

Prison Rape Elimination Act (PREA) Audit Report Community Confinement Facilities

Interim Final

Date of Report 8/24/2019

Auditor Information

Name: Tina Sallee	Email: r.fields44@ymail.com
Company Name: Click or tap here to enter text.	
Mailing Address: P.O. Box #373	City, State, Zip: Campbellsville, KY 42719-0373
Telephone: 270-980-2430	Date of Facility Visit: 7/24/2019

Agency Information

Name of Agency: Hickory Hill Recovery Center	Governing Authority or Parent Agency (<i>If Applicable</i>): Kentucky River Community Care, Inc. 115 Rockwood Lane Hazard, KY 41701
Physical Address: 100 Recovery Way	City, State, Zip: Emmalena, KY 41740
Mailing Address: Click or tap here to enter text.	City, State, Zip: Click or tap here to enter text.
The Agency Is:	<input type="checkbox"/> Military <input type="checkbox"/> Private for Profit <input checked="" type="checkbox"/> Private not for Profit <input type="checkbox"/> Municipal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal
Agency Website with PREA Information: krcenet.com	

Agency Chief Executive Officer

Name: Mary Meade McKenzie, Chief Executive Officer	
Email: mary.mckenzie@krcenet.com	Telephone: 606-436-5761

Agency-Wide PREA Coordinator

Name: Michael Nix, Phase 1 Coordinator/Program Manager/Facility PREA Compliance Manager	
Email: michael.nix@krcenet.com	Telephone: 606-785-0141
PREA Coordinator Reports to:	Number of Compliance Managers who report to the PREA Coordinator:

Jade Hampton, Program Director	1
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Facility Information

Name of Facility: Hickory Hill Recovery Center

Physical Address: 100 Recovery Way

City, State, Zip: Emmalena, KY 41740

Mailing Address (if different from above):
Click or tap here to enter text.

City, State, Zip: Click or tap here to enter text.

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Website with PREA Information: krccnet.com

Has the facility been accredited within the past 3 years? Yes No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

ACA

NCCHC

CALEA

Other (please name or describe: Click or tap here to enter text.

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
Kentucky Department of Corrections (KY DOC) conducts an audit twice a year

Facility Director

Name: Jade Hampton, Program Director

Email: jade.hampton@krccnet.com

Telephone: 606-785-0141

Facility PREA Compliance Manager

Name: Michael Nix, Phase 1 Coordinator/ Program Manager/Agency-Wide PREA Coordinator

Email: michael.nix@krccnet.com

Telephone: 606-785-0141

Facility Health Service Administrator N/A

Name: Crystal Pigman, LPN/Staff Nurse/Intake Coordinator

Email: crystal.pigman@krccnet.com

Telephone: 606-785-0141

Facility Characteristics	
Designated Facility Capacity:	100
Current Population of Facility:	94
Average daily population for the past 12 months:	95
Has the facility been over capacity at any point in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males
Age range of population:	18-75
Average length of stay or time under supervision	6-9 months
Facility security levels/resident custody levels	Community level
Number of residents admitted to facility during the past 12 months	273
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	255
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	163
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):</p>	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input checked="" type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input checked="" type="checkbox"/> Other - please name or describe: Kentucky Housing Development <input type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with residents:	18

Number of staff hired by the facility during the past 12 months who may have contact with residents:	4
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	0
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	1 (PREA Auditor)
Number of volunteers who have contact with residents, currently authorized to enter the facility:	24
Physical Plant	
<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	1
<p>Number of resident housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	70
Number of single resident cells, rooms, or other enclosures:	0
Number of multiple occupancy cells, rooms, or other enclosures:	68
Number of open bay/dorm housing units:	2
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Medical and Mental Health Services and Forensic Medical Exams

Are medical services provided on-site?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are mental health services provided on-site?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input checked="" type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)

Investigations

Criminal Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	0
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input checked="" type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input checked="" type="checkbox"/> Other (please name or describe: Kentucky Department of Corrections (KY DOC)) <input type="checkbox"/> N/A

Administrative Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	2
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input checked="" type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input checked="" type="checkbox"/> Other (please name or describe: Kentucky Department of Corrections (KY DOC))

	<input type="checkbox"/> N/A
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Audit Findings

Audit Narrative

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

Kentucky River Community Care, Inc. is a private not-for-profit organization that's mission "the regional behavioral health care provider and planning authority for community-based services, is committed to developing and offering integrated systems of care to meet individual and community needs." In December 2014 Kentucky River Community Care, Inc. opened the facility Hickory Hill Recovery Center located at 100 Recovery Way, Emmalena, KY 41740 which is a 100-bed community confinement facility (halfway house)/Alcohol/drug rehabilitation center for adult men. The mission of Hickory Hill Recovery Center is "recovery is about progression, not perfection". This date the facility housed 94 inmates/residents. Hickory Hill Recovery Center has a contract with the Kentucky Department of Corrections (KY DOC) that's mission "to protect the citizens of the Commonwealth of Kentucky and to provide a safe, secure and humane environment for staff and offenders in carrying out the mandates of the legislative and judicial processes; and, to provide opportunities for offenders to acquire skills which facilitate non-criminal behavior". The Contract Management Branch of the Kentucky Department of Corrections (KY DOC) is responsible for overseeing community services centers (halfway houses) that house state probationers, inmates and parolees, inmates/residents who are classified as community custody and are near their parole eligibility dates are placed in halfway houses. This integration program allows inmates/residents to become acquainted with their families and the community and give them a head start in seeking employment, enrolling in vocational schools and/or college programs, and have access to community substance abuse, medical, and mental health care/treatment. The Kentucky Department of Corrections (KY DOC) agency policy in compliance with Section 115.22 of Prison Rape Elimination Act (PREA) Standards date filed 12/10/2013 and effective 2/3/2014. This date the facility housed 60 state inmates/residents. Hickory Hill Recovery Center has a Kentucky Department of Corrections (KY DOC) audit twice a year. The other residents of Hickory Hill Recovery Center are from a number of referral sources including but not limited to local county judges and/or courts, Casey's Law (which allows the parents, relatives, or friends of an addicted person to lawfully intervene and request involuntary, court-ordered addiction treatment for their addicted loved one), Kentucky Department of Community Based Services (DCBS), Family Care Clinics, Kentucky Department of Public Advocacy, the Kentucky Housing Development, and some are self-referred (volunteer). Hickory Hill Recovery Center utilizes a Recovery Kentucky Model (a long-term social model of recovery), an initiative to help Kentuckians recover from substance abuse and prevent chronic homelessness by offering long-term care housing centers and integrates a peer to peer self-help recovery system with the Twelve Steps of Alcoholics Anonymous and other classes. The mission of Recovery Kentucky "is to provide hope to the homeless and those in fear of homelessness, who are suffering from alcohol and drug addiction by using a program that integrates a peer-to-peer self-help model". The average length of stay is approximately 6-9 months. Hickory Hill Recovery Center facility currently employs 18 staff and has 24 volunteers and 1 contractor (PREA Auditor) that may have contact with the residents. All residents are subject to random urine drug screens throughout their stay. Residents transition through levels of care/different phases based on specific goals and objectives. Hickory Hill Recovery Center focus on recovery through the Twelve Steps, emphasis accountability, and work towards addressing behaviors including personal boundary behaviors that does include PREA education and orientation.

