data-bbox="280 766 1477 878">The Client Handbook provides the contact information for the Center for Women and Families, the victim advocate services organization that provides services to VOAMID residents.</p> <p data-bbox="280 918 632 1021">c) VA Contract/MOU<br/>VA Poster</p> <p data-bbox="280 1061 1471 1388">The Kentucky DOC, Justice and Public Safety Cabinet has an MOU with the Kentucky Association of Sexual Assault Programs to provide victim advocate services to “inmate-victims” in KDOC facilities. Because VOA Mid-States has a contract with he KDOC to provide beds for KDOC inmates, VOA Mid-States is included int his MOU. The Center for Women and Families is a local victim advocate organization that is providing services to VOA Mid-States residents under the umbrella of Kentucky Association of Sexual Assault Programs. The contract/MOU is effective from 7/1/ 2022 to 6/30/2024.</p> <p data-bbox="280 1429 1477 1756">This auditor contacted the Center for Women and Families to verify the relationship and services provided to VOA Mid-States. The Director described the different ways that residents could contact CWF. Residents can call the hotline or write to request services. CWF can send an advocate to VOA Mid-States for 3 in-person sessions or arrange 3 phone calls through the facility. If the resident doesn’t want to meet with an advocate at the facility, CWF will send them information and correspond via mail. If a resident is allowed to go to offsite for work, they can physically come to the CWF office to meet with a VA.</p> <p data-bbox="280 1796 1401 1908">A poster was provided entitled Help for Victims of Sexual Assault that provides residents the phone number and address for CWF. This poster was observed in resident living areas along with the PREA posters.</p> <p data-bbox="280 1948 1471 2105">Residents were asked if there was an outside organization that can provide services to them if they were a victim of sexual abuse. Most knew there was an organization and there was information posted but could not remember the name of the organization.</p> |

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| <b>115.254</b> | <b>Third party reporting</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                | <b>Auditor Overall Determination:</b> Meets Standard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                | <b>Auditor Discussion</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                | <p>a) Policy 300.24 pg. 20 states “Any third party can report sexual abuse or harassment allegations on behalf of a resident directly to the PREA coordinator by either phone or email. The PREA coordinator contact information will be posted on the VOAMID.org website.”</p> <p>This auditor could not find contact information to the PREA Coordinator for third party reports in a review of the VOA Mid-States website. The PREA Coordinator was asked where the public could find this information. This auditor was told the PREA Coordinator contact information would not be posted on the website. Residents stated during interviews they could tell family to make a report and could provide information to them for contacting the facility. The PREA posters in the facility and the Client Handbook provide phone numbers for reporting incidents of sexual abuse and sexual harassment that residents could share with family, however this information is not provided to the public as required in the standard. The information could be made available to third parties in a visit room, however there are no visitors allowed currently due to the public health emergency.</p> <p><b>CORRECTIVE ACTION NEEDED:</b> VOA Mid-States must publicly provide information to third parties (family or friends) covering how they can make a report of sexual abuse or sexual harassment on behalf of a resident if needed.</p> <p>Update: Information was posted on the VOA MidStates website that tells the public how to make a report of sexual abuse. This auditor reviewed the website at the following web address <a href="https://www.voamid.org/accreditation">https://www.voamid.org/accreditation</a> and found the information. This information was also posted at the entrance to the facility for visitors to the facility to see.</p> <p><b>Corrective Action Completed</b></p> |

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| <b>115.261</b> | <b>Staff and agency reporting duties</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                | <p data-bbox="280 188 1007 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 579 297"><b>Auditor Discussion</b></p> <p data-bbox="280 340 668 374">a) Policy 300.24 pg 21</p> <p data-bbox="280 416 1466 651">The policy states “All staff will report immediately to the facility director knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.”</p> <p data-bbox="280 694 1398 893">All staff know they are required to report all knowledge or suspicions of sexual abuse, sexual harassment or retaliation against a resident or staff when asked during random staff interviews. 12 staff were interviewed from all 3 shifts. All stated they would notify their supervisor immediately if they received a report. None had received a report from a resident in the last 12 months.</p> <p data-bbox="280 936 668 969">b) Policy 300.24 pg 21</p> <p data-bbox="280 1012 1442 1162">The policy states “Apart from reporting to designated supervisors or officials, staff shall not reveal 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.”</p> <p data-bbox="280 1205 1458 1355">During random staff interviews, all staff knew they were only allowed to share information about a report of sexual abuse with their immediate supervisor, facility investigators, the PREA Coordinator or the Director. They considered this information to be confidential.</p> <p data-bbox="280 1397 668 1431">c) Policy 300.24 pg 21</p> <p data-bbox="280 1473 1474 1673">The policy states “Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to paragraph (a) of this section and to inform residents of the practitioner’s duty to report, and the limitations of confidentiality, at the initiation of services.”</p> <p data-bbox="280 1715 1474 1915">This auditor interviewed the onsite medical staff (Nurse) and determined the residents were not being informed of her duty to report any information the resident may provide about an incident of sexual abuse that occurred in a correctional institution prior to the delivery of services. However, the Nurse knew she had to inform investigators about this information.</p> <p data-bbox="280 1957 1474 2067"><b>CORRECTIVE ACTION REQUIRED:</b> The facility medical staff must inform residents of the limits of confidentiality and the requirement to inform investigators of a report of sexual abuse that occurred in a correctional institution. This notice to residents</p> |

must be documented. The facility developed a “Duty to Report” form that informed residents medical staff had a duty to report any information they provide regarding sexual abuse that occurred in a correctional institution to facility investigators. The residents would be signing the form at intake to the facility. The facility was to provide a completed form on all residents received after the onsite audit. This auditor received completed documents for residents that arrived after the form was created on November 11, 2022.

**Corrective Action Completed**

d) The policy states “If the alleged victim is considered a vulnerable adult under a State or local vulnerable person’s statute, the agency shall report the allegation to the Kentucky Adult Protective Agency under applicable mandatory reporting laws.” The facility reported no vulnerable adults had been victims of sexual abuse during the review period.

VOA Mid-States policy, procedures and practice meet this standard.

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| <b>115.262</b> | <b>Agency protection duties</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                | <b>Auditor Overall Determination:</b> Meets Standard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                | <b>Auditor Discussion</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                | <p>a) Policy 300.24 pg 21</p> <p>The policy states “When any staff learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident.”</p> <p>During interviews with 12 random staff from all three shifts, all staff stated they would keep the resident with them and immediately notify their supervisor if a resident made a report that they would consider an imminent risk of sexual abuse.</p> <p>The Agency/Facility Head stated in her interview if a resident reports being in imminent risk of sexual abuse, The alleged abuser will be separated from the victim immediately. If the victim felt unsafe due to retaliation from other residents, the therapeutic team would meet with the resident to discuss alternatives. If they do not feel the resident can be safe at VOA, the Facility Head will arrange a transfer to another community confinement facility by either contacting the KDOC or the sentencing court. VOA Mid-States does not have restricted housing or a way to guarantee separation from another resident.</p> <p>During the facility tour, this auditor saw there were single person rooms on the 3rd floor resident living area. The facility could consider moving a resident into a single room. If a single room would not provide a safe placement, VOAMID would have to make arrangements for the resident to be moved to another facility. There were no reports of imminent risk of sexual abuse during the review period.</p> <p>VOA Mid-States policy and procedures meet this standard.</p> |

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| <b>115.263</b> | <b>Reporting to other confinement facilities</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                | <b>Auditor Overall Determination:</b> Meets Standard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                | <b>Auditor Discussion</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                | <p>a) Policy 300.24 pg 22</p> <p>The policy states “Upon receiving an allegation that a resident was sexually abused while confined at another facility, the facility director that received the allegation shall notify the facility director of the facility where the alleged abuse occurred.”</p> <p>b-c) Policy 300.24 pg 23</p> <p>The policy states “Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. The facility director who makes the report shall document that it has provided such notification.”</p> <p>d) Policy 300.24 pg 23</p> <p>The facility director that receives such notification shall ensure that the allegation is investigated in accordance with these standards.</p> <p>During a telephone interview, the VOA Mid-States COO stated if a report of sexual abuse was received from a VOA Mid-States resident, she would provide the information reported to the agency/facility head where the incident took place within 72 hours. If she received a report from another facility regarding an incident of sexual abuse that occurred at VOA Mid-States, she would provide that information to investigators to begin an investigation.</p> <p>There were not reports of sexual abuse that occurred at another facility made by a resident of VOA Mid-States during the review period. VOA Mid-States did not receive a report of sexual abuse from another facility that occurred at VOA Mid-States during the review period.</p> <p>Based on the policy and interviews, VOA Mid-States meets this standard.</p> |



