

# PREA Facility Audit Report: Final

**Name of Facility:** Hickory Hill Recovery Center

**Facility Type:** Community Confinement

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 11/23/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Hickory Hill Recovery Center	<b>Date of Signature:</b> 11/23/2022

AUDITOR INFORMATION	
<b>Auditor name:</b>	Bivens, Brian
<b>Email:</b>	briandbivens@gmail.com
<b>Start Date of On-Site Audit:</b>	11/07/2022
<b>End Date of On-Site Audit:</b>	11/08/2022

FACILITY INFORMATION	
<b>Facility name:</b>	Hickory Hill Recovery Center
<b>Facility physical address:</b>	100 Recovery Way, Emmalena, Kentucky - 41740
<b>Facility mailing address:</b>	100 recovery way, Emmalena, Kentucky - 41740

Primary Contact	
<b>Name:</b>	Michael Nix
<b>Email Address:</b>	msnix007@yahoo.com
<b>Telephone Number:</b>	6068544414

Facility Director	
<b>Name:</b>	Michael Nix- LCADC
<b>Email Address:</b>	michael.nix@krccnet.com
<b>Telephone Number:</b>	606 854 4414

Facility PREA Compliance Manager	
<b>Name:</b>	
<b>Email Address:</b>	judy.cattoi@krccnet.com
<b>Telephone Number:</b>	

Facility Characteristics	
<b>Designed facility capacity:</b>	100
<b>Current population of facility:</b>	79
<b>Average daily population for the past 12 months:</b>	72
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Males
<b>Age range of population:</b>	18-65
<b>Facility security levels/resident custody levels:</b>	Low
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	18
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	0
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	0

AGENCY INFORMATION	
<b>Name of agency:</b>	Kentucky River Community Care
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	115 Rockwood Lane, Hazard, Kentucky - 41701
<b>Mailing Address:</b>	
<b>Telephone number:</b>	

Agency Chief Executive Officer Information:	
<b>Name:</b>	Judy Cattoi
<b>Email Address:</b>	<a href="mailto:judy.cattoi@krccnet.com">judy.cattoi@krccnet.com</a>
<b>Telephone Number:</b>	

**Agency-Wide PREA Coordinator Information****Name:** Michael Nix**Email Address:** michael.nix@krccnet.com**SUMMARY OF AUDIT FINDINGS**

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

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

**Number of standards exceeded:**

3

- 115.217 - Hiring and promotion decisions
- 115.231 - Employee training
- 115.264 - Staff first responder duties

**Number of standards met:**

38

**Number of standards not met:**

0

# POST-AUDIT REPORTING INFORMATION

## GENERAL AUDIT INFORMATION

### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-11-07
2. End date of the onsite portion of the audit:	2022-11-08

### Outreach

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

## AUDITED FACILITY INFORMATION

14. Designated facility capacity:	100
15. Average daily population for the past 12 months:	72
16. Number of inmate/resident/detainee housing units:	1
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	87
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	1

41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	1
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	1
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	Hickory Hill Recovery Center does not have a segregation unit. 16 of the 87 clients were interviewed during the onsite visit.
<b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b>	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	19
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	Hickory Hill Recovery Center does not have any contract employees. Volunteers are not allowed in the facility due to COVID. 10 of the 19 staff were interviewed.
<b>INTERVIEWS</b>	
<b>Inmate/Resident/Detainee Interviews</b>	
<b>Random Inmate/Resident/Detainee Interviews</b>	

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	13
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	It is all-male facility. Efforts were made to interview clients who were in each stage of the program (SOS, MT, Phase I, and Phase II). There were only three clients identified as targeted.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	It is all-male facility. Efforts were made to interview clients who were in each stage of the program (SOS, MT, Phase I, and Phase II). There were only three clients identified as targeted.
<b>Targeted Inmate/Resident/Detainee Interviews</b>	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	3
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0

**a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:**

Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.

The inmates/residents/detainees in this targeted category declined to be interviewed.

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>According to the Facility Director, there were no clients housed in the facility for this category.</p>
<p><b>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>According to the Facility Director, there were no clients housed in the facility for this category.</p>
<p><b>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>1</p>
<p><b>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>1</p>
<p><b>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>According to the Facility Director, there were no clients housed in the facility for this category.</p>
<p><b>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>



<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>According to the Facility Director, there were no clients housed in the facility for this category.</p>
<p><b>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>According to the Facility Director, there were no clients housed in the facility for this category.</p>
<p><b>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>According to the Facility Director, there were no clients housed in the facility for this category.</p>
<p><b>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	<p>1</p>

<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Alleged to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>According to the Facility Director, there were no clients housed in the facility for this category.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>The facility housed 87 housed males during the onsite visit. The Hickory Hill Recovery Center is a non-medical facility. According to the Facility Director, there were only 3 clients that fell into the targeted categories.</p>