The PREA on-site audit was the second PREA audit for Hickory Hill Recovery Center (the first PREA Final Report dated 8/16/2016), conducted by DOJ Certified PREA Auditor, Tina Sallee. During the pre-audit phase, the auditor reviewed a variety of documents provided by the facility. These documents included but were not limited to agency and facility policies and procedures demonstrating compliance with the PREA Community Confinement Standards, staffing plan, floor plans, protocols, training records for staff/volunteers/contractors, training records for residents, and other documents related to demonstrating compliance with the PREA Community Confinement Standards. This auditor did not receive any correspondence or requests from residents or staff prior to the on-site audit (a notice was posted with contact information for the PREA Auditor/audit date six weeks prior to the on-site audit as required). An entrance meeting was held with Jade Hampton, Program Director and Judy Cattoi, Division Director (Kentucky River Community Care, Inc.). The on-site audit schedule of activities was discussed including clarification of documentation that were generated by pre-audit phase for both; samples of residents and staff that were required to be interviewed by PREA Auditor were selected; and specialized staff required to be interviewed by PREA Auditor were identified (using resident roster and staff schedule). All areas required to be viewed by the PREA Auditor during the on-site audit were discussed. Also, additional pre-audit information regarding facility PREA Community Confinement Standards compliance. All areas of the facility were viewed by auditor including administration area, front office, dining area/kitchen, 2 open bay/dorm housing units and restroom, 68 multiple occupancy cell housing units and restrooms, classrooms/meeting rooms, conference room, inside and outside of building. PREA related informational posters were prominently posted and the PREA audit notice was also observed posted in the facility. Additionally, informational pamphlets regarding PREA and crisis services are given out during the intake/PREA education/orientation for each resident immediately upon arrival at the facility; and PREA information posters/contact information are posted for both resident and staff access. No SAFE or SANE staff are employed at this facility; however, these professionals are provided at Hazard ARH Regional Medical Center Emergency Services where forensic examinations would be conducted at no cost to the resident and/or to their family.

Interviews were conducted with Jade Hampton, Program Director (also interviewed as a member of the Incident Review Team, a designated staff member charged with monitoring retaliation and/or grievances); Judy Cattoi, Division Director (Kentucky River Community Care, Inc. (also interviewed designee for Agency Head, a member of the Incident Review Team, a designated staff member charged with monitoring retaliation and/or grievances); Michael Nix, Phase I Coordinator/Program Coordinator/Agency-Wide PREA Coordinator/Facility PREA Compliance Manager (also interviewed as a trained PREA Investigative Staff, a member of the Incident Review Team, the staff for monitoring volunteer/contractors PREA education/training, as a random sample of staff regarding PREA training, as a staff trained as a First Responder); Phillip Powell, Phase II Coordinator (also interviewed as a trained PREA Investigative Staff, a member of the Incident Review Team, as a random sample of staff regarding PREA training, as a staff trained as a First Responder, as a staff that conducts intake process which includes orientation of program/education regarding PREA of all residents immediately upon intake, as a staff that performs screening for Risk Assessment for Victimization and/or Abusiveness); Resident Monitors (also interviewed as random sample of staff regarding PREA training, as staff trained as a First Responder, as staff that conducts intake process which includes orientation of program/education regarding PREA of all residents immediately upon intake, as staff that performs screening for Risk Assessment for Victimization and/or Abusiveness, and as facility staff responsible for conducting and documenting unannounced rounds); and 16 male residents. There were no residents to interview that had made a report of a sexual harassment/abuse nature; there were no residents to interview that identified as being gay/bisexual; there were no transgender or intersex residents to interview; there were no LEP residents to interview; and there were no residents to interview that identified as being disabled.

During the past 12 months, there has been one (1) administrative investigation (resident-on-resident) conducted by Kentucky Department of Corrections (KY DOC). Documentation and staff interviews confirmed that this report (as all reports must be) was thoroughly investigated and the finding was one (1)

“unsubstantiated” sexual harassment (violation of rules); consequences were determined including but not limited to release/termination of placement of residents involved (violation of rules). During the past 12 months, there have been zero (0) criminal investigations of sexual harassment and/or sexual abuse. Documentation and staff interviews confirmed that all allegations/reports of sexual harassment and/or sexual abuse be referred immediately for investigation. The agency with the authority to conduct criminal investigations would be contingent on the supervision of the resident (state residents are referred to Kentucky Department of Corrections (KY DOC) and would include Kentucky State Police when necessary. Mental health services (from meeting with a victim at the hospital as an advocate and on to provide counseling and support) can be provided locally by Kentucky Association of Sexual Assault Program, Inc. (KASAP) and/or The Rising Center if/when needed. Community mental health services can be provided by Kentucky River Community Care, Inc. if/when necessary.

Some male residents interviewed reported that they had been located in another adult correctional facility (and knew of PREA) before coming to Hickory Hill Recovery Center. All residents interviewed were complimentary of their thoughts and feelings regarding immediate intake/orientation to the program, including the PREA education, and the safety and security of this facility. Documentation, staff, and resident interviews confirmed that all residents are assessed to ascertain risk of being sexually victimized and/or abusive and the facility uses this information to keep residents safe. Residents who have experienced trauma, abuse, or victimization and/or request it are provided additional services as needed.

An exit conference was held with Jade Hampton, Program Director, Judy Cattoi, Division Director (Kentucky River Community Care, Inc.), and Michael Nix, Phase I Coordinator/Program Coordinator/Agency-Wide PREA Coordinator/Facility PREA Compliance Manager. Documents were timely and complete. Staff and resident interviews occurred efficiently. Overall, the facility was well prepared for the PREA audit and performed well in all area. After reviewing all pertinent information and after conducting resident and staff interviews, the auditor found that agency/facility leadership have clearly made PREA compliance a high priority and have devoted a significant amount of time and resources to PREA policy development, training of all staff, volunteers and contractors in the facility, and immediate education upon intake with all resident regarding PREA aspects.

Facility Characteristics

The auditor’s description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

Kentucky River Community Care, Inc. is a private not-for-profit organization that opened the facility Hickory Hill Recovery Center located at 100 Recovery Way, Emmalena, KY 41740 which is a 100-bed community confinement facility (halfway house)/Alcohol/drug rehabilitation center for adult men. This date the facility housed 94 inmates/residents. Hickory Hill Recovery Center has a contract with the Kentucky Department of Corrections (KY DOC). This date the facility housed 60 state inmates/residents. Hickory Hill Recovery Center has a Kentucky Department of Corrections (KY DOC) audit twice a year. The other residents of Hickory Hill Recovery Center are from a number of referral sources including but not limited to court ordered, the Kentucky Housing Corp., and some are self-referred (volunteer). The average length of stay is approximately 6-9 months. Hickory Hill Recovery Center facility currently employs 18 staff and has 24 volunteers and 1 contractor (PREA Auditor) that may have contact with the residents and have been educated on the agency/facility policy regarding zero-tolerance toward all forms of sexual harassment and/or sexual abuse (also referred to as PREA). Hickory Hill Recovery Center utilizes a Recovery Kentucky Model (a long-term social model of recovery), integrates a peer to peer self-help recovery system with the Twelve

Steps of Alcoholics Anonymous. The facility is housed in one secured building and features 68 multiple occupancy cell housing units and restrooms (each restroom in each apartment is private with a toilet, shower with curtain, and sink), and 2 open bay/dorm housing units (SOS (Safe Off the Streets) and MT (Motivational Track) and restrooms (restrooms had showers-all showers had curtains; and stalls with toilets – all stalls had doors, and sinks), community kitchen, pantry, dining hall, laundry rooms, meeting rooms/classroom, administrative offices, conference room, there are outside areas (including a meditation garden, a smoking area, and parking area). Facility has added more cameras since first PREA audit, and currently has 24 strategically placed cameras with 5 video camera monitors that monitor the parking area, entrance into building, all common areas, main hallways of building, dining area, and outside areas. The staff provides constant monitoring of the cameras via video monitors, including regulation of internal/external movement of all visitors, staff, and residents throughout the facility.