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| <b>115.264</b> | <b>Staff first responder duties</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                | <b>Auditor Overall Determination:</b> Meets Standard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                | <b>Auditor Discussion</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                | <p>a) Policy 300.24 pg 23</p> <p>The policy requires the first security staff member to respond to a report of sexual abuse to separate the victim and abuser; preserve and protect the crime scene; provide instruction to the victim and abuser that would prevent the destruction of evidence.</p> <p>b) Policy 300.24 pg 23</p> <p>The policy states “If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and then notify security staff.”</p> <p>A telephone interview was conducted with staff that are designated as a first responder that held the position of Program Manager. She stated she would immediately separate the victim and alleged perpetrator, secure the scene, notify the investigator, tell the resident not to eat, drink, shower, change clothes or use the bathroom. If she is not at the facility staff on shift would call her to go over what they need to do.</p> <p>This auditor also asked staff randomly selected for interviews at the facility questions about victim and evidence protection. All staff interviewed stated they would keep the victim with them and away from the alleged perpetrator. All knew to protect evidence at the scene and how to instruct the victim not to destroy potential evidence as well. Non-security staff interviewed all said they would contact a security staff about a report.</p> <p>The facility reported no use of first responders as there were no reports of sexual abuse during the reporting period.</p> <p>VOA Mid-States meets this standard based on the policy review and responses from interviews.</p> |

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| <b>115.265</b> | <b>Coordinated response</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                | <b>Auditor Overall Determination:</b> Meets Standard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                | <b>Auditor Discussion</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                | <p>a) Policy 300.24 pg 23</p> <p>The policy states “The PREA coordinator shall develop a written institutional plan to coordinate actions taken in response to every incident of sexual abuse, among staff first responders, mental health practitioners, investigators, and facility leadership. The sexual assault checklist will be used for this. Reference E.” This auditor reviewed Reference E and found it to only cover the responsibilities of first responders. This was discussed with the PCM and the plan was updated to include the responsibilities of medical and mental health staff, investigators, the PREA Coordinator, and notification of the Facility Director.</p> <p>An interview was conducted with the Facility Director/Agency Head via telephone prior to the onsite audit. The Facility Director positions is currently vacant. The Agency Head, Chief Operating Officer, was covering as the Facility Director during the audit. The Facility Director was asked if the facility had a plan to coordinate the actions of first responders, Medical, investigators, and other facility leaders. She reported that staff receiving the report from the victim would immediately notify the PREA Coordinator, Investigator, Program Director and Nurse. If the resident was from the KDOC, the facility investigator would notify the KDOC Investigations office. Medical would coordinate with the forensic exam department at U of L Hospital if there was a sexual assault within 120 hours. Random staff interviews verified staff knew their responsibilities as the first responders. The Investigator and Program Manager will coordinate the transport for the forensic exam and investigation. VOA Mid-States is a therapeutic environment and has a very good team approach to assist residents with substance use disorders. As a result the staff all work very well together as was observed during the onsite audit.</p> |

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| <b>115.266</b> | <b>Preservation of ability to protect residents from contact with abusers</b>                                                                                                                                                                                        |
|                | <b>Auditor Overall Determination:</b> Meets Standard                                                                                                                                                                                                                 |
|                | <b>Auditor Discussion</b>                                                                                                                                                                                                                                            |
|                | VOA Mid-States reported on the PAQ their staff do not have a collective bargaining unit or union. VOA Mid-States is not limited in their ability to remove staff from contact with residents during a pending investigation for a report of staff sexual misconduct. |

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| <b>115.267</b> | <b>Agency protection against retaliation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                | <b>Auditor Overall Determination:</b> Meets Standard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                | <b>Auditor Discussion</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                | <p>a-c) Policy 300.24 pg 24</p> <p>Reference B and C</p> <p>The policy requires residents and staff that reported sexual abuse or sexual harassment or cooperated with an investigation to be monitored for potential retaliation for up to 90 days or longer if needed. The Facility Director may “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 that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.” The facility staff designated to monitor for retaliation of residents utilize a form that documents the monthly meetings and any protection measures employed. Monitoring is stopped if the investigation is determined to be unfounded or the resident is released from the facility.</p> <p>The Vice President of Clinical Services was interviewed as the staff designated for retaliation monitoring. The PAQ identifies two other staff as monitors also. She reported that retaliation monitoring meetings would be once every 30 days after the initial meeting with the client or more often if needed. If retaliation is reported, the client could be transferred to another facility if the retaliation cannot be addressed or if she feels the client cannot be safe at VOAMID. If the reported retaliation was against staff by staff, she would involve HR to consider discipline of the staff retaliating or dismissal.</p> <p>There were no reports of sexual abuse during the review period, therefore there was no retaliation monitoring to review.</p> |

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| <b>115.271</b> | <b>Criminal and administrative agency investigations</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                | <p data-bbox="280 188 1007 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 579 297"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1469 499">The VOA Mid-States staff designated as the facility investigator was interviewed by this auditor by telephone prior to the on-site audit. The PREA Coordinator indicated on the PAQ there were no reports of sexual abuse or sexual harassment during the review period.</p> <p data-bbox="280 539 671 573">a) Policy 300.24 pg 25</p> <p data-bbox="280 613 1469 1272">The policy states “Internal VOAMID investigations into allegations of sexual abuse and sexual harassment shall be done promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. VOAMID does not have the authority to conduct criminal investigations. Any 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.” The facility has a staff designated as an investigator that would investigate all reports of sexual harassment and coordinate investigations of sexual abuse with the Kentucky State Police and KDOC Investigators. The VOA investigator has completed the KDOC training for Sexual Abuse investigations in a Confinement setting. The facility investigator states during his interview that he would immediately begin to investigate reports of sexual harassment and immediately contact the KSP for reports of sexual abuse. If he received an anonymous or third party report he would investigate them the same as report from a resident. He stated there had not been a report of sexual abuse or sexual harassment during the review period.</p> <p data-bbox="280 1312 1469 1682">b) The facility has a staff designated as an investigator that would investigate all reports of sexual harassment and coordinate investigations of sexual abuse with the Kentucky State Police and KDOC Investigators. The VOA investigator has completed the KDOC training for PREA investigations. A memorandum from the KSP Commander indicates the KSP Troopers complete training in sexual abuse investigations that includes “techniques for interviewing sexual abuse victims, proper use of Miranda warnings, sexual abuse evidence collection at crime scenes including in a confined setting, and the criteria and evidence required to substantiate a case for prosecution referral.”</p> <p data-bbox="280 1722 1469 1921">c) Policy 300.24 pg 25 states Investigators “shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.”</p> <p data-bbox="280 1962 1469 2074">d) The VOAMID designated investigator said he would not do an investigation for incidents that appear to be criminal. The Kentucky State Police would be immediately contacted and conduct that investigation.</p> |

e) Policy 300.24 pg 25 states “The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person’s status as resident or staff. VOAMID shall not require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.”

f) Policy 300.24 pg 25 states “Administrative investigations: i. Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and ii. Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.”

g-h) The facility investigator stated in his interview that he only conducts sexual harassment investigations. The Kentucky State Police would conduct any criminal investigations and make all referrals for prosecution.

i) Policy 300.24 pg 26 states “VOAMID shall retain all written reports pertinent to sexual misconduct for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.” The facility investigator said there were no reports of sexual abuse or sexual harassment that required an investigation during the review period.

j) Policy 300.24 pg 26 states “The departure of the alleged abuser or victim from the employment or control of VOAMID shall not provide a basis for terminating an investigation.”

k-l) Policy 300.24 pg 26 states when outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. The facility investigator stated during his interview that he would remain in contact with the KSP if there was an investigation of sexual abuse. The memorandum from the KSP Commander indicated they are aware of these standards and provide training that follows them.

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| <b>115.272</b> | <b>Evidentiary standard for administrative investigations</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                | <b>Auditor Overall Determination:</b> Meets Standard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                | <b>Auditor Discussion</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                | a) Policy 300.24 pg 26 has the following requirement for administrative investigations “VOAMID shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.” The VOAMID investigator was asked what evidence standard is required for a substantiated administrative investigation. He responded preponderance of evidence which he described as more than half of the evidence indicating the incident did happen the way it was reported by the victim. VOA Mid-States had no sexual abuse or sexual harassment reports during the review period, therefore there were no investigations to review. |

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| <b>115.273</b> | <b>Reporting to residents</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                | <p data-bbox="280 188 1007 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 580 297"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1426 584">a) Policy 300.24 pg 26 states “Following an investigation into a resident’s allegation of sexual abuse suffered in a VOAMID facility, the PREA Coordinator is responsible for informing the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. This should be done using the Offender Notification form within 30 days of the conclusion of the investigation.”</p> <p data-bbox="280 622 1445 734">b) Policy 300.24 pg 26 states “If VOAMID did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the resident.”</p> <p data-bbox="280 772 1453 936">c) Policy 300.24 pg 26-27 states “Following a resident’s allegation that a staff member has committed sexual abuse against the resident, VOAMID shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever:</p> <ul style="list-style-type: none"> <li data-bbox="280 974 1289 1008">i. The staff member is no longer posted within the resident’s unit;</li> <li data-bbox="280 1046 1166 1079">ii. The staff member is no longer employed at the facility;</li> <li data-bbox="280 1117 1461 1193">iii. VOAMID learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or</li> <li data-bbox="280 1232 1374 1308">iv. VOAMID learns that the staff member has been convicted on a charge related to sexual abuse within the facility.”</li> </ul> <p data-bbox="280 1346 1449 1458">d) Policy 300.24 pg 27 states “Following a resident’s allegation that he or she has been sexually abused by another resident, the agency shall subsequently inform the alleged victim whenever:</p> <ul style="list-style-type: none"> <li data-bbox="280 1496 1374 1572">i. VOAMID learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or</li> <li data-bbox="280 1610 1398 1686">ii. VOAMID learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.”</li> </ul> <p data-bbox="280 1724 1477 1843">A copy of the form utilized to inform a resident of a PREA investigation outcome was provided to this auditor. It informs the resident of the outcome and status of the resident perpetrator as required.</p> <p data-bbox="280 1881 1453 1957">e) Policy 300.24 pg 27 states “All such notifications or attempted notifications shall be documented.”</p> <p data-bbox="280 1995 1249 2029">There were no investigations completed during the reporting period.</p> <p data-bbox="280 2067 1449 2101">f) Policy 300.24 pg 27 states “VOAMID’s obligation to report shall terminate if</p> |