**Staff, Volunteer, and Contractor Interviews**

**Random Staff Interviews**

<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>9</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>The auditor selected a total of 10 staff out of the 19 full-time and part-time employees at the Hickory Hill Recovery Center.</p>

**Specialized Staff, Volunteers, and Contractor Interviews**

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

75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	10
76. Were you able to interview the Agency Head?	<input type="radio"/> Yes <input checked="" type="radio"/> No
a. Explain why it was not possible to interview the Agency Head:	The agency head was not available. The Facility Director was interviewed as the agency head designee.
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

<p><b>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Agency contract administrator</li> <li><input type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment</li> <li><input type="checkbox"/> Line staff who supervise youthful inmates (if applicable)</li> <li><input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable)</li> <li><input type="checkbox"/> Medical staff</li> <li><input type="checkbox"/> Mental health staff</li> <li><input checked="" type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches</li> <li><input checked="" type="checkbox"/> Administrative (human resources) staff</li> <li><input checked="" type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff</li> <li><input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations</li> <li><input type="checkbox"/> Investigative staff responsible for conducting criminal investigations</li> <li><input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness</li> <li><input type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation</li> <li><input checked="" type="checkbox"/> Staff on the sexual abuse incident review team</li> <li><input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation</li> <li><input checked="" type="checkbox"/> First responders, both security and non-security staff</li> <li><input checked="" type="checkbox"/> Intake staff</li> <li><input type="checkbox"/> Other</li> </ul>
<p><b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b></p>	<ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input checked="" type="radio"/> No</li> </ul>
<p><b>a. Enter the total number of VOLUNTEERS who were interviewed:</b></p>	<p>1</p>

<p><b>b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)</b></p>	<p><input checked="" type="checkbox"/> Education/programming</p> <p><input type="checkbox"/> Medical/dental</p> <p><input type="checkbox"/> Mental health/counseling</p> <p><input type="checkbox"/> Religious</p> <p><input type="checkbox"/> Other</p>
<p><b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p><b>a. Enter the total number of CONTRACTORS who were interviewed:</b></p>	<p>1</p>
<p><b>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b></p>	<p><input type="checkbox"/> Security/detention</p> <p><input type="checkbox"/> Education/programming</p> <p><input type="checkbox"/> Medical/dental</p> <p><input type="checkbox"/> Food service</p> <p><input type="checkbox"/> Maintenance/construction</p> <p><input checked="" type="checkbox"/> Other</p>
<p><b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b></p>	<p>The facility does not have any contract employees. Due to COVID, volunteers are not allowed in the facility. The facility does have an LPN; however, her primary job is the SOS Coordinator (Safe on Streets), she does not treat clients from a medical perspective.</p>

## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

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

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

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

Yes

No

86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
88. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	<p>The Hickory Hill Recovery Center has 24 cameras that are well placed throughout the facility; security mirrors have been added to help increase the video surveillance.</p> <p>Clients were found to be very open to communicating with the auditor; all 16 clients interviewed stated they felt very safe in the facility.</p> <p>PREA signage is posted throughout the facility; specifically addressing the facility's zero tolerance policy for sexual abuse and sexual harassment and how to report sexual abuse and sexual harassment.</p>

### Documentation Sampling

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

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	<input checked="" type="radio"/> Yes <input type="radio"/> No
91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	<p>The auditor reviewed 6 staff training records and human resources files.</p> <p>The auditor reviewed 10 client records and there no PREA investigations during the past 12 months.</p>

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

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

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

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

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

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

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

## Sexual Abuse and Sexual Harassment Investigation Outcomes

### Sexual Abuse Investigation Outcomes

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

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

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



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

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

**Sexual Harassment Investigation Outcomes**

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

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

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

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

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

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

**Sexual Abuse Investigation Files Selected for Review**

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

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

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

<p>109. Did your sample of <b>INMATE-ON-INMATE SEXUAL HARASSMENT</b> files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>110. Did your sample of <b>INMATE-ON-INMATE SEXUAL HARASSMENT</b> investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p><b>Staff-on-inmate sexual harassment investigation files</b></p>	
<p>111. Enter the total number of <b>STAFF-ON-INMATE SEXUAL HARASSMENT</b> investigation files reviewed/sampled:</p>	<p>0</p>
<p>112. Did your sample of <b>STAFF-ON-INMATE SEXUAL HARASSMENT</b> investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>113. Did your sample of <b>STAFF-ON-INMATE SEXUAL HARASSMENT</b> investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>There were PREA allegations made during this audit cycle.</p>
<p><b>SUPPORT STAFF INFORMATION</b></p>	
<p><b>DOJ-certified PREA Auditors Support Staff</b></p>	
<p>115. Did you receive assistance from any <b>DOJ-CERTIFIED PREA AUDITORS</b> at any point during this audit? <b>REMEMBER:</b> the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p><b>Non-certified Support Staff</b></p>	
<p>116. Did you receive assistance from any <b>NON-CERTIFIED SUPPORT STAFF</b> at any point during this audit? <b>REMEMBER:</b> the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>

# AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

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

## Standards

### Auditor Overall Determination Definitions

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

### Auditor Discussion Instructions

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

115.211	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 208 453 235"><b>Auditor Discussion</b></p> <p data-bbox="244 271 1484 331">Based on staff interviews, Chain-of-Command Chart, review of documentation provided, and review of Hickory Hill Recovery Center Operations Manual; the following delineates the audit findings regarding this standard:</p> <p data-bbox="244 421 1484 577">115.211 (a): Hickory Hill Recovery Center Operations Manual for Compliance with Prison Rape Elimination Act of 2003 (PREA) page 25, mandates zero tolerance for all forms of sexual abuse and sexual harassment. This Operations Manual outlines the agency’s approach to preventing, detecting, and responding to such conduct. The procedures for all staff were clearly outlined in the Hickory Hill Recovery Center Operations Manual. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p data-bbox="244 611 1484 869">115.211 (B): The agency employs an upper-level, facility PREA Coordinator, Michael Nix; effective Summer 2021. Mr. Nix is also the Facility Director at Hickory Hill Recovery Center, which enables her to have significant input on all matters pertaining to PREA. He is very knowledgeable of the PREA standards and actively assists the facility with compliance. Mr. Nix as the PREA Coordinator has the authority to develop, implement, and oversee PREA compliance. The agency’s chain-of-command chart on page 12 of the Hickory Hill Recovery Center Operations Manual shows Mr. Nix an upper-level leader in the organization. He is actively updating the facility as new FAQs are published on the PREA Resource Center website. Mr. Nix acknowledged during his interview he had enough time to perform his PREA duties. Therefore, the facility meets compliance with this part of the standard during this audit. is</p>

115.212	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	115.212 The Hickory Hill Recovery Center is a private provider and does not contract with other agencies for the confinement of its clients. This was confirmed by reviewing the Hickory Hill Recovery Center Operations Manual interview with the PREA Coordinator and auditor observation during the onsite portion of the audit. Therefore, this standard was found to be compliant during this audit cycle.

**115.213 Supervision and monitoring**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Based on staff interviews, review of documentation provided and review of Hickory Hill Recovery Center Operations Manual for Compliance; the following delineates the audit findings regarding this standard:

115.213 (a) Hickory Hill Recovery Center Operations Manual for Compliance with Prison Rape Elimination Act of 2003 (PREA) outlines, that the facility has developed, documented, and made its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing as described and required by this standard. The established staffing plan uses the criteria found in standard 115.213 (a) to include the physical layout of the facility, the composition of the clients housed, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, and any other relevant factors identified. Video monitoring has also been deployed and upgraded to assist with the protection of clients against sexual abuse. The facility has a total of 24 cameras. The staffing levels are monitored daily by review of shift rosters. A review of the plan was last completed on October 14, 2022. The staffing schedule consists of:

Shift Schedule

11:00p.m. – 7:00 a.m.  
( Monitors: 7:00a.m. – 3:00p.m.)

(Director/Coordinators/Supportive

8a.-4p)  
3:00p.m. – 11:00p.m.

Sun  
SOS Monitors (2-3)  
SOS Monitors (2-3)  
SOS Monitors (2-3)

Mon  
SOS Monitors (2-3)  
Director (1)  
SOS Monitors (2-3)

Admin Asst. (1)

SOS Coordinator (1)

SOS Monitors (2-3)

Operations Manager (1)



Intake Coordinator (1)

Maintenance (1)

Housing Coordinator (1)

Phase 1 Coordinator (1)

Phase 2 Coordinator (1)

Motivational Track Coordinator (1)

Peer Mentors (6-12)

Tues

SOS Monitors (2-3)

Director (1)

SOS Monitors (2-3)

Admin Asst. (1)

SOS Coordinator (1)

SOS Monitors (2-3)

Operations Manager (1)

Intake Coordinator (1)

Maintenance (1)

Phase 1 Coordinator (1)

Phase 2 Coordinator (1)

Motivational Track Coordinator (1)

Peer Mentors (6-12)

Wed

SOS Monitors (2-3)

Director (1)

SOS Monitors (2-3)

Admin Asst. (1)

SOS Coordinator (1)

SOS Monitors (2-3)

Operations Manager (1)

Intake Coordinator (1)

Maintenance (1)

Housing Coordinator (1)

Phase 1 Coordinator (1)

Phase 2 Coordinator (1)

Motivational Track Coordinator (1)

Peer Mentors (6-12)

Thur

SOS Monitors (2-3)

Director (1)

SOS Monitors (2-3)

Admin Asst. (1)

SOS Coordinator (1)

SOS Monitors (2-3)

Operations Manager (1)

Intake Coordinator (1)

Maintenance (1)

Phase 1 Coordinator (1)