The PREA audit notice and PREA posters containing PREA information are prominently posted for resident and staff access.

There have been no significant modifications to this facility since first PREA Audit (Final PREA Report dated 8/16/2016) but the facility has added more cameras and video monitors since. Documentation and staff interviews confirmed the practice that any expansion or modifications to existing facility has been and in future will take into consideration the effect of any modification, expansion, and/or additional video monitoring system and/or other monitoring technology upon the facility's ability to protect residents and staff from sexual harassment/sexual abuse.

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

Auditor Note: No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.

Standards Exceeded

Number of Standards Exceeded: 3
List of Standards Exceeded: 115.211 115.231 115.233

Standards Met

Number of Standards Met: 38

Standards Not Met

Number of Standards Not Met: 0
List of Standards Not Met: Click or tap here to enter text.

PREVENTION PLANNING

Standard 115.211: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.211 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.211 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- 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 facilities?
 Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) Kentucky River Community Care, Inc. is a private not-for-profit organization. In December 2014 Kentucky River Community Care, Inc. opened Hickory Hill Recovery Center located at 100 Recovery Way, Emmalena, KY 41740, which is a 100-bed community confinement facility (halfway house)/Alcohol/drug rehabilitation center for adult men. Hickory Hill Recovery Center has a written policy mandating zero tolerance toward all forms of sexual harassment and/or sexual abuse. The policy details the approaches that Hickory Hill

Recovery Center uses to prevent, detect and respond to sexual harassment and/or sexual abuse in the agency/facility. The definitions of prohibited behaviors are clearly defined, as are the sanctions for those who violate the policy. Policy is thorough and mirrors the PREA Community Confinement Standards. Policy is in use and staff were able to explain it to the auditor when asked.

(b) The agency/facility has designated an Agency-Wide PREA Coordinator/Facility PREA Compliance Manager that is knowledgeable of PREA Community Confinement Standards/requirements, devotes sufficient time and effort in assisting agency/facility staff with PREA related topics, and has the authority to implement corrective actions.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED

- Completed Hickory Hill Recovery Center Pre-Audit Questionnaire
- Hickory Hill Recovery Center Mission Statement
- Hickory Hill Recovery Center facility floor plans
- Hickory Hill Recovery Center Operations Manual (Rev. 8/16/2018) PREA Policy/Procedure Page 22-29
- Hickory Hill Recovery Center Operations Manual (Rev. 8/16/2018) First Responder Page 54
- KY DOC PREA-Staff/Volunteer/Contractors Acknowledgement Form that requires Staff/Volunteer/Contractor Signature of receipt and understanding of KY DOC/Recovery Kentucky/Hickory Hill Recovery Center PREA training
- Resident Education Acknowledgement that requires Resident Signature of receipt and understanding of KY DOC/Recovery Kentucky/Hickory Hill Recovery Center PREA training
- KY DOC Investigator Training for Hickory Hill Recovery Center staff
- PREA informational Posters and Brochures posted and displayed for resident and staff access in the facility
- Kentucky River Community Care, Inc./Hickory Hill Recovery Center staff interviews including Program Director (also interviewed as a member of the Incident Review Team, a designated staff member charged with monitoring retaliation and/or grievances); Division Director (Kentucky River Community Care, Inc.) (also interviewed designee for Agency Head, a member of the Incident Review Team, a designated staff member charged with monitoring retaliation and/or grievances); Phase I Coordinator/Program Coordinator/Agency-Wide PREA Coordinator/Facility PREA Compliance Manager (also interviewed as a trained PREA Investigative Staff, a member of the Incident Review Team, the staff for monitoring volunteer/contractors PREA education/training, as a random sample of staff regarding PREA training, as a staff trained as a First Responder); Phase II Coordinator (also interviewed as a trained PREA Investigative Staff, a member of the Incident Review Team, as a random sample of staff regarding PREA training, as a staff trained as a First Responder, as a staff that conducts intake process which includes orientation of program/education regarding PREA of all residents immediately upon intake, as a staff that performs screening for Risk Assessment for Victimization and/or Abusiveness); Resident Monitors (also interviewed as random sample of staff regarding PREA training, as staff trained as a First Responder, as staff that conducts intake process which includes orientation of program/education regarding PREA of all residents immediately upon intake, as staff that performs screening for Risk Assessment for Victimization and/or Abusiveness, and as facility staff responsible for conducting and documenting unannounced rounds); and residents interviewed

Standard 115.212: Contracting with other entities for the confinement of residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.212 (a)

- 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 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.) Yes No NA

115.212 (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.) Yes No NA

115.212 (c)

- 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.) Yes No 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.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a)-(c) Hickory Hill Recovery Center does NOT contract out for the confinement of any residents.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED

-Completed Hickory Hill Recovery Center Pre-Audit Questionnaire
-Kentucky River Community Care, Inc./Hickory Hill Recovery Center staff interviews including Program Director; Division Director (Kentucky River Community Care, Inc.); Phase I Coordinator/Program Coordinator/Agency-Wide PREA Coordinator/Facility PREA Compliance Manager

Standard 115.213: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.213 (a)

- 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 No 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 No
- 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 No
- 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 No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? Yes No

115.213 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
 Yes No NA

115.213 (c)

- 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 No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns? Yes No
- 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 No
- 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 No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a)-(c) Documentation and staff interviews confirmed that the physical layout of this facility, the composition of the resident population, and other relevant factors are used to calculate adequate staffing levels on an on-going basis for the safety of the residents and the staff. The agency/facility policy meets all the elements of the standard. The staffing plan has been completed and meets all the elements of the standard. The agency/facility continues having on-going discussions regarding adequate levels of staffing in order to continue to protect both residents and staff from sexual harassment/sexual abuse and/or allegations of such. Staff interviews and documentation confirmed the practice of supervision and monitoring.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED

- Completed Hickory Hill Recovery Center Pre-Audit Questionnaire
- Hickory Hill Recovery Center Operations Manual (Rev. 8/16/2018)
- Hickory Hill Recovery Center Operations Manual (Rev. 8/16/2018) PREA Policy/Procedure Page 22-29
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Standard 115.215: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.215 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
 Yes No

115.215 (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 residents.)
 Yes No 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 residents.) Yes No NA