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|  | the resident is released from VOAMID's custody." |
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| <b>115.276</b> | <b>Disciplinary sanctions for staff</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                | <b>Auditor Overall Determination:</b> Meets Standard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                | <b>Auditor Discussion</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                | <p>a) Policy 300.24 pg 27 states “Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.”</p> <p>b) Policy 300.24 pg 27 states “Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.”</p> <p>c) Policy 300.24 pg 27 states “Disciplinary sanctions for violations of VOAMID policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be 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.”</p> <p>d) Policy 300.24 pg 27 states “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, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.”</p> <p>The PREA Coordinator reported on the PAQ there were no staff disciplined for a PREA incident during the review period. During the interview with HR staff, this auditor was informed any substantiated violation of sexual abuse would result in termination. Substantiated incidents of sexual harassment by staff would be addressed by progressive discipline on a case-by-case basis. The facility reported there were PREA investigations and no staff disciplined during the review period on the PAQ.</p> |

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| <b>115.277</b> | <b>Corrective action for contractors and volunteers</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                | <b>Auditor Overall Determination:</b> Meets Standard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                | <b>Auditor Discussion</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                | <p>a) Policy 300.24 pg 28 states “Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.”</p> <p>b) Policy 300.24 pg 28 states “The facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.”</p> <p>The PREA Coordinator reported on the PAQ there were no contract staff disciplined for a PREA incident during the review period. She stated during her interview if it was determined a contract staff was a substantiated perpetrator of sexual abuse, they would not be allowed to return to the facility and the professional license board would be contacted when applicable.</p> |

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| <b>115.278</b> | <b>Disciplinary sanctions for residents</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                | <p data-bbox="280 188 1007 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="280 264 579 297"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1481 499">a) Policy 300.24 pg 28 states “Residents shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse.”</p> <p data-bbox="280 539 1350 651">Client Handbook Men’s ARS page 1 lists “Sexual abuse/harassment/inappropriateness towards peers and/or staff” under circumstances for administrative discharge from the facility.</p> <p data-bbox="280 692 1449 806">Client Handbook Men’s ARS page 11 states “If it has been determined a client or staff person has violated this policy, the person will be terminated and no longer eligible for services or employment with the agency.”</p> <p data-bbox="280 846 1465 1005">b) Policy 300.24 pg 28 states “Sanctions shall be 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.”</p> <p data-bbox="280 1046 1481 1160">c) Policy 300.24 pg 28 states “The disciplinary process shall consider whether a resident’s mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.”</p> <p data-bbox="280 1200 1465 1359">d) As stated by the PREA Coordinator in her interview, residents that perpetrate sexual abuse while at the facility would be removed from the program (VOAMID) and therefore would not be offered counseling as a condition of access to programming.</p> <p data-bbox="280 1400 1469 1514">e) Policy 300.24 pg 28 states “The agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.”</p> <p data-bbox="280 1554 1414 1626">There were no incidents of residents having non-consensual sexual contact with staff during the review period as reported on the PAQ.</p> <p data-bbox="280 1666 1469 1870">f) Policy 300.24 pg 28 states “For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.”</p> <p data-bbox="280 1910 1481 2069">g) Policy 300.24 pg 28 states “VOAMID prohibits sexual activity between residents and residents may be disciplined for such action, however, VOAMID does not deem such activity to constitute sexual abuse if it is determined that the activity is not coerced.”</p> |

The Agency/Facility Director said a resident would be removed from the facility for a substantiated incident of sexual abuse. In cases of substantiated sexual harassment, the treatment team would meet with both residents involved to determine if there is a sanction less than the perpetrator's removal from the program that is appropriate.

The PREA Coordinator reported on the PAQ there were no reports of sexual abuse or sexual harassment during the review period, therefore there were no residents disciplined for sexual abuse or sexual harassment.

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| <b>115.282</b> | <b>Access to emergency medical and mental health services</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                | <b>Auditor Overall Determination:</b> Meets Standard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                | <b>Auditor Discussion</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                | <p>a) Policy 300.24 pg 29</p> <p>The policy states “Resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services provided by the local hospital emergency room or rape crisis center, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.”</p> <p>b) VOA Mid-States has one Nurse on duty during the day and a part-time Doctor. If an incident of sexual abuse occurs that requires medical care or a forensic exam during off hours, staff at the facility would contact the Facility Director to arrange for emergency medical services at the U of L Hospital. All random Security staff interviewed stated they will protect the victim until they can be transported to the hospital.</p> <p>c) The policy states “Treatment services shall be 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.”</p> <p>The facility Nurse was interviewed and asked to describe how emergency medical services would be provided to residents that have reported a sexual assault. She reported emergency medical services would be provided by the U of L Hospital in the emergency room and forensic exam department. She could provide some follow up services at the facility, however some may have to be referred to outside medical services free of cost.</p> <p>There have been no reports of sexual abuse during the review period, therefore there were no emergency medical services provided to a resident to review.</p> |

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| <b>115.283</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                | <b>Auditor Overall Determination:</b> Meets Standard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                | <b>Auditor Discussion</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                | <p>a) Policy 300.24 pg 29-30</p> <p>The policy states “VOAMID shall ensure access to community-based 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.”</p> <p>b) Policy 300.24 pg 29</p> <p>The policy states VOA Mid-States “will have a list of what community-based entities offer the following services/ resources without charge along with instructions of how to refer residents to these services. Residents’ case managers will document in the residents files of all referrals made.”</p> <p>c) Policy 300.24 pg 29</p> <p>The policy states “The evaluation and treatment of such victims shall 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. The facility shall provide such victims with medical and mental health services consistent with the community level of care.”</p> <p>f) Policy 300.24 pg 29-30</p> <p>The policy states “Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate; free pregnancy tests and receive timely, comprehensive information about, and timely access to, all lawful pregnancy related medical services.”</p> <p>g) Policy 300.24 pg 30</p> <p>The policy states “Treatment services shall be 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.”</p> <p>h) Policy 300.24 pg 30</p> <p>The policy states “VOAMID will make a referral for the 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.” The facility has an onsite Doctor that can provide a mental health evaluation for know abusers. There were no known abusers at VOAMID during the review period</p> <p>VOA Mid-States has an onsite Nurse that can assist with follow up services to</p> |

victims of sexual abuse. This may include prophylaxis for sexually transmitted infection. The Nurse stated during interview that she could also make a referral to offsite medical providers for services that she cannot provide at the facility. This would be at no cost to the resident. The facility also has a Doctor that can provide mental health services onsite.

There have been no reports of sexual abuse during the review period, therefore there were no emergency ongoing medical services provided to a resident that reported sexual abuse to review.



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| <b>115.286</b> | <b>Sexual abuse incident reviews</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                | <p data-bbox="280 188 1007 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 580 297"><b>Auditor Discussion</b></p> <p data-bbox="280 340 715 374">a) Policy 300.24 pg 30-31</p> <p data-bbox="389 412 560 445">Reference A</p> <p data-bbox="280 483 1445 640">The policy states “VOAMID shall 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.”</p> <p data-bbox="280 678 671 712">b) Policy 300.24 pg 30</p> <p data-bbox="280 750 1326 824">The policy states “Such review shall ordinarily occur within 30 days of the conclusion of the investigation.”</p> <p data-bbox="280 862 668 896">c) Policy 300.24 pg 30</p> <p data-bbox="280 934 1457 1052">The policy states “The review team shall include upper-level management officials, with input from line supervisors, case managers, and mental health practitioners. See Reference A.”</p> <p data-bbox="280 1090 715 1124">d) Policy 300.24 pg 30-31</p> <p data-bbox="280 1162 863 1196">The policy states “The review team shall:</p> <ul style="list-style-type: none"> <li data-bbox="280 1234 1461 1308">i. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;</li> <li data-bbox="280 1346 1430 1509">ii. Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;</li> <li data-bbox="280 1547 1406 1621">iii. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;</li> <li data-bbox="280 1659 1417 1693">iv. Assess the adequacy of staffing levels in that area during different shifts;</li> <li data-bbox="280 1731 1465 1805">v. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and</li> <li data-bbox="280 1843 1334 1917">vi. Prepare a report of its findings, including any recommendations for improvement, and submit such report to the VOAMID CEO.”</li> </ul> <p data-bbox="280 1955 668 1989">e) Policy 300.24 pg 31</p> <p data-bbox="280 2027 1469 2060">The policy states “VOAMID shall implement the recommendations for improvement,</p> |

or shall document its reasons for not doing so.” Reference A is the form used by the incident review committee to document the review, findings and recommendations. The PCM reported during her interview this form would be forwarded to the Facility Director.