Phase 2 Coordinator (1)

Motivational Track Coordinator (1)

Peer Mentors (6-12)

Fri

SOS Monitors (2-3)

Director (1)

SOS Monitors (2-3)

Admin Asst. (1)

SOS Coordinator (1)

SOS Monitors (2-3)

Intake Coordinator (1)

Maintenance (1)

Housing Coordinator (1)

Phase 1 Coordinator (1)

Phase 2 Coordinator (1)

Motivational Track Coordinator (1)

Peer Mentors (6-12)

Sat

SOS Monitors (2-3)

SOS Monitors (2-3)

SOS Monitors (2-3)

Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.213 (b) The Hickory Hill Recovery Center Operations Manual (pages 16 and 17) has procedures in place to ensure all deviations are covered by:

## On Call Procedures

The management staff on-call provides immediate help after hours so as to prevent crisis situations from developing and escalating. Additionally, the management staff on-call assists in the post-crisis resolution process.

### Procedure:

1. Management staff on-call are staff members who serve as part of the center management team. Staff will come from a wide spectrum of center programs. The HHRC Director will be on call 24 hours a day, seven days a week. The SOS Coordinator, Intake Coordinator, Motivational Track Coordinator, Phase II Coordinator, and Operations Coordinator will serve as management staff on-call on a rotating basis.
2. A management staff member is on call 24 hours a day, seven days a week. They are physically present during regular program hours of 8 a.m. to 4:30 p.m. Monday - Friday. Coverage is rotated by the week beginning on Monday and ending the following Sunday evening. One management staff member has a cell phone at all times after hours Monday - Friday, on holidays and weekends. The management staff on-call cell phone number, as well as numbers for home phones, cell phones, beepers, etc., of individual team members, are located in SOS at all times.
3. If a resident presents as being a danger to self or others if there is concern that a situation might develop into a crisis, or if professional support is desired for any other reason, the management staff on-call will be contacted. The police, emergency medical personnel, or KRCC Crisis Line may also be contacted. If a resident poses a threat to the surrounding neighborhood or community, the HHRC Director or designee will contact the proper authorities to ensure anyone who may be at risk is notified.

In addition, timesheets and travel vouchers will reflect time and travel when team members come to the center after hours. There is no monetary compensation for serving as management staff on-call.

There have been no significant deviations reported where the staffing plan has not been complied with in the past twelve months, as confirmed by an interview with the Facility Director; slight modification occurred during COVID due to the significant decrease in population in the facility. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.213 (c) The staffing plan is reviewed annually by the Faculty Director and Agency Chief Executive Officer and approved by the Kentucky Department of Corrections as part of the Department of Corrections semi-annual inspection of the Hickory Hill Recovery Center. The Facility Director approves any recommendations made which would include changes to Operations Manual and procedures, physical plant, video monitoring, or staffing levels. The last Annual Staffing Plan assessment was completed on October 14, 2022. The facility has developed a new "Annual Staffing Review" document moving forward. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.215	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="245 206 453 232"><b>Auditor Discussion</b></p> <p data-bbox="245 268 1484 362">Based on Hickory Hill Recovery Center Operations Manual for Compliance with Prison Rape Elimination Act of 2003 (PREA) page 29, Kentucky Department of Corrections Operations Manual CPP9.8, training curriculums, staff interviews, training file reviews, and documentation provided; the following delineates the audit findings regarding this standard:</p> <p data-bbox="245 452 1484 712">115.215 (a) Hickory Hill Recovery Center Operations Manual page 29 prohibits all client searches, and that staff shall not conduct cross-gender strip searches or gross-gender visual body cavity searches (meaning a search of the anal or genital opening). The review of training curriculums and staff interviews revealed that cross-gender strip searches are prohibited. There have been no documented cross-gender visual body cavity or strip searches reported in the past twelvemonths according to the PREA Coordinator. In the event there is a suspicion of contraband or the need for a body search, the Facility Director will be notified. Staff are allowed to use metal detector wands only. This process was also confirmed during sixteen random client interviews. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p data-bbox="245 801 1484 927">115.215 (b) Hickory Hill Recovery Center Operations Manual, prohibits all staff from frisk/pat searches of female clients without exception. This was confirmed during random staff interviews. Hickory Hill Recovery Center is an all-male facility. Staff are allowed to use metal detector wands only. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p data-bbox="245 1016 1484 1173">115.215 (c) Hickory Hill Recovery Center Operations Manual, prohibits frisk/pat searches of male clients by female staff and requires that all cross-gender searches be without exception. This was confirmed during random staff interviews. Sixteen out of sixteen clients stated they have never been physically searched during their stay at the Hickory Hill Recovery Center. Staff are allowed to use metal detector wands only. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p data-bbox="245 1209 1484 1532">115.215 (d) Hickory Hill Recovery Center Operations Manual for Compliance with Prison Rape Elimination Act of 2003 (PREA) page 29, outlines that clients shall be permitted to shower, perform bodily functions, and change clothing without a non-medical staff of the opposite gender viewing their breasts, buttocks or genitalia. Sixteen out of sixteen clients confirmed during interviews they have privacy when showering, using the toilets, and changing their clothes. Once clients have completed the SOS portion of the program; each housing room is equipped with its own toilet and shower area. Hickory Hill Recovery Center Operations Manual page 29 also requires a staff of the opposite gender to announce their presence prior to entering the housing units. Client and staff interviews revealed that opposite-gender announcements were common practice at this facility when escorting males through the facility for any reason. Sixteen out of sixteen clients stated females in their living wings are extremely rare and they are always escorted by a male staff member. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p data-bbox="245 1568 1484 1827">115.215 (e) Hickory Hill Recovery Center Operations Manual page 29, training curriculum provided, and staff interviews the facility prohibits staff from physically examining transgender or intersex clients for the sole purpose of determining genital status. If the client's genital status is unknown, it is determined during conversations with the client, 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. There were no transgender or intersex clients housed at the Hickory Hill Recovery Center at the time of the onsite review. The Intake Coordinator stated there has not been a transgender or intersex client housed at the facility during this audit cycle. Staff training records were reviewed. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p data-bbox="245 1863 1484 2047">115.215 (f) Based on Hickory Hill Recovery Center Operations Manual page 29, training curriculum (Kentucky Department of Corrections lesson plan) provided, staff training file reviews, and staff interviews the facility trains staff not to conduct cross-gender pat-down searches and searches of transgender and intersex clients. In the event there is a suspicion of contraband or the need for a body search, staff will contact the Facility Director for guidance. This process was confirmed during random staff interviews. Sixteen out of sixteen client interviews confirmed this process. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p>