115.215 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female residents? (N/A if the facility does not have female residents). Yes No NA

115.215 (d)

- Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without nonmedical 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 No
- Does the facility have procedures that enables residents to shower, perform bodily functions, and change clothing without nonmedical 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 No
- 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 No

115.215 (e)

- 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 No
- If a 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 No

115.215 (f)

- 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 No
- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a)-(d) There are NO "opposite sex" pat searches. There are NO "opposite sex" strip searches. There are NO body cavity searches. All toilets have doors and/or stalls with doors and all showers have privacy curtains. Both review of policies and interviews with staff and residents confirmed that opposite gender staff announce their presence when entering the dorm or other housing areas and/or restrooms. Staff and resident interviews confirmed that this is the policy and the practice. Residents in this facility can use the restroom, take a shower and/or change clothing in complete privacy. This was confirmed during interviews. (e)-(f) Staff are trained in various searches and search techniques. This was confirmed during staff interviews. Agency/facility policy prohibits searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. This was confirmed during staff interviews. It was confirmed by documentation, staff and resident interviews that all staff have received training in how to conduct searches of transgender and/or intersex residents in a professional and respectful manner, and in the least intrusive manner possible.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED

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Standard 115.216: Residents with disabilities and residents who are limited English proficient

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.216 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect,

and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? Yes No

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.) Yes No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? Yes No
- 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 No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? Yes No
- 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 No
- 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: Are blind or have low vision? Yes No

115.216 (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 No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.216 (c)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a)-(c) Agency/facility policy has established procedures to provide residents with any disability and residents who are limited English proficient equal opportunity to participate in or benefit from all aspects of the agency/facility's efforts to prevent, detect, and respond to sexual harassment/sexual abuse.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED

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Standard 115.217: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.217 (a)

- 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 No
- 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 No
- 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 question immediately above? Yes No
- Does the agency prohibit the enlistment of 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 No
- Does the agency prohibit the enlistment of 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 No
- Does the agency prohibit the enlistment of 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 question immediately above? Yes No

115.217 (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 No
- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor, who may have contact with residents? Yes No

115.217 (c)

- Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check? Yes No
- 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 No

115.217 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? Yes No

115.217 (e)

- 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 No

115.217 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? Yes No
- 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 No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.217 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? Yes No

115.217 (h)

- 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a)-(h) The agency/facility conduct extensive background and reference checks. There is an agency/facility policy to conduct routine criminal background checks verified through documentation and staff interviews. The check is conducted using NCIC data and used to screen for prior convictions for sex offenses. The agency/facility policy addresses all the elements of this standard.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED

-Completed Hickory Hill Recovery Center Pre-Audit Questionnaire
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-KY DOC PREA-Staff/Volunteer/Contractors Acknowledgement Form that requires Staff/Volunteer/Contractor Signature of receipt and understanding of KY DOC/Recovery Kentucky/Hickory Hill Recovery Center PREA training
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Standard 115.218: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.218 (a)

- 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 No NA

115.218 (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 a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a)-(b) Agency/facility documentation and staff interviews confirmed that any and all updating (adding video cameras and video monitors) has been, and in future any and all modifications/updating to this facility will be, based on the practice of considering the effect upon the agency/facility's ability to protect residents and staff from sexual harassment/sexual abuse and/or allegations of sexual harassment/sexual abuse.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED

-Completed Hickory Hill Recovery Center Pre-Audit Questionnaire
 -Hickory Hill Recovery Center Operations Manual (Rev. 8/16/2018) PREA Policy/Procedure Page 22-29
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RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.221 (a)

- 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 No NA

115.221 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No 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? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.221 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- 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 No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.221 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- 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? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.221 (e)

- 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 No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.221 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (h)

- 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 *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a)-(h) The agency with the authority to conduct administrative and/or criminal investigations would be contingent on the supervision of the resident (state residents are referred to Kentucky Department of Corrections (KY DOC) and would include Kentucky State Police when necessary. No SAFE or SANE staff are employed at this facility; however, these professionals are provided at Hazard ARH Regional Medical Center Emergency Services where forensic examinations would be conducted at no cost to the resident and/or to their family. Mental health services (from meeting with a victim at the hospital as an advocate and on to provide counseling and support) can be provided locally by Kentucky Association of Sexual Assault Program (KASAP) and/or The Rising Center if when needed. Mental health services can be provided by Kentucky River Community Care, Inc. if/when necessary.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED

-Completed Hickory Hill Recovery Center Pre-Audit Questionnaire
-Hickory Hill Recovery Center Operations Manual (Rev. 8/16/2018) PREA Policy/Procedure Page 22-29
-Hickory Hill Recovery Center Operations Manual (Rev. 8/16/2018) First Responder Page 54
-KY DOC PREA-Staff/Volunteer/Contractors Acknowledgement Form that requires Staff/Volunteer/Contractor Signature of receipt and understanding of KY DOC/Recovery Kentucky/Hickory Hill Recovery Center PREA training

-Resident Education Acknowledgement that requires Resident Signature of receipt and understanding of KY DOC/Recovery Kentucky/Hickory Hill Recovery Center PREA training
-KY DOC Investigator Training for Hickory Hill Recovery Center staff
-PREA informational Posters and Brochures posted and displayed for resident and staff access in the facility
-Kentucky River Community Care, Inc./Hickory Hill Recovery Center staff interviews including Program Director/Facility PREA Compliance Manager; Division Director (Kentucky River Community Care, Inc.); Phase I Coordinator/Program Coordinator; Phase II Coordinator; Resident Monitors; and residents interviewed

Standard 115.222: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.222 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? Yes No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? Yes No

115.222 (b)

- Does the agency have a policy and practice 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 No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.222 (c)

- 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 No NA

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a)-(c) The agency/facility policy ensures that an administrative and/or criminal investigation is completed on all allegations of sexual harassment/sexual abuse. The agency/facility policy requires that all allegations that are criminal in nature are reported to agencies with the legal authority to conduct criminal investigations and would be contingent on the supervision of the resident involved (state resident are referred to Kentucky Department of Corrections (KY DOC) and would include Kentucky State Police when necessary.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED

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TRAINING AND EDUCATION

Standard 115.231: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- 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 No
- 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 No
- 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 No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims? Yes No
- 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 No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? Yes No
- 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 No
- 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 No

115.231 (b)

- Is such training tailored to the gender of the residents at the employee's facility? Yes No

- 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 No

115.231 (c)

- Have all current employees who may have contact with residents received such training? Yes No
- 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 No
- 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 No

115.231 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a)-(d) Documentation and staff interviews confirmed that all current staff have completed PREA training (training included all 10 elements of the subsection) and staff have signed acknowledgement forms (documentation through employee signature that employees received the training). That training is tailored to the gender of the residents and that staff receive additional training if needed, that all employees are made aware of the agency/facility's zero-tolerance for sexual harassment/sexual abuse policies and procedures.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED

- Completed Hickory Hill Recovery Center Pre-Audit Questionnaire
- Hickory Hill Recovery Center Operations Manual (Rev. 8/16/2018) PREA Policy/Procedure Page 22-29
- Hickory Hill Recovery Center Operations Manual (Rev. 8/16/2018) First Responder Page 54