An interview was conducted via telephone prior to the onsite audit with one of the staff on the incident review committee that is in a leadership position. She stated the team consists of the facility investigator, PREA Coordinator, the Nurse, Program Manager, and other staff that are usually in the therapeutic team. Reviews would consider staff actions, if the outcome of the investigation is supported by the facts documented in the report, if all potential witnesses are interviewed, video surveillance evidence and any other evidence collected. Other factors reviewed would be identification as gay, bisexual or transgender by the victim, race, and risk assessment results for the victim and perpetrator. The Facility Head/Agency Head reported during her interview that she would receive the report of the incident review and consider changes to physical plant, staffing or procedures based on the committee’s findings and recommendations.

The facility reported on the PAQ there were no reports of sexual abuse or sexual harassment during the review period.

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| <b>115.287</b> | <b>Data collection</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                | <p data-bbox="280 188 1007 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 580 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1046 448">a) Policy 300.24 pg 31<br/>KY DOC Sexual Offense Allegation Report form</p> <p data-bbox="280 488 1465 810">The policy states “VOAMID shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.” VOA Mid-States is using the KY DOC Sexual Offense Allegation Report form to collect data for PREA incidents that may occur to be used for completing the Survey of Sexual Victimization if requested by BJA. The forms mirrors the incident form used by BJA to collect data on substantiated PREA incidents. There were no reports of sexual abuse or sexual harassment during their review period.</p> <p data-bbox="280 851 1150 958">b) Policy 300.24 pg 31<br/>2020 and 2021 VOA Mid-States Annual Facility Report</p> <p data-bbox="280 999 1474 1106">The policy states “The VOAMID PREA coordinator shall aggregate the incident-based sexual abuse data at least annually.” This data is used in the annual facility report that is posted on the VOA Mid-States website.</p> <p data-bbox="280 1146 1474 1545">c) Policy 300.24 pg 31<br/>The policy states “The incident-based data collected will include the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.” VOA Mid-States is using the KY DOC Sexual Offense Allegation Report form to collect data for PREA incidents that may occur to be used for completing the Survey of Sexual Victimization if requested by BJA. The forms mirrors the incident form used by BJA to collect data on substantiated PREA incidents. There were no reports of sexual abuse or sexual harassment during their review period.</p> <p data-bbox="280 1585 1150 1850">d) Policy 300.24 pg 31<br/>2020 and 2021 VOA Mid-States Annual Facility Report<br/>The policy states “The VOAMID PREA coordinator will maintain, review, and collect data as needed from all available incident-based documents including reports, investigation files, and sexual abuse incident reviews.”</p> <p data-bbox="280 1890 1455 2074">f) As a private facility a request must come from BJA for the completion of the SSV. The SSV has not been requested or completed during the review period.<br/>This auditor interviewed the PREA Coordinator at the onsite interview. The PC stated there has not been a request from BJA for the SSV in the last few years.</p> |

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| <b>115.288</b> | <b>Data review for corrective action</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                | <p data-bbox="280 188 1007 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 580 297"><b>Auditor Discussion</b></p> <p data-bbox="280 340 807 374">a) 2020 and 2021 Annual Report</p> <p data-bbox="389 412 667 445">Policy 300.24 pg 31</p> <p data-bbox="280 483 1445 640">The policy states “The VOAMID Quality Improvement Committee will review data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including:</p> <ul style="list-style-type: none"> <li data-bbox="280 678 759 712">i. Identifying problem areas;</li> <li data-bbox="280 750 1023 784">ii. Taking corrective action on an ongoing basis;</li> <li data-bbox="280 822 1410 900">iii. Preparing an annual report of its findings and corrective actions for each facility.”</li> </ul> <p data-bbox="280 938 671 972">b) Policy 300.24 pg 32</p> <p data-bbox="280 1010 1453 1458">The policy states “The incident-based data collected shall include the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. The VOAMID PREA coordinator will maintain, review, and collect data as needed from all available incident-based documents including reports, investigation files, and sexual abuse incident reviews; prepare an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. Such report shall include a comparison of the current year’s data and corrective actions with those from prior years and shall provide an assessment of the agency’s progress in addressing sexual abuse.” A review of the 2020 and 2021 reports found a comparison of data from the past two years to the current year.</p> <p data-bbox="280 1496 668 1529">c) Policy 300.24 pg 32</p> <p data-bbox="280 1568 1398 1814">The policy states “The report shall be approved by the VOAMID CEO and made readily available to the public through the VOAMID website.” The 2020 annual report is posted on the VOA Mid States website at <a href="https://www.voamid.org/search?q=prea&amp;cx=006146697851066086379%3A-izzf7rmeso&amp;ie=UTF-8&amp;sa=Search">https://www.voamid.org/search?q=prea&amp;cx=006146697851066086379%3A-izzf7rmeso&amp;ie=UTF-8&amp;sa=Search</a> and 2021 annual report is posted at <a href="https://www.voamid.org/financials">https://www.voamid.org/financials</a>. Both reports were signed by the CEO.</p> <p data-bbox="280 1852 671 1886">d) Policy 300.24 pg 32</p> <p data-bbox="280 1924 1458 2047">The policy states “Specific material from the reports will be redacted when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted.”</p> |

The PREA Coordinator and Facility Director stated during interviews information from the sexual abuse incident reviews and internal audits are used to complete the annual facility PREA report. All personally identifying information from PREA incidents would be redacted and not used in the annual report. The only information used from incidents is the type of incident and the outcome. The Facility Director said she reviews and approves the annual report before it is posted on the website.

**CORRECTIVE ACTION REQUIRED:** The PREA Coordinator only provided the 2020 annual report in the pre-audit document review. This auditor checked the VOA Mid-States website and only found the 2020 annual report. The PREA Coordinator stated the 2021 report had not been completed at the onsite audit. This auditor required the annual report for 2021 be completed as a corrective action. The report was completed and posted to the website at <https://www.voamid.org/financials>. A review of the two reports found information required by this standard

**Corrective action completed**

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| <b>115.289</b> | <b>Data storage, publication, and destruction</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                | <b>Auditor Overall Determination:</b> Meets Standard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                | <b>Auditor Discussion</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                | <p>a) Policy 300.24 pg 32</p> <p>The policy states “VOAMID shall ensure that data collected pursuant to PREA standards will be kept in locked offices.”</p> <p>b) Policy 300.24 pg 32</p> <p>The policy states “All aggregated sexual abuse data will be readily available to the public at least annually through its website.” This auditor verified the 2020 and 2021 annual PREA reports were posted on the VOA Mid-States website. VOA Mid-States only reports sexual abuse data for its facility. They do not contract with other private correction facilities.</p> <p>c) Policy 300.24 pg 32</p> <p>The policy states “Before making aggregated sexual abuse data publicly available, all personal identifiers will be removed.” This auditor found no personal identifiers in the VOA Mid-States annual reports for 2020 or 2021.</p> <p>d) Policy 300.24 pg 32</p> <p>The policy states “Sexual abuse data collected pursuant to PREA standards will be maintained at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise.”</p> <p>The PREA Coordinator was interviewed during the onsite audit. She stated all information regarding PREA assessments and PREA investigations were restricted and limited to designated staff on a need to know basis. All hard copy documents are locked in her office. Personal identifiers are not used in the annual PREA report. Only general information about incidents would be used that indicate the incident type and the outcome of an investigation.</p> |

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| <b>115.401</b> | <b>Frequency and scope of audits</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                | <b>Auditor Overall Determination:</b> Meets Standard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                | <b>Auditor Discussion</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                | <p>a) Policy 300.24 pg. 32 states “During the three-year period starting on August 20, 2013, and during each three-year period thereafter all VOAMID correctional facilities will be audited at least once.”</p> <p>b) VOA Mid-Sates is the only facility the agency operates that meets the definition of an institution that would require auditing. The facility received a PREA audit in 2019. This auditor found the last audit report posted on the VOA Mid-States website.</p> <p>h) This auditor was allowed access to all areas of the facility during the onsite tour during the first day.</p> <p>i) This auditor worked with the PREA Coordinator for all requests for relevant documents and was not denied access to any document.</p> <p>m) This auditor was provided a private location in the conference room to conduct interviews with all residents and staff interviewed.</p> <p>n) This auditor sent a Notice of Audit to the PREA Coordinator on September 1, 2022 prior to the onsite audit with instructions to post the Notice throughout the facility and send pictures of the posting in 6 different locations. Pictures were received on September 8, 2022 of the Notice posted in 6 different locations. The Notice was also observed posted throughout the facility during the tour of the facility. No correspondence was received from the residents or staff.</p> |