115.216

**Residents with disabilities and residents who are limited English proficient**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Based on Hickory Hill Recovery Center Operations Manual pages 28-29, PREA Annual Training, PREA Brail documentation, review of the lesson plans, Spanish PREA Poster, PREA handouts and posters, training logs, as well as staff and client interviews; the following delineates the audit findings regarding this standard:

115.216 (a) Hickory Hill Recovery Center Operations Manual pages 28-29, ensures appropriate steps are taken to provide clients with disabilities (including, for example, clients who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of its efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. PREA handouts and PREA posters are provided in both English and Spanish. Therefore, the facility demonstrated compliance with this part of the standard during this audit. The facility has one staff member who can sign. The agency has access contract with Pacific Interpreters. All targeted clients interviewed stated they felt safe in the facility. The PREA Coordinator advised, the facility had one client that was blind/low vision, one deaf/hard of hearing, or no limited English Proficient and not client with cognitive impairment in the past twelve months. Interviews with screening staff also confirmed this statement. Operations Manual states:

This material shall be presented to the resident in both verbal and written form with special consideration for those who have limited reading ability or who are hearing or vision impaired or with limited English Proficiency (PREA 115.216). This education occurs during the client's initial program orientation and an opportunity is provided to the client to ask and have questions answered. A basic program principle is "If you don't know something, ask". All orientation documentation is signed by the client, and they are given a copy and the original document is kept in the client's program file. Other key program information is posted in the SOS and MT Dorms and throughout the facility, also available in brail. (PREA Standard 115.233) Reports may also be made by calling the PREA Hotline. 1-855-700-PREA (7732).

Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.216 (b) Hickory Hill Recovery Center Operations, Clients with disabilities and clients who are limited English proficient, and staff takes 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 clients who are limited English proficient, including steps to provide interpreters via a contract with Pacific Interpreters who can interpret effectively accurately and impartially. All targeted clients interviewed stated they felt safe in the facility. The PREA Coordinator advised, the facility had one client that was blind/low vision, one deaf/hard of hearing, or no limited English Proficient and not client with cognitive impairment in the past twelve months. Operations Manual states:

This material shall be presented to the resident in both verbal and written form with special consideration for those who have limited reading ability who are hearing or vision impaired or with limited English Proficiency (PREA 115.216). This education occurs during the client's initial program orientation and an opportunity is provided to the client to ask and have questions answered. A basic program principle is "If you don't know something, ask". All orientation documentation is signed by the client, and they are given a copy and the original document is kept in the client's program file. Other key program information is posted in the SOS and MT Dorms and throughout the facility, also available in brail. (PREA Standard 115.233) Reports may also be made by calling the PREA Hotline. 1-855-700-PREA (7732).

Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.216 (c) The Hickory Hill Recovery Center Operations Manual for Compliance with Prison Rape Elimination Act of 2003 (PREA) mandates that Hickory Hill Recovery Center does not rely on client interpreters, client readers, or other types of client

facilities except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the client's safety. All targeted clients interviewed stated they felt safe in the facility. The PREA Coordinator advised, the facility had one client that was blind/low vision, one deaf/hard of hearing, or no limited English Proficient and not client with cognitive impairment in the past twelve months. Interviews with screening staff also confirmed this statement. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.217	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<p data-bbox="245 208 453 232"><b>Auditor Discussion</b></p> <p data-bbox="245 271 1437 360">Based on Hickory Hill Recovery Center Operations Manual pages 7-8, Go-Hire Pre-Employment/Employee Background Check Human Resource staff interviews, the Hickory Hill Recovery Center Self-Declaration Forms and personnel file reviews; the following delineates the audit findings regarding this standard:</p> <p data-bbox="245 394 1493 719">115.217 (a) The Hickory Hill Recovery Center Operations Manual page 7, does not hire or promote anyone who may have contact with clients, and does not enlist the services of any contractor or volunteer who may have contact with clients, who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution, 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; or has been civilly or administratively adjudicated to have engaged in the activity described above. During the onsite visit, background checks had been conducted by both the Hickory Hill Recovery Center and the Kentucky Department of Corrections as required on all current staff. Go-Hire runs an initial background check on every individual hired. This is completed through the Administrative Office of the Courts in Frankford, and the Cabinet for Health and Family Services (Central Registry check). According to Go-Hire Pre-Employment/Employee Background Check, background checks include:</p> <ul data-bbox="245 752 1437 981" style="list-style-type: none"> <li>· A Criminal background check performed through the Kentucky Administrative Office of the Courts or the Kentucky State Police</li> <li>· A check of the Central Registry established by 922 KAR 1:470</li> <li>· A check of the Nurse Aide or Home Health Aide Abuse Registry established by 906 KAR 1:100</li> <li>· A check of the Caregiver Misconduct Registry established by 922 KAR 5: 120</li> </ul> <p data-bbox="245 1014 1171 1039">Note: Potential employees will not be hired if they have a criminal conviction or plead guilty to:</p> <ul data-bbox="245 1072 927 1267" style="list-style-type: none"> <li>· Sex Crime as defined in KRS 17.500 or</li> <li>· Violent Crime as defined in KRS 439.3401 or</li> <li>· Criminal offense against a minor as specified in KRS 17.500 or</li> <li>· Class A felony</li> </ul> <p data-bbox="245 1301 1091 1326">Therefore, the facility meets compliance with this part of the standard during this audit.</p> <p data-bbox="245 1359 1485 1554">115.217 (b) The Hickory Hill Recovery Center considers any incidents of sexual harassment in determining whether to hire or promote anyone or to enlist the services of any contractor or volunteer, who may have contact with clients. The facility does not have any volunteers or contract employees. All applicants and employees must sign the agency's "Declaration of Ethical Principles" form. The PREA Coordinator supplied the auditor with examples of the "Declaration of Ethical Principles" form that has been completed in the past twelve months. Each employee signs the form annually. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p data-bbox="245 1588 1493 1805">115.217 (c)-1 Hickory Hill Recovery Center Operations Manual page 8 requires a criminal background record check to be completed before hiring any new employee. The Hickory Hill Recovery Center PREA Operations Manual page 8 requires checks of the following registries prior to employment for all staff; the national criminal background check and AOC – Administrative Office of the Courts. the parent agency of Hickory Hill Recovery Center completes background checks every year on all employees. The facility does not have any volunteers or contract employees. This was confirmed during file review and during an interview with the Facility Director. Therefore, the facility meets compliance with this part of the standard during this audit.</p> <p data-bbox="245 1839 1461 2002">115.217 (c)-2 According to the Pre-employment/Employee Background Check, the Hickory Hill Recovery Center makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any pending investigations of an allegation of sexual abuse. The Hickory Hill Recovery Center requires checks of the following registries prior to employment for all staff; the national criminal background check and AOC – Administrative Office of the Courts. According to Go-Hire Pre-employment/Employee Background Check, background checks include:</p> <ul data-bbox="245 2036 1437 2150" style="list-style-type: none"> <li>· A Criminal background check performed through the Kentucky Administrative Office of the Courts or the Kentucky State Police</li> <li>· A check of the Central Registry established by 922 KAR 1:470</li> </ul>



- A check of the Nurse Aide or Home Health Aide Abuse Registry established by 906 KAR 1:100
- A check of the Caregiver Misconduct Registry established by 922 KAR 5: 120

Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.217 (d) Hickory Hill Recovery Center Operations Manual page 8 requires a criminal background records check be completed before enlisting the services of any contractor or volunteer who may have contact with the clients. The Hickory Hill Recovery Center completes background checks every year on all employees. The facility does not have volunteers or contract employees. This was confirmed during file review and during an interview with the Facility Director. Therefore, the facility exceeds compliance with this part of the standard during this audit.

115.217 (e) Hickory Hill Recovery Center Operations Manual page 8 requires a criminal background records check be completed on all current employees annually. The facility does not have volunteers or contact employees. This was confirmed during file review and during an interview with the Facility Director. The facility has exceeded compliance with this part of the standard.