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Standard 115.232: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.232 (a)

- 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 No

115.232 (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 No

115.232 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a)-(c) Agency/facility policy meets the requirements of the standard. The agency/facility does utilize volunteers, vendors, and contractors, and they are all required to complete the PREA training. The facility maintains documentation/acknowledgement forms confirming that volunteers, vendors, and contractors sign stating that they understand the PREA training that they have received on their responsibilities under the agency/facility's sexual harassment/sexual abuse prevention, detection, and response policies and procedures.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED

-Completed Hickory Hill Recovery Center Pre-Audit Questionnaire
-Hickory Hill Recovery Center Operations Manual (Rev. 8/16/2018) PREA Policy/Procedure Page 22-29
-KY DOC PREA-Staff/Volunteer/Contractors Acknowledgement Form that requires Staff/Volunteer/Contractor Signature of receipt and understanding of KY DOC/Recovery Kentucky/Hickory Hill Recovery Center PREA training
-KY DOC Investigator Training for Hickory Hill Recovery Center staff
-PREA informational Posters and Brochures posted and displayed for resident and staff access in the facility
-Kentucky River Community Care, Inc./Hickory Hill Recovery Center staff interviews including Program Director/Facility PREA Compliance Manager; Division Director (Kentucky River Community Care, Inc.); Phase I Coordinator/Program Coordinator; Phase II Coordinator; Resident Monitors

Standard 115.233: Resident education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.233 (a)

- During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment? Yes No
- During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents? Yes No
- During intake, do residents receive information regarding agency policies and procedures for responding to such incidents? Yes No

115.233 (b)

- Does the agency provide refresher information whenever a resident is transferred to a different facility? Yes No

115.233 (c)

- Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills? Yes No

115.233 (d)

- Does the agency maintain documentation of resident participation in these education sessions? Yes No

115.233 (e)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a)-(e) PREA education is conducted immediately during intake/orientation process with pamphlets, posters on bulletin boards, and documentation of the resident's participation in PREA education sessions with resident signatures verifying they understand the agency/facility's zero-tolerance policy regarding sexual harassment/sexual abuse. Residents acknowledged during interviews that they do receive the PREA education immediately upon entering the facility, that they understood their rights to be free from sexual

harassment/sexual abuse and their right to be free from retaliation for reporting such. Residents were able to discuss various ways they can report an allegation and/or receive services if needed. The agency/facility does provide residents education in formats accessible to all, including those who are limited English proficient or handicapped.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED

- Completed Hickory Hill Recovery Center Pre-Audit Questionnaire
- Hickory Hill Recovery Center Operations Manual (Rev. 8/16/2018) PREA Policy/Procedure Page 22-29
- Resident Education Acknowledgement that requires Resident Signature of receipt and understanding of KY DOC/Recovery Kentucky/Hickory Hill Recovery Center PREA training
- PREA informational Posters and Brochures posted and displayed for resident and staff access in the facility
- Kentucky River Community Care, Inc./Hickory Hill Recovery Center staff interviews including Program Director/Facility PREA Compliance Manager; Division Director (Kentucky River Community Care, Inc.); Phase I Coordinator/Program Coordinator; Phase II Coordinator; Resident Monitors; and residents interviewed

Standard 115.234: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.234 (a)

- 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 administrative or criminal sexual abuse investigations. See 115.221(a).)
 Yes No NA

115.234 (b)

- Does this specialized training include: Techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) Yes No NA
- Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) Yes No NA
- Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) Yes No NA
- 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 administrative or criminal sexual abuse investigations. See 115.221(a).)
 Yes No NA

115.234 (c)

- 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 administrative or criminal sexual abuse investigations. See 115.221(a.)
 Yes No NA

115.234 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a)-(c) Hickory Hill Recovery Center facility insures that two (2) staff have completed training on investigations of allegations of sexual harassment/sexual abuse and that the training included: techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative or prosecution referral but this facility does NOT conduct its own criminal investigations.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED

- Completed Hickory Hill Recovery Center Pre-Audit Questionnaire
- Hickory Hill Recovery Center Operations Manual (Rev. 8/16/2018) PREA Policy/Procedure Page 22-29
- Hickory Hill Recovery Center Operations Manual (Rev. 8/16/2018) First Responder Page 54
- KY DOC PREA-Staff/Volunteer/Contractors Acknowledgement Form that requires Staff/Volunteer/Contractor Signature of receipt and understanding of KY DOC/Recovery Kentucky/Hickory Hill Recovery Center PREA training
- KY DOC Investigator Training for Hickory Hill Recovery Center staff
- PREA informational Posters and Brochures posted and displayed for resident and staff access in the facility
- Kentucky River Community Care, Inc./Hickory Hill Recovery Center staff interviews including Program Director/Facility PREA Compliance Manager; Division Director (Kentucky River Community Care, Inc.); Phase I Coordinator/Program Coordinator; Phase II Coordinator

Standard 115.235: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.235 (a)

- 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 No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
 Yes No NA

115.235 (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.)
 Yes No NA

115.235 (c)

- 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 No NA

115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.) Yes No NA
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A if the agency

does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a)-(d) Hickory Hill Recovery Center does employ full-time or part-time medical care practitioners and also have volunteers/contractors and ensure that all these individuals have been trained in PREA (how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond professionally to victims of sexual abuse/sexual harassment; and how and to whom to report all allegations or suspicions of sexual harassment/sexual abuse).

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED

- Completed Hickory Hill Recovery Center Pre-Audit Questionnaire
- Hickory Hill Recovery Center Operations Manual (Rev. 8/16/2018) PREA Policy/Procedure Page 22-29
- Hickory Hill Recovery Center Operations Manual (Rev. 8/16/2018) First Responder Page 54
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SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.241 (a)

- 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 No
- 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 No

115.241 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
 Yes No

115.241 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
 Yes No

115.241 (d)

- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No

- 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 No
- 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 No

115.241 (e)

- 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 No
- 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 No
- 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 No

115.241 (f)

- 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 No

115.241 (g)

- Does the facility reassess a resident's risk level when warranted due to a: Referral? Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Request? Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse? Yes No
- 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 No

115.241 (h)

- 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 No

115.241 (i)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a)-(i) Documentation, staff interviews, and resident interviews confirmed that all residents are screened for risk of sexual victimization and/or sexual abusive behavior. The screening instrument contains all 9 criteria to assess residents for risk of sexual victimization and/or sexual abusive behavior. Documentation of the screening instrument is maintained in each resident's file and facility reassesses the resident's risk of victimization and/or abusiveness based upon any additional relevant information received by the facility since the initial screening. No resident reported to the auditor that their personal information was used in any exploitative or inappropriate way. The facility policy strictly controls the dissemination of information gathered from the screening.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED

-Completed Hickory Hill Recovery Center Pre-Audit Questionnaire
 -Hickory Hill Recovery Center Operations Manual (Rev. 8/16/2018) PREA Policy/Procedure Page 22-29
 -PREA informational Posters and Brochures posted and displayed for resident and staff access in the facility
 -Kentucky River Community Care, Inc./Hickory Hill Recovery Center staff interviews including Program Director; Division Director (Kentucky River Community Care, Inc.); Phase I Coordinator/Program Coordinator/Agency-Wide PREA Coordinator/Facility PREA Compliance Manager; Phase II Coordinator; Resident Monitors; and residents interviewed