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| <b>115.403</b> | <b>Audit contents and findings</b>                                                                                                                                                                                                                                                                                                                                                                                                 |
|                | <b>Auditor Overall Determination:</b> Meets Standard                                                                                                                                                                                                                                                                                                                                                                               |
|                | <b>Auditor Discussion</b>                                                                                                                                                                                                                                                                                                                                                                                                          |
|                | a) The last PREA audit for VOA Mid-Sates was completed on October 4, 2019. This auditor found the audit report for this audit on the VOA Mid-States website at <a href="https://voa-production.s3.amazonaws.com/uploads/pdf_file/file/3306/VOA_Prison_Rape_Elimination_Act_Final_Audit_report.pdf">https://voa-production.s3.amazonaws.com/uploads/pdf_file/file/3306/VOA_Prison_Rape_Elimination_Act_Final_Audit_report.pdf</a> . |



| <b>Appendix: Provision Findings</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                      |     |
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| <b>115.211<br/>(a)</b>              | <b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>                                                                                                                                                                                                                                                                                                                                                                        |     |
|                                     | Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?                                                                                                                                                                                                                                                                                                                               | yes |
|                                     | Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?                                                                                                                                                                                                                                                                                                                | yes |
| <b>115.211<br/>(b)</b>              | <b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>                                                                                                                                                                                                                                                                                                                                                                        |     |
|                                     | Has the agency employed or designated an agency-wide PREA Coordinator?                                                                                                                                                                                                                                                                                                                                                                               | yes |
|                                     | Is the PREA Coordinator position in the upper-level of the agency hierarchy?                                                                                                                                                                                                                                                                                                                                                                         | yes |
|                                     | Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?                                                                                                                                                                                                                                                     | yes |
| <b>115.212<br/>(a)</b>              | <b>Contracting with other entities for the confinement of residents</b>                                                                                                                                                                                                                                                                                                                                                                              |     |
|                                     | If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) | na  |
| <b>115.212<br/>(b)</b>              | <b>Contracting with other entities for the confinement of residents</b>                                                                                                                                                                                                                                                                                                                                                                              |     |
|                                     | Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)                                                                                                                                              | na  |

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| <b>115.212<br/>(c)</b> | <b>Contracting with other entities for the confinement of residents</b>                                                                                                                                                                                                                                                                                                                         |     |
|                        | If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) | na  |
|                        | In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)                                                                                                                                                         | na  |
| <b>115.213<br/>(a)</b> | <b>Supervision and monitoring</b>                                                                                                                                                                                                                                                                                                                                                               |     |
|                        | Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?                                                                                                                                                                                                              | yes |
|                        | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?                                                                                                                                                                                                                    | yes |
|                        | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?                                                                                                                                                                                                              | yes |
|                        | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?                                                                                                                                                                           | yes |
|                        | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?                                                                                                                                                                                                                              | yes |
| <b>115.213<br/>(b)</b> | <b>Supervision and monitoring</b>                                                                                                                                                                                                                                                                                                                                                               |     |
|                        | In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)                                                                                                                                                                                                                   | na  |

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| <b>115.213<br/>(c)</b> | <b>Supervision and monitoring</b>                                                                                                                                                                                                        |     |
|                        | In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?                                                  | yes |
|                        | In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns?                                                                                             | yes |
|                        | In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?                                  | yes |
|                        | In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?                                    | yes |
| <b>115.215<br/>(a)</b> | <b>Limits to cross-gender viewing and searches</b>                                                                                                                                                                                       |     |
|                        | Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?                                               | yes |
| <b>115.215<br/>(b)</b> | <b>Limits to cross-gender viewing and searches</b>                                                                                                                                                                                       |     |
|                        | Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)                                                | na  |
|                        | Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.) | na  |
| <b>115.215<br/>(c)</b> | <b>Limits to cross-gender viewing and searches</b>                                                                                                                                                                                       |     |
|                        | Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?                                                                                                                                 | no  |
|                        | Does the facility document all cross-gender pat-down searches of female residents?                                                                                                                                                       | no  |

|                    |                                                                                                                                                                                                                                                                                                             |     |
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| <b>115.215 (d)</b> | <b>Limits to cross-gender viewing and searches</b>                                                                                                                                                                                                                                                          |     |
|                    | Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?   | yes |
|                    | Does the facility have procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? | yes |
|                    | Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?                                                                                                      | yes |
| <b>115.215 (e)</b> | <b>Limits to cross-gender viewing and searches</b>                                                                                                                                                                                                                                                          |     |
|                    | Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?                                                                                                                                | yes |
|                    | If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?       | yes |
| <b>115.215 (f)</b> | <b>Limits to cross-gender viewing and searches</b>                                                                                                                                                                                                                                                          |     |
|                    | Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?                                                                                         | yes |
|                    | Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?                                                                         | yes |

| <b>115.216<br/>(a)</b> | <b>Residents with disabilities and residents who are limited English proficient</b>                                                                                                                                                                                                                                                       |     |
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|                        | 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:<br>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:<br>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:<br>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:<br>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:<br>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:<br>Other (if "other," please explain in overall determination notes.) | yes |
|                        | Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?                                                                                                                                                                                                                   | yes |
|                        | Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?                                                                                                                        | yes |
|                        | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication                                                                                                                                                                                                              | yes |

|                    |                                                                                                                                                                                                                                                                                                                                                                                  |     |
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|                    | with residents with disabilities including residents who: Have intellectual disabilities?                                                                                                                                                                                                                                                                                        |     |
|                    | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?                                                                                                                                                              | yes |
|                    | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?                                                                                                                                                         | yes |
| <b>115.216 (b)</b> | <b>Residents with disabilities and residents who are limited English proficient</b>                                                                                                                                                                                                                                                                                              |     |
|                    | Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?                                                                                                                                                  | yes |
|                    | Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?                                                                                                                                                                                         | yes |
| <b>115.216 (c)</b> | <b>Residents with disabilities and residents who are limited English proficient</b>                                                                                                                                                                                                                                                                                              |     |
|                    | Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations? | yes |

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| <b>115.217<br/>(a)</b> | <b>Hiring and promotion decisions</b>                                                                                                                                                                                                                                                                                                                    |     |
|                        | Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?                                                                                       | yes |
|                        | Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?                | yes |
|                        | Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?                                                                                                                  | yes |
|                        | Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?                                                                        | yes |
|                        | Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? | yes |
|                        | Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?                                                                                                   | yes |
| <b>115.217<br/>(b)</b> | <b>Hiring and promotion decisions</b>                                                                                                                                                                                                                                                                                                                    |     |
|                        | Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?                                                                                                                                                                                                        | yes |
|                        | Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?                                                                                                                                                                                                 | yes |

|                        |                                                                                                                                                                                                                                                                                                                                                      |     |
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| <b>115.217<br/>(c)</b> | <b>Hiring and promotion decisions</b>                                                                                                                                                                                                                                                                                                                |     |
|                        | Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?                                                                                                                                                                                                                       | yes |
|                        | Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? | yes |
| <b>115.217<br/>(d)</b> | <b>Hiring and promotion decisions</b>                                                                                                                                                                                                                                                                                                                |     |
|                        | Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?                                                                                                                                                                                                     | yes |
| <b>115.217<br/>(e)</b> | <b>Hiring and promotion decisions</b>                                                                                                                                                                                                                                                                                                                |     |
|                        | Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?                                                                                       | yes |
| <b>115.217<br/>(f)</b> | <b>Hiring and promotion decisions</b>                                                                                                                                                                                                                                                                                                                |     |
|                        | Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?                                                                                                                   | yes |
|                        | Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?                                                                                  | yes |
|                        | Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?                                                                                                                                                                                                                                                 | yes |



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| <b>115.217<br/>(g)</b> | <b>Hiring and promotion decisions</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |
|                        | Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?                                                                                                                                                                                                                                                                                                                                    | yes |
| <b>115.217<br/>(h)</b> | <b>Hiring and promotion decisions</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |
|                        | Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)                                                                                             | yes |
| <b>115.218<br/>(a)</b> | <b>Upgrades to facilities and technology</b>                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |
|                        | If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.) | yes |
| <b>115.218<br/>(b)</b> | <b>Upgrades to facilities and technology</b>                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |
|                        | If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)         | yes |
| <b>115.221<br/>(a)</b> | <b>Evidence protocol and forensic medical examinations</b>                                                                                                                                                                                                                                                                                                                                                                                                                           |     |
|                        | If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)                                                                                      | yes |

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| <b>115.221<br/>(b)</b> | <b>Evidence protocol and forensic medical examinations</b>                                                                                                                                                                                                                                                                                                                                                                                                                                |     |
|                        | Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)                                                                                                                                                                                                                                                                                | na  |
|                        | Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.) | yes |
| <b>115.221<br/>(c)</b> | <b>Evidence protocol and forensic medical examinations</b>                                                                                                                                                                                                                                                                                                                                                                                                                                |     |
|                        | Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?                                                                                                                                                                                                                                                                               | yes |
|                        | Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?                                                                                                                                                                                                                                                                                                                                                    | yes |
|                        | If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?                                                                                                                                                                                                                                                                                    | yes |
|                        | Has the agency documented its efforts to provide SAFEs or SANEs?                                                                                                                                                                                                                                                                                                                                                                                                                          | yes |
| <b>115.221<br/>(d)</b> | <b>Evidence protocol and forensic medical examinations</b>                                                                                                                                                                                                                                                                                                                                                                                                                                |     |
|                        | Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?                                                                                                                                                                                                                                                                                                                                                                                      | yes |
|                        | If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?                                                                                                                                                                                                                                                  | yes |
|                        | Has the agency documented its efforts to secure services from rape crisis centers?                                                                                                                                                                                                                                                                                                                                                                                                        | yes |