115.217 (f) The Hickory Hill Recovery Center instills upon all employees a continuing affirmative duty to disclose any sexual misconduct as required by this standard. A "Declaration of Ethical Principles" form is completed by all applicants, unescorted contractors or volunteers, employees upon being hired, and employees being considered for a promotion to document this requirement. The PREA Coordinator supplied the audit with every "Declaration of Ethical Principles" form that has been completed in the past twelve months. Each employee signs the form annually. The facility has developed a new "Self-Declaration Form" moving forward. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.217 (g) The Hickory Hill Recovery Center Operations Manual mandates that material omissions regarding sexual misconduct, and the provision of materially giving false information, are grounds for termination as required by this standard. According to the Facility Director, there has not been such an occurrence in the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.217 (h) Hickory Hill Recovery Center Operations Manual requires that the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a current or former employee upon receiving a request from an institutional employer for whom such employee has applied to work. During an interview with the PREA Coordinator, it was notated that there has not been such an occurrence in the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

<b>115.218</b>	<b>Upgrades to facilities and technology</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 208 453 232"><b>Auditor Discussion</b></p> <p data-bbox="244 271 1445 360">Based upon a review of the Hickory Hill Recovery Center Operations Manual page 29, interview with the Facility Director, staff interviews, review of camera placement, and review of documentation provided; the following delineates the audit findings regarding this standard:</p> <p data-bbox="244 394 1002 418">115.218 (a) Hickory Hill Recovery Center Operations Manual page 29 states:</p> <p data-bbox="244 452 1477 542">When designing or upgrading new facilities or expanding existing facilities, HHRC will consider the effect of the building design or modification on the center’s ability to protect residents from sexual abuse. This consideration should also be made when installing or upgrading video monitoring technology. (PREA standard 115.218)</p> <p data-bbox="244 631 1166 656">Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p data-bbox="244 689 1490 913">115.218 (b) Hickory Hill Recovery Center Operations Manual, requires when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency’s ability to protect clients from sexual abuse. During this audit cycle, the facility has not enhanced the video technology throughout the facility. All identified blind spots were addressed and staff, as well as clients confirmed during interviews, they felt safer with the changes in place. The facility has 24 cameras and a number of security mirrors. This was confirmed during an interview with the Facility Director. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p>

115.221	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="245 208 453 232"><b>Auditor Discussion</b></p> <p data-bbox="245 327 1477 421">Based upon review of the Hickory Hill Recovery Center Operations Manual for Compliance with Prison Rape Elimination Act of 2003 (PREA) page 8, investigative staff interviews, and review of documentation provided; the following delineates the audit findings regarding this standard:</p> <p data-bbox="245 508 1485 633">115.221 (a) and (b) The Hickory Hill Recovery Center complies with all elements of this standard. The agency follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings. The PREA Coordinator stated there has not been an incident of alleged sexual abuse in this audit cycle. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p data-bbox="245 667 1481 860">115.221 (c) The Hickory Hill Recovery Center offers all victims of sexual abuse access to forensic medical examinations at the Rising Center without financial cost, where evidentiary or medically appropriate. Such examinations are to be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) as required. The Rising Center agrees to provide outside victim advocacy services to the clients. The PREA Coordinator stated there has not been an incident of alleged sexual abuse in this audit cycle. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p data-bbox="245 891 1469 983">115.221 (d) The Hickory Hill Recovery Center utilizes the Rising Center, which agrees to provide advocacy victim advocacy services to the clients. The services of these victim advocates has not been requested or used by the clients during this audit cycle. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p data-bbox="245 1070 1493 1263">115.221 (e) The Hickory Hill Recovery Center utilizes the Rising Center which agrees to provide outside victim advocacy services to the clients. According to the Hickory Hill Recovery Center Operations Manual, the facility also makes available a victim advocate, upon request by the victim, who will accompany and support the victim through the forensic medical examination process and investigatory interviews and provide emotional support, crisis intervention, information, and referrals as warranted. The PREA Coordinator stated there has not been an incident of alleged sexual abuse in this audit cycle. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p data-bbox="245 1352 1473 1512">115.221 (f) The Kentucky State Police is responsible for criminal Investigations. All Kentucky State Police receive training in sexual abuse investigations during basic training at the State Police Academy including techniques for interviewing sexual abuse victims, proper use of Miranda warnings, sexual abuse evidence collection at crime scenes including in confined settings, and the criteria as the evidence required to substantiate a case for prosecution referral. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p data-bbox="245 1601 1477 1760">115.221 (g) The Kentucky State Police is responsible for criminal Investigations. All Kentucky State Police receive training in sexual abuse investigations during basic training at the State Police Academy including techniques for interviewing sexual abuse victims, proper use of Miranda warnings, sexual abuse evidence collection at crime scenes including in confined settings, and the criteria as the evidence required to substantiate a case for prosecution referral. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p>