Standard 115.242: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.242 (a)

- 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 No

- 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 No
- 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 No
- 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 No
- 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 No

115.242 (b)

- Does the agency make individualized determinations about how to ensure the safety of each resident? Yes No

115.242 (c)

- 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 No
- 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 No

115.242 (d)

- 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 No

115.242 (e)

- Are transgender and intersex residents given the opportunity to shower separately from other residents? Yes No

115.242 (f)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA

- 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 No NA

- 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a)-(f) Documentation and staff interviews confirm that the agency/facility policy reflects PREA language. The facility does use information from the risk screening required by PREA Standard Number 115.241 to decide housing and program assignments with the goal of keeping all resident’s safe. Staff have and will continue in future that if the need should arise regarding separate shower/housing/programming assignments for transgender and/or intersex residents’ modification can be made giving the opportunity to shower separately from other residents.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED

-Completed Hickory Hill Recovery Center Pre-Audit Questionnaire
-Hickory Hill Recovery Center Operations Manual (Rev. 8/16/2018) PREA Policy/Procedure Page 22-29
-PREA informational Posters and Brochures posted and displayed for resident and staff access in the facility
-Kentucky River Community Care, Inc./Hickory Hill Recovery Center staff interviews including Program Director; Division Director (Kentucky River Community Care, Inc.); Phase I Coordinator/Program Coordinator/Agency-Wide PREA Coordinator/Facility PREA Compliance Manager; Phase II Coordinator;

REPORTING

Standard 115.251: Resident reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.251 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? Yes No
- 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 No
- 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 No

115.251 (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 No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the resident to remain anonymous upon request? Yes No

115.251 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? Yes No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? Yes No

115.251 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a)-(d) Documentation, staff interviews, and resident interviews confirms that the agency/facility policy mirrors PREA language. Residents have multiple internal and external ways to privately report sexual harassment/sexual abuse, retaliation by other residents or staff for reporting sexual harassment/sexual abuse and/or staff neglect or violation of responsibilities that may have contributed to such reports. Staff interview confirmed that staff can privately report sexual harassment/sexual abuse of residents also. The agency/facility policy is that all staff will accept reports made verbally, in writing, anonymously, and from third parties and promptly document any/all reports.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED

- Completed Hickory Hill Recovery Center Pre-Audit Questionnaire
- Hickory Hill Recovery Center Operations Manual (Rev. 8/16/2018) PREA Policy/Procedure Page 22-29
- KY DOC PREA-Staff/Volunteer/Contractors Acknowledgement Form that requires Staff/Volunteer/Contractor Signature of receipt and understanding of KY DOC/Recovery Kentucky/Hickory Hill Recovery Center PREA training
- Resident Education Acknowledgement that requires Resident Signature of receipt and understanding of KY DOC/Recovery Kentucky/Hickory Hill Recovery Center PREA training
- PREA informational Posters and Brochures posted and displayed for resident and staff access in the facility
- Kentucky River Community Care, Inc./Hickory Hill Recovery Center staff interviews including Program Director; Division Director (Kentucky River Community Care, Inc.); Phase I Coordinator/Program Coordinator/Agency-Wide PREA Coordinator/Facility PREA Compliance Manager; Phase II Coordinator; Resident Monitors; and residents interviewed

Standard 115.252: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.252 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No

115.252 (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 No NA
- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (c)

- 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 No NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (d)

- 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 No NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond 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 No NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (e)

- 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 No NA

- Are those third parties also permitted to file such requests on behalf of residents? (If a third-party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)
 Yes No NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)
 Yes No NA

115.252 (f)

- 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 No NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
 Yes No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
 Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (g)

- 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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(a)-(g) The agency/facility has an administrative procedure for dealing with resident grievances regarding sexual harassment/sexual abuse. Documentation and staff interviews confirm the agency/facility policy is in line with expectations in subsections: the agency/facility does not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual harassment/sexual abuse; the agency/facility does not require a resident to use informal grievance processes with the staff of an alleged incident of sexual abuse; the agency/facility ensures that all residents may submit grievance/grievance processes; the agency/facility allows third parties, including family members, probation/parole officers, and outside advocates to assist residents in filing requests for administrative remedies relating to allegations of sexual harassment/sexual abuse; the agency/facility policy states that the agency/facility may discipline a resident for filing a grievance related to alleged sexual harassment/sexual abuse only where the agency demonstrates that the resident filed the grievance in bad faith.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED

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Standard 115.253: Resident access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.253 (a)

- 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 No

- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? Yes No

115.253 (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 No

115.253 (c)

- 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 No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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(a)-(c) The agency/facility would utilize community services to provide confidential emotional support including mental health assessment and counseling services for those residents that fall under PREA and/or as needed at local program to provide victim advocate and supportive services to residents as required and/or upon request. Contact information is posted throughout the facility for resident and staff information/utilization. Resident interviews confirmed that all residents are made aware of these available services and their right to make contact for services. Resident also have access to family members and probation/parole officers.

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Standard 115.254: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.254 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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(a) Documentation, staff interviews, and resident interviews confirmed that the agency/facility provides methods to receive third-party reports of any resident sexual harassment/sexual abuse and publicly distributes the information on how to report sexual harassment/sexual abuse and publicly distributes the information on how to report sexual harassment/sexual abuse on behalf of others. PREA posters are posted throughout the facility for residents and staff information. Residents have access to family members and probation/parole officers.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED

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OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.261 (a)

- 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 No
- 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 No
- 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 No

115.261 (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 No

115.261 (c)

- 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 No
- 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 No

115.261 (d)

- 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 No

115.261 (e)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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(a)-(e) The agency/facility policy requires that all staff are to report/document immediately any knowledge, suspicion, or information regarding an incident of sexual harassment/sexual abuse that occurred in the facility; to report any retaliation against residents or staff for reporting such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident and/or retaliation regarding PREA.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED

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Standard 115.262: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.262 (a)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) Documentation and staff interviews confirm that when the facility learns that a resident is subject to a substantial risk of imminent sexual abuse, the staff have been trained to take immediate action to protect the resident, including but not limited to separating the resident from potential abuser; notifying their supervisor, and completing documentation. Documentation and staff interviews confirmed the primary responsibility at all times is the safety of all residents and staff in the agency/facility.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED

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Standard 115.263: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.263 (a)

- 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 No

115.263 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? Yes No

115.263 (c)

- Does the agency document that it has provided such notification? Yes No

115.263 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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(a)-(d) The agency/facility policy and staff interviews confirm that upon receiving an allegation that a resident was sexually harassed and/or sexually abused while confined at another facility, the Program Director of the facility must notify the head of the facility/appropriate office at the agency where the alleged harassment/abuse reportedly occurred and requires notifying the appropriate investigative agency immediately.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED

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Standard 115.264: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.264 (a)

- 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 No
- 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 No
- 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 No
- 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 No

115.264 (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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a)-(b) The agency/facility policy and staff interviews confirm that policy does cover all required elements of staff first responder duties/training and staff could articulate the steps that they take if/when responding to an incident of sexual abuse.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED