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| <b>115.221<br/>(e)</b> | <b>Evidence protocol and forensic medical examinations</b>                                                                                                                                                                                                                                                                                                                                                                       |     |
|                        | As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?                                                                                                                                                                      | yes |
|                        | As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?                                                                                                                                                                                                                                                                                                         | yes |
| <b>115.221<br/>(f)</b> | <b>Evidence protocol and forensic medical examinations</b>                                                                                                                                                                                                                                                                                                                                                                       |     |
|                        | If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)                                                                                         | na  |
| <b>115.221<br/>(h)</b> | <b>Evidence protocol and forensic medical examinations</b>                                                                                                                                                                                                                                                                                                                                                                       |     |
|                        | If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above). | na  |
| <b>115.222<br/>(a)</b> | <b>Policies to ensure referrals of allegations for investigations</b>                                                                                                                                                                                                                                                                                                                                                            |     |
|                        | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?                                                                                                                                                                                                                                                                                                             | yes |
|                        | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?                                                                                                                                                                                                                                                                                                        | yes |

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| <b>115.222<br/>(b)</b> | <b>Policies to ensure referrals of allegations for investigations</b>                                                                                                                                                                                                                 |     |
|                        | Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? | yes |
|                        | Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?                                                                                                                                                       | yes |
|                        | Does the agency document all such referrals?                                                                                                                                                                                                                                          | yes |
| <b>115.222<br/>(c)</b> | <b>Policies to ensure referrals of allegations for investigations</b>                                                                                                                                                                                                                 |     |
|                        | If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)        | yes |

| <b>115.231<br/>(a)</b> | <b>Employee training</b>                                                                                                                                                                                                                  |     |
|------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
|                        | Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?                                                                                             | yes |
|                        | Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? | yes |
|                        | Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?                                                                                          | yes |
|                        | Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?                                            | yes |
|                        | Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?                                                                                            | yes |
|                        | Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?                                                                                           | yes |
|                        | Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?                                                                                     | yes |
|                        | Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?                                                                                                      | yes |
|                        | Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? | yes |
|                        | Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?                                                       | yes |

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| <b>115.231<br/>(b)</b> | <b>Employee training</b>                                                                                                                                                                                                                                                                                                                                                          |     |
|                        | Is such training tailored to the gender of the residents at the employee's facility?                                                                                                                                                                                                                                                                                              | yes |
|                        | Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?                                                                                                                                                                                                         | yes |
| <b>115.231<br/>(c)</b> | <b>Employee training</b>                                                                                                                                                                                                                                                                                                                                                          |     |
|                        | Have all current employees who may have contact with residents received such training?                                                                                                                                                                                                                                                                                            | yes |
|                        | Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?                                                                                                                                                                                  | yes |
|                        | In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?                                                                                                                                                                                                          | yes |
| <b>115.231<br/>(d)</b> | <b>Employee training</b>                                                                                                                                                                                                                                                                                                                                                          |     |
|                        | Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?                                                                                                                                                                                                                                       | yes |
| <b>115.232<br/>(a)</b> | <b>Volunteer and contractor training</b>                                                                                                                                                                                                                                                                                                                                          |     |
|                        | Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?                                                                                                                         | yes |
| <b>115.232<br/>(b)</b> | <b>Volunteer and contractor training</b>                                                                                                                                                                                                                                                                                                                                          |     |
|                        | Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? | yes |

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| <b>115.232<br/>(c)</b> | <b>Volunteer and contractor training</b>                                                                                                     |     |
|                        | Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?                | yes |
| <b>115.233<br/>(a)</b> | <b>Resident education</b>                                                                                                                    |     |
|                        | During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment? | yes |
|                        | During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?      | yes |
|                        | During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?                 | yes |
|                        | During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?           | yes |
|                        | During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?                   | yes |
| <b>115.233<br/>(b)</b> | <b>Resident education</b>                                                                                                                    |     |
|                        | Does the agency provide refresher information whenever a resident is transferred to a different facility?                                    | yes |

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| <b>115.233<br/>(c)</b> | <b>Resident education</b>                                                                                                                                                                                                                                                                                                                                                                                     |     |
|                        | Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?                                                                                                                                                                                                                                                                       | yes |
|                        | Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?                                                                                                                                                                                                                                                                                             | yes |
|                        | Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?                                                                                                                                                                                                                                                                                | yes |
|                        | Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?                                                                                                                                                                                                                                                                               | yes |
|                        | Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?                                                                                                                                                                                                                                                                          | yes |
| <b>115.233<br/>(d)</b> | <b>Resident education</b>                                                                                                                                                                                                                                                                                                                                                                                     |     |
|                        | Does the agency maintain documentation of resident participation in these education sessions?                                                                                                                                                                                                                                                                                                                 | yes |
| <b>115.233<br/>(e)</b> | <b>Resident education</b>                                                                                                                                                                                                                                                                                                                                                                                     |     |
|                        | In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?                                                                                                                                                                                             | yes |
| <b>115.234<br/>(a)</b> | <b>Specialized training: Investigations</b>                                                                                                                                                                                                                                                                                                                                                                   |     |
|                        | In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)). | yes |



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| <b>115.234<br/>(b)</b> | <b>Specialized training: Investigations</b>                                                                                                                                                                                                                                           |     |
|                        | Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).                                                                     | yes |
|                        | Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).                                                                           | yes |
|                        | Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).                                                             | yes |
|                        | Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).         | yes |
| <b>115.234<br/>(c)</b> | <b>Specialized training: Investigations</b>                                                                                                                                                                                                                                           |     |
|                        | Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).) | yes |

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| <b>115.235<br/>(a)</b> | <b>Specialized training: Medical and mental health care</b>                                                                                                                                                                                                                                                                                                                                            |     |
|                        | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)                           | 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 |
| <b>115.235<br/>(b)</b> | <b>Specialized training: Medical and mental health care</b>                                                                                                                                                                                                                                                                                                                                            |     |
|                        | If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)                                                                                                                       | na  |
| <b>115.235<br/>(c)</b> | <b>Specialized training: Medical and mental health care</b>                                                                                                                                                                                                                                                                                                                                            |     |
|                        | Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)                                                                             | yes |

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| <b>115.235<br/>(d)</b> | <b>Specialized training: Medical and mental health care</b>                                                                                                                                                                                                                      |     |
|                        | Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)                                         | no  |
|                        | Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.) | no  |
| <b>115.241<br/>(a)</b> | <b>Screening for risk of victimization and abusiveness</b>                                                                                                                                                                                                                       |     |
|                        | Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?                                                                                                                     | yes |
|                        | Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?                                                                                                              | yes |
| <b>115.241<br/>(b)</b> | <b>Screening for risk of victimization and abusiveness</b>                                                                                                                                                                                                                       |     |
|                        | Do intake screenings ordinarily take place within 72 hours of arrival at the facility?                                                                                                                                                                                           | yes |
| <b>115.241<br/>(c)</b> | <b>Screening for risk of victimization and abusiveness</b>                                                                                                                                                                                                                       |     |
|                        | Are all PREA screening assessments conducted using an objective screening instrument?                                                                                                                                                                                            | yes |

| <b>115.241<br/>(d)</b> | <b>Screening for risk of victimization and abusiveness</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |
|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
|                        | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?                                                                                                                                                                                                                                                                                                                 | yes |
|                        | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?                                                                                                                                                                                                                                                                                                                                                                  | yes |
|                        | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?                                                                                                                                                                                                                                                                                                                                                       | yes |
|                        | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?                                                                                                                                                                                                                                                                                                                                    | yes |
|                        | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?                                                                                                                                                                                                                                                                                                                        | yes |
|                        | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?                                                                                                                                                                                                                                                                                                    | yes |
|                        | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)? | yes |
|                        | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?                                                                                                                                                                                                                                                                                                                     | yes |
|                        | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?                                                                                                                                                                                                                                                                                                                                           | yes |

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| <b>115.241 (e)</b> | <b>Screening for risk of victimization and abusiveness</b>                                                                                                                                                                                                                      |     |
|                    | In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?                                                                                                                 | yes |
|                    | In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?                                                                                                     | yes |
|                    | In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?                                                                                    | yes |
| <b>115.241 (f)</b> | <b>Screening for risk of victimization and abusiveness</b>                                                                                                                                                                                                                      |     |
|                    | Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? | yes |
| <b>115.241 (g)</b> | <b>Screening for risk of victimization and abusiveness</b>                                                                                                                                                                                                                      |     |
|                    | Does the facility reassess a resident's risk level when warranted due to a: Referral?                                                                                                                                                                                           | yes |
|                    | Does the facility reassess a resident's risk level when warranted due to a: Request?                                                                                                                                                                                            | yes |
|                    | Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?                                                                                                                                                                           | yes |
|                    | Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?                                                                                         | yes |
| <b>115.241 (h)</b> | <b>Screening for risk of victimization and abusiveness</b>                                                                                                                                                                                                                      |     |
|                    | Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?                                             | yes |

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| <b>115.241<br/>(i)</b> | <b>Screening for risk of victimization and abusiveness</b>                                                                                                                                                                                                                 |     |
|                        | Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents? | yes |
| <b>115.242<br/>(a)</b> | <b>Use of screening information</b>                                                                                                                                                                                                                                        |     |
|                        | Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?              | yes |
|                        | Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?                  | yes |
|                        | Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?                 | yes |
|                        | Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?            | yes |
|                        | Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?              | yes |
| <b>115.242<br/>(b)</b> | <b>Use of screening information</b>                                                                                                                                                                                                                                        |     |
|                        | Does the agency make individualized determinations about how to ensure the safety of each resident?                                                                                                                                                                        | yes |

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| <b>115.242<br/>(c)</b> | <b>Use of screening information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |
|                        | When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? | yes |
|                        | When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?                                                                                                                                                                                                     | yes |
| <b>115.242<br/>(d)</b> | <b>Use of screening information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |
|                        | Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?                                                                                                                                                                                                                                                                              | yes |
| <b>115.242<br/>(e)</b> | <b>Use of screening information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |
|                        | Are transgender and intersex residents given the opportunity to shower separately from other residents?                                                                                                                                                                                                                                                                                                                                                                                | yes |

|                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |
|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| <b>115.242<br/>(f)</b> | <b>Use of screening information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |
|                        | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) | yes |
|                        | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)                | yes |
|                        | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)                   | yes |
| <b>115.251<br/>(a)</b> | <b>Resident reporting</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |
|                        | Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | yes |
|                        | Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?                                                                                                                                                                                                                                                                                                                                                                                                                                | yes |
|                        | Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?                                                                                                                                                                                                                                                                                                                                                                                                                              | yes |



|                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |     |
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| <b>115.251<br/>(b)</b> | <b>Resident reporting</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |
|                        | Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?                                                                                                                                                                                                                                                                                                      | yes |
|                        | Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?                                                                                                                                                                                                                                                                                                                                 | yes |
|                        | Does that private entity or office allow the resident to remain anonymous upon request?                                                                                                                                                                                                                                                                                                                                                                                              | yes |
| <b>115.251<br/>(c)</b> | <b>Resident reporting</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |
|                        | Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?                                                                                                                                                                                                                                                                                                                                                | yes |
|                        | Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?                                                                                                                                                                                                                                                                                                                                                                                         | yes |
| <b>115.251<br/>(d)</b> | <b>Resident reporting</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |
|                        | Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?                                                                                                                                                                                                                                                                                                                                                                      | yes |
| <b>115.252<br/>(a)</b> | <b>Exhaustion of administrative remedies</b>                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |
|                        | Is the agency exempt from this standard?<br>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 |

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| <b>115.252<br/>(b)</b> | <b>Exhaustion of administrative remedies</b>                                                                                                                                                                                                                                                                                                                               |     |
|                        | Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)                                                      | yes |
|                        | Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)                                                                                                                                          | yes |
| <b>115.252<br/>(c)</b> | <b>Exhaustion of administrative remedies</b>                                                                                                                                                                                                                                                                                                                               |     |
|                        | Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)                                                                                                                                                         | yes |
|                        | Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)                                                                                                                                                                                                           | yes |
| <b>115.252<br/>(d)</b> | <b>Exhaustion of administrative remedies</b>                                                                                                                                                                                                                                                                                                                               |     |
|                        | Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)                           | yes |
|                        | If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) | yes |
|                        | At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)                                             | yes |

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

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

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| <b>115.253<br/>(a)</b> | <b>Resident access to outside confidential support services</b>                                                                                                                                                                                                                                                                 |     |
|                        | Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? | yes |
|                        | Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?                                                                                                                                                                                           | yes |
| <b>115.253<br/>(b)</b> | <b>Resident access to outside confidential support services</b>                                                                                                                                                                                                                                                                 |     |
|                        | Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?                                                                            | yes |
| <b>115.253<br/>(c)</b> | <b>Resident access to outside confidential support services</b>                                                                                                                                                                                                                                                                 |     |
|                        | Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?                                                                                      | yes |
|                        | Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?                                                                                                                                                                                                                  | yes |
| <b>115.254<br/>(a)</b> | <b>Third party reporting</b>                                                                                                                                                                                                                                                                                                    |     |
|                        | Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?                                                                                                                                                                                                                       | no  |
|                        | Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?                                                                                                                                                                                                    | no  |

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

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| <b>115.261<br/>(e)</b> | <b>Staff and agency reporting duties</b>                                                                                                                                                                                                                              |     |
|                        | Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?                                                                                              | yes |
| <b>115.262<br/>(a)</b> | <b>Agency protection duties</b>                                                                                                                                                                                                                                       |     |
|                        | When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?                                                                                                              | yes |
| <b>115.263<br/>(a)</b> | <b>Reporting to other confinement facilities</b>                                                                                                                                                                                                                      |     |
|                        | Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? | yes |
| <b>115.263<br/>(b)</b> | <b>Reporting to other confinement facilities</b>                                                                                                                                                                                                                      |     |
|                        | Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?                                                                                                                                                         | yes |
| <b>115.263<br/>(c)</b> | <b>Reporting to other confinement facilities</b>                                                                                                                                                                                                                      |     |
|                        | Does the agency document that it has provided such notification?                                                                                                                                                                                                      | yes |
| <b>115.263<br/>(d)</b> | <b>Reporting to other confinement facilities</b>                                                                                                                                                                                                                      |     |
|                        | Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?                                                                                                                | yes |

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| <b>115.264<br/>(a)</b> | <b>Staff first responder duties</b>                                                                                                                                                                                                                                                                                                                                                                                                                                          |     |
|                        | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?                                                                                                                                                                                                                                                                                         | yes |
|                        | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?                                                                                                                                                                                                                              | yes |
|                        | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?     | yes |
|                        | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? | yes |
| <b>115.264<br/>(b)</b> | <b>Staff first responder duties</b>                                                                                                                                                                                                                                                                                                                                                                                                                                          |     |
|                        | If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?                                                                                                                                                                                                                                                         | yes |
| <b>115.265<br/>(a)</b> | <b>Coordinated response</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |
|                        | Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?                                                                                                                                                                                                                                | yes |



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| <b>115.266<br/>(a)</b> | <b>Preservation of ability to protect residents from contact with abusers</b>                                                                                                                                                                                                                                                                                                                                                                      |     |
|                        | Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? | no  |
| <b>115.267<br/>(a)</b> | <b>Agency protection against retaliation</b>                                                                                                                                                                                                                                                                                                                                                                                                       |     |
|                        | Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?                                                                                                                                                                                                               | yes |
|                        | Has the agency designated which staff members or departments are charged with monitoring retaliation?                                                                                                                                                                                                                                                                                                                                              | yes |
| <b>115.267<br/>(b)</b> | <b>Agency protection against retaliation</b>                                                                                                                                                                                                                                                                                                                                                                                                       |     |
|                        | Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?                                                                              | yes |

| <b>115.267<br/>(c)</b> | <b>Agency protection against retaliation</b>                                                                                                                                                                                                                                                                                                                  |     |
|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
|                        | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?          | yes |
|                        | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? | yes |
|                        | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?                                                                                                                                            | yes |
|                        | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?                                                                                                                                              | yes |
|                        | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?                                                                                                                                                     | yes |
|                        | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?                                                                                                                                                       | yes |
|                        | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?                                                                                                                                          | yes |
|                        | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?                                                                                                                                                          | yes |
|                        | Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?                                                                                                                                                                                                                                                | yes |

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| <b>115.267<br/>(d)</b> | <b>Agency protection against retaliation</b>                                                                                                                                                                                                                                                                     |     |
|                        | In the case of residents, does such monitoring also include periodic status checks?                                                                                                                                                                                                                              | yes |
| <b>115.267<br/>(e)</b> | <b>Agency protection against retaliation</b>                                                                                                                                                                                                                                                                     |     |
|                        | If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?                                                                                                                          | yes |
| <b>115.271<br/>(a)</b> | <b>Criminal and administrative agency investigations</b>                                                                                                                                                                                                                                                         |     |
|                        | When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a). ) | yes |
|                        | Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a). )                                                | yes |
| <b>115.271<br/>(b)</b> | <b>Criminal and administrative agency investigations</b>                                                                                                                                                                                                                                                         |     |
|                        | Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?                                                                                                                                                   | yes |
| <b>115.271<br/>(c)</b> | <b>Criminal and administrative agency investigations</b>                                                                                                                                                                                                                                                         |     |
|                        | Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?                                                                                                                                         | yes |
|                        | Do investigators interview alleged victims, suspected perpetrators, and witnesses?                                                                                                                                                                                                                               | yes |
|                        | Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?                                                                                                                                                                                                        | yes |