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Standard 115.265: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.265 (a)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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(a) The agency/facility has a detailed coordinated response plan. Documentation and staff interviews confirm agency/facility policy/training for actions required in response to an incident of sexual abuse among staff first responders, investigators, and agency/facility leadership.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED

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Standard 115.266: Preservation of ability to protect residents from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.266 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency’s behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency’s ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.266 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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(a) Agency/facility is a private not-for-profit community confinement facility (halfway house)/Alcohol/drug rehabilitation center for adult men and does not participate in any collective bargaining agreements. The agency/facility has the ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation (or of a determination of whether and to what extent discipline is warranted) and has the ability to remove alleged resident sexual abuser.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED

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Standard 115.267: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.267 (a)

- 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 No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.267 (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 No

115.267 (c)

- 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 No
- 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 No

- 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 No
- 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 No
- 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 housing changes? Yes No
- 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 No
- 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 No
- 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 reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.267 (d)

- In the case of residents, does such monitoring also include periodic status checks?
 Yes No

115.267 (e)

- 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 No

115.267 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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(a)-(e) The agency/facility has detailed policy to confirm protection against retaliation and zero-tolerance for retaliation. Documentation and staff interviews confirmed facility protection against retaliation and zero-tolerance for retaliation.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED

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INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.271 (a)

- 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 No NA
- 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 No NA

115.271 (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 No

115.271 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
 Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.271 (d)

- 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 No

115.271 (e)

- 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 No
- 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 No

115.271 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- 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 No

115.271 (g)

- 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 No

115.271 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?
 Yes No

115.271 (i)

- 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 No

115.271 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?
 Yes No

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (l)

- 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 administrative or criminal sexual abuse investigations. See 115.221(a).) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a)-(l) Documentation and staff interviews confirm agency/facility policy is in line with the PREA standard subsection language. The agency/facility policy requires that all allegations of sexual harassment/sexual

abuse to referred immediately for investigation to an agency with the legal authority to conduct administrative and/or criminal investigations. The agency with the authority to conduct administrative and/or criminal investigations would be contingent on the supervision of the resident involved (state residents are referred to Kentucky Department of Corrections (KY DOC) and would include Kentucky State Police when necessary.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED

- Completed Hickory Hill Recovery Center Pre-Audit Questionnaire
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Standard 115.272: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.272 (a)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) Documentation and staff interviews confirm agency/facility policy is in line with the PREA standard language. The agency/facility shall impose no standard higher than a preponderance of the evidence in

determining whether allegations of sexual harassment or sexual abuse are substantiated for administrative investigations.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED

- Completed Hickory Hill Recovery Center Pre-Audit Questionnaire
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Standard 115.273: Reporting to residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.273 (a)

- 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 No

115.273 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in the agency's 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 No NA

115.273 (c)

- 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 No
- 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 No
- 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 No

- 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 No

115.273 (d)

- 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 No
- 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 No

115.273 (e)

- Does the agency document all such notifications or attempted notifications? Yes No

115.273 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a)-(e) Documentation and staff interviews confirm agency/facility policy is in line with the PREA standard language including but not limited to, the facility, following an investigation into a resident's allegation of sexual harassment/sexual abuse suffered in the facility, shall inform the resident as to whether the allegation has been determined to be "substantiated", "unsubstantiated", or "unfounded". The agency/facility shall

request the relevant information from the investigative agency in order to inform the resident, all such notification and/or attempted notifications shall be documented in the resident's file.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED

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DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.276 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.276 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.276 (c)

- 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 No

115.276 (d)

- 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 No
- 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 No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a)-(d) Documentation and staff interviews confirms agency/facility policy that a staff who violates agency/facility zero-tolerance sexual harassment/sexual abuse policies are subject to disciplinary action. Disciplinary actions include but are not limited to a variety of sanctions, including termination. The agency/facility requires all allegations of sexual abuse to be reported to law enforcement immediately regardless of whether the staff resigns or is terminated.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED

- Completed Hickory Hill Recovery Center Pre-Audit Questionnaire
- Hickory Hill Recovery Center Operations Manual (Rev. 8/16/2018) PREA Policy/Procedure Page 22-29
- KY DOC PREA-Staff/Volunteer/Contractors Acknowledgement Form that requires Staff/Volunteer/Contractor Signature of receipt and understanding of KY DOC/Recovery Kentucky/Hickory Hill Recovery Center PREA training
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Standard 115.277: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.277 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies unless the activity was clearly not criminal? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.277 (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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a)-(b) Documentation and staff interviews agency/facility policy that all volunteers, vendors, and contractors are trained/sign an acknowledgement form stating that they understand the zero-tolerance policy for sexual contact with all residents and have been informed on how to report any knowledge, suspicion, or information regarding sexual harassment/sexual abuse that occurred in the agency/facility directly to the Program Director and/or Phase I Coordinator/Program Coordinator. Any volunteer, vendor, and/or contractor who were to engage in sexual harassment/sexual abuse would be prohibited from contact with residents and would be reported to law enforcement immediately.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED

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Standard 115.278: Interventions and disciplinary sanctions for residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.278 (a)

- 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 No

115.278 (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 No

115.278 (c)

- 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 No

115.278 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits? Yes No

115.278 (e)

- 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 No

115.278 (f)

- 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 No

115.278 (g)

- If the agency prohibits all sexual activity between residents, does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a)-(g) Documentation and staff interviews confirm agency/facility policy that all residents shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following a finding that the resident engaged in resident-resident sexual harassment/abuse.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED

-Completed Hickory Hill Recovery Center Pre-Audit Questionnaire
-Hickory Hill Recovery Center Operations Manual (Rev. 8/16/2018) PREA Policy/Procedure Page 22-29
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MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.282 (a)

- 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 No

115.282 (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 No

- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.282 (c)

- 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 No

115.282 (d)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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(a)-(d) Documentation and staff interviews confirmed agency/facility policy requires that all residents shall have access to unconditional, immediate emergency medical and mental health services at no cost to the resident and/or their family. No SAFE or SANE staff are employed at this facility; however, these professionals are provided at Hazard ARH Regional Medical Center Emergency Services where forensic examinations would be conducted at no cost to the resident and/or to their family. Mental health services (from meeting with a victim at the hospital as an advocate and on to provide counseling and support) can be provided locally by Kentucky Association of Sexual Assault Programs (KASAP) and/or The Rising Center if/when necessary.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED

- Completed Hickory Hill Recovery Center Pre-Audit Questionnaire
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Standard 115.283: Ongoing medical and mental health care for sexual abuse victims and abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.283 (a)

- 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 No

115.283 (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 No

115.283 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.283 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.283 (e)

- If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.283 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.283 (g)

- 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 No

115.283 (h)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a)-(h) Documentation and staff interviews confirmed agency/facility policy requires that all residents shall have access to unconditional on-going medical and mental health care for sexual abuse victims (evaluation and treatment shall include, as appropriate, follow-up services, treatment plans, and when necessary, referrals for continued care consistent with the community level of care) at no cost to the resident and/or their family. No SAFE or SANE staff are employed at this facility; however, these professionals are provided at Hazard ARH Regional Medical Center Emergency Services where forensic examinations would be conducted at no cost to the resident and/or their family. Mental health services (from meeting with a victim at the hospital as an advocate and on to provide counseling and support) can be provided locally by Kentucky Association of Sexual Assault Programs (KASAP) and/or The Rising Center if/when needed. Mental health services can be provided by Kentucky River Community Care, Inc. if/when necessary.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED