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

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

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| <b>115.273<br/>(c)</b> | <b>Reporting to residents</b>                                                                                                                                                                                                                                                                                                                                                                                   |     |
|                        | Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident’s unit?                                                    | yes |
|                        | Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?                                                             | yes |
|                        | Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?      | yes |
|                        | Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? | yes |
| <b>115.273<br/>(d)</b> | <b>Reporting to residents</b>                                                                                                                                                                                                                                                                                                                                                                                   |     |
|                        | Following a resident’s allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?                                                                                                                            | yes |
|                        | Following a resident’s allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?                                                                                                                           | yes |

|                        |                                                                                                                                                                                                                                                                                                                                                                   |     |
|------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| <b>115.273<br/>(e)</b> | <b>Reporting to residents</b>                                                                                                                                                                                                                                                                                                                                     |     |
|                        | Does the agency document all such notifications or attempted notifications?                                                                                                                                                                                                                                                                                       | yes |
| <b>115.276<br/>(a)</b> | <b>Disciplinary sanctions for staff</b>                                                                                                                                                                                                                                                                                                                           |     |
|                        | Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?                                                                                                                                                                                                                      | yes |
| <b>115.276<br/>(b)</b> | <b>Disciplinary sanctions for staff</b>                                                                                                                                                                                                                                                                                                                           |     |
|                        | Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?                                                                                                                                                                                                                                                                  | yes |
| <b>115.276<br/>(c)</b> | <b>Disciplinary sanctions for staff</b>                                                                                                                                                                                                                                                                                                                           |     |
|                        | Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? | yes |
| <b>115.276<br/>(d)</b> | <b>Disciplinary sanctions for staff</b>                                                                                                                                                                                                                                                                                                                           |     |
|                        | Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?                                                                                              | yes |
|                        | Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?                                                                                                                                           | yes |

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



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| <b>115.278<br/>(d)</b> | <b>Disciplinary sanctions for residents</b>                                                                                                                                                                                                                                                                               |     |
|                        | If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits? | no  |
| <b>115.278<br/>(e)</b> | <b>Disciplinary sanctions for residents</b>                                                                                                                                                                                                                                                                               |     |
|                        | Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?                                                                                                                                                                            | yes |
| <b>115.278<br/>(f)</b> | <b>Disciplinary sanctions for residents</b>                                                                                                                                                                                                                                                                               |     |
|                        | For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?           | yes |
| <b>115.278<br/>(g)</b> | <b>Disciplinary sanctions for residents</b>                                                                                                                                                                                                                                                                               |     |
|                        | Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)                                                                                                                           | yes |
| <b>115.282<br/>(a)</b> | <b>Access to emergency medical and mental health services</b>                                                                                                                                                                                                                                                             |     |
|                        | Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?                                                   | yes |

|                        |                                                                                                                                                                                                                                                                  |     |
|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| <b>115.282<br/>(b)</b> | <b>Access to emergency medical and mental health services</b>                                                                                                                                                                                                    |     |
|                        | If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?                                   | yes |
|                        | Do security staff first responders immediately notify the appropriate medical and mental health practitioners?                                                                                                                                                   | yes |
| <b>115.282<br/>(c)</b> | <b>Access to emergency medical and mental health services</b>                                                                                                                                                                                                    |     |
|                        | Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?   | yes |
| <b>115.282<br/>(d)</b> | <b>Access to emergency medical and mental health services</b>                                                                                                                                                                                                    |     |
|                        | Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?                                                                     | yes |
| <b>115.283<br/>(a)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>                                                                                                                                                                               |     |
|                        | Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?                                                         | yes |
| <b>115.283<br/>(b)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>                                                                                                                                                                               |     |
|                        | Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? | yes |
| <b>115.283<br/>(c)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>                                                                                                                                                                               |     |
|                        | Does the facility provide such victims with medical and mental health services consistent with the community level of care?                                                                                                                                      | yes |

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| <b>115.283 (d)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>                                                                                                                                                                                                                                                                                                                                                                                                                                      |     |
|                    | Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)                                                                                                          | na  |
| <b>115.283 (e)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>                                                                                                                                                                                                                                                                                                                                                                                                                                      |     |
|                    | If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) | na  |
| <b>115.283 (f)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>                                                                                                                                                                                                                                                                                                                                                                                                                                      |     |
|                    | Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?                                                                                                                                                                                                                                                                                                                                                                                     | yes |
| <b>115.283 (g)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>                                                                                                                                                                                                                                                                                                                                                                                                                                      |     |
|                    | Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?                                                                                                                                                                                                                                                                                                                            | yes |
| <b>115.283 (h)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>                                                                                                                                                                                                                                                                                                                                                                                                                                      |     |
|                    | Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?                                                                                                                                                                                                                                                                                  | yes |

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|------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| <b>115.286<br/>(a)</b> | <b>Sexual abuse incident reviews</b>                                                                                                                                                                                                                                          |     |
|                        | Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?                                         | yes |
| <b>115.286<br/>(b)</b> | <b>Sexual abuse incident reviews</b>                                                                                                                                                                                                                                          |     |
|                        | Does such review ordinarily occur within 30 days of the conclusion of the investigation?                                                                                                                                                                                      | yes |
| <b>115.286<br/>(c)</b> | <b>Sexual abuse incident reviews</b>                                                                                                                                                                                                                                          |     |
|                        | Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?                                                                                                                   | yes |
| <b>115.286<br/>(d)</b> | <b>Sexual abuse incident reviews</b>                                                                                                                                                                                                                                          |     |
|                        | Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?                                                                                                   | yes |
|                        | Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? | yes |
|                        | Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?                                                                                                                | yes |
|                        | Does the review team: Assess the adequacy of staffing levels in that area during different shifts?                                                                                                                                                                            | yes |
|                        | Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?                                                                                                                                                | yes |
|                        | Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?    | yes |

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|------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| <b>115.286<br/>(e)</b> | <b>Sexual abuse incident reviews</b>                                                                                                                                                                                             |     |
|                        | Does the facility implement the recommendations for improvement, or document its reasons for not doing so?                                                                                                                       | yes |
| <b>115.287<br/>(a)</b> | <b>Data collection</b>                                                                                                                                                                                                           |     |
|                        | Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?                                               | yes |
| <b>115.287<br/>(b)</b> | <b>Data collection</b>                                                                                                                                                                                                           |     |
|                        | Does the agency aggregate the incident-based sexual abuse data at least annually?                                                                                                                                                | yes |
| <b>115.287<br/>(c)</b> | <b>Data collection</b>                                                                                                                                                                                                           |     |
|                        | Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?                             | yes |
| <b>115.287<br/>(d)</b> | <b>Data collection</b>                                                                                                                                                                                                           |     |
|                        | Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?                                             | yes |
| <b>115.287<br/>(e)</b> | <b>Data collection</b>                                                                                                                                                                                                           |     |
|                        | Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) | na  |
| <b>115.287<br/>(f)</b> | <b>Data collection</b>                                                                                                                                                                                                           |     |
|                        | Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)                                             | na  |

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| <b>115.288<br/>(a)</b> | <b>Data review for corrective action</b>                                                                                                                                                                                                                                                                                                                    |     |
|                        | Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?                                                                                             | yes |
|                        | Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?                                                                          | yes |
|                        | Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? | yes |
| <b>115.288<br/>(b)</b> | <b>Data review for corrective action</b>                                                                                                                                                                                                                                                                                                                    |     |
|                        | Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?                                                                                                                                           | yes |
| <b>115.288<br/>(c)</b> | <b>Data review for corrective action</b>                                                                                                                                                                                                                                                                                                                    |     |
|                        | Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?                                                                                                                                                                                    | yes |
| <b>115.288<br/>(d)</b> | <b>Data review for corrective action</b>                                                                                                                                                                                                                                                                                                                    |     |
|                        | Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?                                                                                                                                       | yes |
| <b>115.289<br/>(a)</b> | <b>Data storage, publication, and destruction</b>                                                                                                                                                                                                                                                                                                           |     |
|                        | Does the agency ensure that data collected pursuant to § 115.287 are securely retained?                                                                                                                                                                                                                                                                     | yes |

|                        |                                                                                                                                                                                                                                                                                                                                              |     |
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| <b>115.289<br/>(b)</b> | <b>Data storage, publication, and destruction</b>                                                                                                                                                                                                                                                                                            |     |
|                        | Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?                                                                      | yes |
| <b>115.289<br/>(c)</b> | <b>Data storage, publication, and destruction</b>                                                                                                                                                                                                                                                                                            |     |
|                        | Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?                                                                                                                                                                                                                               | yes |
| <b>115.289<br/>(d)</b> | <b>Data storage, publication, and destruction</b>                                                                                                                                                                                                                                                                                            |     |
|                        | Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?                                                                                                                                           | yes |
| <b>115.401<br/>(a)</b> | <b>Frequency and scope of audits</b>                                                                                                                                                                                                                                                                                                         |     |
|                        | During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)                        | yes |
| <b>115.401<br/>(b)</b> | <b>Frequency and scope of audits</b>                                                                                                                                                                                                                                                                                                         |     |
|                        | Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)                                                                                                                                                                                                            | yes |
|                        | If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)      | na  |
|                        | If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.) | na  |

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| <b>115.401<br/>(h)</b> | <b>Frequency and scope of audits</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |
|                        | Did the auditor have access to, and the ability to observe, all areas of the audited facility?                                                                                                                                                                                                                                                                                                                                                                                                                                          | yes |
| <b>115.401<br/>(i)</b> | <b>Frequency and scope of audits</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |
|                        | Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?                                                                                                                                                                                                                                                                                                                                                                                                        | yes |
| <b>115.401<br/>(m)</b> | <b>Frequency and scope of audits</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |
|                        | Was the auditor permitted to conduct private interviews with residents?                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | yes |
| <b>115.401<br/>(n)</b> | <b>Frequency and scope of audits</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |
|                        | Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?                                                                                                                                                                                                                                                                                                                                                 | yes |
| <b>115.403<br/>(f)</b> | <b>Audit contents and findings</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |     |
|                        | The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.) | yes |