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DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.286 (a)

- 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 No

115.286 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? Yes No

115.286 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.286 (d)

- 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 No
- 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 No
- 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 No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No

- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- 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 No

115.286 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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(a)-(e) Documentation and staff interviews confirmed agency/facility policy identifies staff that serve on an Incident Review Team that does include upper-level management officials. The Incident Review Team considerations of all allegations would include but are not limited to the following: whether the allegation or investigation indicated a need to change policy or practice to better prevent, detect, or respond to sexual abuse; whether the incident or allegation was motivated by race, ethnicity, gender identity, status or perceived status, or whether incident was motivated or otherwise caused by other group dynamics in the facility. The Incident Review Team would examine the area where the incident allegedly occurred to assess physical layout, assess the adequacy of staff level in that area during different shifts, and assess whether monitoring technology should be updated/implemented. The Incident Review Team documents all findings.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED

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Standard 115.287: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.287 (a)

- 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 No

115.287 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? Yes No

115.287 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? Yes No

115.287 (d)

- 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 No

115.287 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) Yes No NA

115.287 (f)

- 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.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a)-(f) Documentation and staff interviews confirmed agency/facility policy to review data collected pursuant to PREA Standard 115.287 in order to assess and improve the effectiveness of its sexual harassment/sexual abuse prevention, detection, and response policies, practices, and training including but not limited to identifying problem areas, taking corrective action on an on-going basis, and preparing annual reports of its findings.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED

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Standard 115.288: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.288 (a)

- 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 No
- 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 No
- 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 No

115.288 (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 No

115.288 (c)

- 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 No

115.288 (d)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a)-(d) Documentation and staff interviews confirmed agency/facility policy to review data collected pursuant to PREA Standard 115.287 in order to assess and improve the effectiveness of its sexual harassment/sexual abuse prevention, detection, and response policies, practices, and training including but not limited to identifying problem areas, taking corrective action on an on-going basis, and preparing annual reports of its findings. Kentucky River Community Care, Inc. annual report is posted on website: krcnet.com

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED

-Completed Hickory Hill Recovery Center Pre-Audit Questionnaire
 -Hickory Hill Recovery Center Operations Manual (Rev. 8/16/2018) PREA Policy/Procedure Page 22-29
 -PREA informational Posters and Brochures posted and displayed for resident and staff access in the facility
 -Kentucky River Community Care, Inc./Hickory Hill Recovery Center staff interviews including Program Director; Division Director (Kentucky River Community Care, Inc.); Phase I Coordinator/Program Coordinator/Agency-Wide PREA Coordinator/Facility PREA Compliance Manager

Standard 115.289: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.289 (a)

- Does the agency ensure that data collected pursuant to § 115.287 are securely retained?
 Yes No

115.289 (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 No

115.289 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.289 (d)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a)-(d) Documentation and staff interviews confirmed agency/facility policy that ensures data collected to PREA Standard 115.287 is securely retained. The agency/facility removes all personal identifiers and will maintain sexual abuse data collected for at least ten (10) years after the date of the initial collection.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED
-Completed Hickory Hill Recovery Center Pre-Audit Questionnaire

-Hickory Hill Recovery Center Operations Manual (Rev. 8/16/2018) PREA Policy/Procedure Page 22-29
-Kentucky River Community Care, Inc./Hickory Hill Recovery Center staff interviews including Program Director; Division Director (Kentucky River Community Care, Inc.); Phase I Coordinator/Program Coordinator/Agency-Wide PREA Coordinator/Facility PREA Compliance Manager

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- 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 No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) Yes No NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with residents? Yes No

115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a)-(b) Kentucky River Community Care, Inc./Hickory Hill Recovery Center had first PREA audit in 2016 with a PREA Final Report dated 8/16/2016. Kentucky River Community Care, Inc. has a website: krcnet.com. (h)-(n) The documents were timely and complete. These documents included but were not limited to agency and facility policies and procedures demonstrating compliance with the PREA Community Confinement demonstrating compliance with the PREA Community Confinement Standards, facility staffing plan, facility floor plans, protocols, employee training records, residents training forms, and other documents related to demonstrating compliance with the PREA Community Confinement Standards. This auditor did not receive any correspondence or request from residents or staff prior to the on-site audit (a notice was posted with contact information for the PREA Auditor/audit date six weeks prior to the on-site audit as required). Staff and resident interviews occurred efficiently and privately. Overall, the agency/facility was well prepared for the PREA audit and performed well in all areas. After reviewing all pertinent information including and not limited to conducting staff and resident interviews, the auditor found that the agency/facility leadership have clearly made PREA compliance a high priority and have devoted a significant amount of time and resources to PREA policy development, training of all staff and volunteers in the facility, and immediate education upon intake with all residents regarding PREA aspect.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED

-Completed Hickory Hill Recovery Center Pre-Audit Questionnaire
-Hickory Hill Recovery Center Mission Statement
-Hickory Hill Recovery Center facility floor plans
-Hickory Hill Recovery Center Operations Manual (Rev. 8/16/2018) PREA Policy/Procedure Page 22-29
-Hickory Hill Recovery Center Operations Manual (Rev. 8/16/2018) First Responder Page 54
-KY DOC PREA-Staff/Volunteer/Contractors Acknowledgement Form that requires Staff/Volunteer/Contractor Signature of receipt and understanding of KY DOC/Recovery Kentucky/Hickory Hill Recovery Center PREA training

-Resident Education Acknowledgement that requires Resident Signature of receipt and understanding of KY DOC/Recovery Kentucky/Hickory Hill Recovery Center PREA training
-KY DOC Investigator Training for Hickory Hill Recovery Center staff
-PREA informational Posters and Brochures posted and displayed for resident and staff access in the facility
-Kentucky River Community Care, Inc./Hickory Hill Recovery Center staff interviews including Program Director; Division Director (Kentucky River Community Care, Inc.); Phase I Coordinator/Program Coordinator/Agency-Wide PREA Coordinator/Facility PREA Compliance Manager; Phase II Coordinator; Resident Monitors; and residents interviewed

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY 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 that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(f) Kentucky River Community Care, Inc./Hickory Hill Recovery Center had first PREA audit in 2016 and a PREA Final Report dated 8/16/2016 (and has made the report publicly available in the facility).

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED

-Completed Hickory Hill Recovery Center Pre-Audit Questionnaire
-Hickory Hill Recovery Center Operations Manual (Rev. 8/16/2018) PREA Policy/Procedure Page 22-29

-Kentucky River Community Care, Inc./Hickory Hill Recovery Center staff interviews including Program Director; Division Director (Kentucky River Community Care, Inc.); Phase I Coordinator/Program Coordinator/Agency-Wide PREA Coordinator/Facility PREA Compliance Manager

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Tina Sallee

8/24/2019

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.