115.222	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="245 210 453 232"><b>Auditor Discussion</b></p> <p data-bbox="245 271 1469 331">Based upon a review of the Hickory Hill Recovery Center Operations Manual, staff interviews, and review of documentation provided; the following delineates the audit findings regarding this standard:</p> <p data-bbox="245 421 1485 846">115.222 (a) Hickory Hill Recovery Center Operations Manual, requires an administrative or criminal investigation be completed for all allegations of sexual abuse and sexual harassment. The Hickory Hill Recovery Center Operations Manual requires that all potential criminal activity is referred to the Kentucky State Police for criminal investigation. All Kentucky State Police receive training in sexual abuse investigations during basic training at the State Police Academy including techniques for interviewing sexual abuse victims, proper use of Miranda warnings, sexual abuse evidence collection at crime scenes including in confined settings, and the criteria as the evidence required to substantiate a case for prosecution referral, this was confirmed by the Academy Branch Commander at the Kentucky Law Enforcement Training Academy. The Hickory Hill Recovery Center Director and SOS Coordinator have received specialized PREA Investigation Training; they may start the initial report and complete an internal investigation. Beyond that, it may be escalated to the Kentucky State Police if warranted. During this audit cycle, there had been no PREA complaints reported at this facility. The Kentucky Department of Corrections has established a Memorandum of Understanding with the Kentucky State Police to investigate all sexual abuse allegations from the facility. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p data-bbox="245 936 1485 1294">115.222 (b) Hickory Hill Recovery Center Operations Manual, requires that all PREA allegations are investigated for potential criminal activity. If it is determined that the allegation involves potential criminal activity, it is referred to the Kentucky State Police for criminal investigation and prosecution as warranted. This Operations Manual is available to the public upon request. The Facility Director states that there have not been any investigations in the past twelve months. The Kentucky Department of Corrections is establishing a Memorandum of Understanding with the Kentucky State Police to investigate all sexual abuse allegations from the facility. All Kentucky State Police receive training in sexual abuse investigations during basic training at the State Police Academy including techniques for interviewing sexual abuse victims, proper use of Miranda warnings, sexual abuse evidence collection at crime scenes including in confined settings, and the criteria as the evidence required to substantiate a case for prosecution referral, this was confirmed by the Academy Branch Commander at the Kentucky Law Enforcement Training Academy. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p data-bbox="245 1384 1453 1541">115.222 (c) Hickory Hill Recovery Center Operations Manual and draft Memorandum of Understanding outlines the responsibilities of Kentucky State Police. The Kentucky Department of Corrections has established a Memorandum of Understanding with the Kentucky State Police to investigate all sexual abuse allegations from the facility. The Facility Director stated that there have not been any investigations in the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p>

115.231	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<p data-bbox="245 208 453 232"><b>Auditor Discussion</b></p> <p data-bbox="245 271 1449 394">Based upon a review of the Hickory Hill Recovery Center Operations Manual, the thirty-eight-page Hickory Hill PREA PowerPoint Lesson Plan, staff interviews, random staff training file review, and review of documentation provided (lesson plans, certificates, sign-in sheets, signed acknowledgment forms, training curriculums, and employee handouts); the following delineates the audit findings regarding this standard:</p> <p data-bbox="245 488 1461 544">115.231 (a) The Hickory Hill Recovery Center utilizes a thirty-eight-page PowerPoint lesson plan provided by the Kentucky Department of Corrections to train all their employees who have contact with clients on:</p> <ol data-bbox="245 633 1481 1240" style="list-style-type: none"> <li>(1) Its zero-tolerance Operations Manual for sexual abuse and sexual harassment;</li> <li>(2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;</li> <li>(3) Clients' right to be free from sexual abuse and sexual harassment;</li> <li>(4) The right of clients and employees to be free from retaliation for reporting sexual abuse and sexual harassment;</li> <li>(5) The dynamics of sexual abuse and sexual harassment in confinement;</li> <li>(6) The common reactions of sexual abuse and sexual harassment victims;</li> <li>(7) How to detect and respond to signs of threatened and actual sexual abuse;</li> <li>(8) How to avoid inappropriate relationships with clients;</li> <li>(9) How to communicate effectively and professionally with clients, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming clients; and</li> <li>(10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.</li> </ol> <p data-bbox="245 1332 1437 1388">Staff receives a pre and post-test. Nine out of nine random staff were well-versed in the facility's Operations Manual and procedure. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p data-bbox="245 1480 1469 1536">115.231 (b) The training is tailored for male clients at the Hickory Hill Recovery Center. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p data-bbox="245 1628 1484 1886">115.231 (c) The training staff provided a report containing all staff that had been PREA trained which confirmed the requirements needed to meet the standard and proved that all current staff was trained within one year of the effective date of the PREA standards. The PREA Coordinator supplied the auditor with a complete list; that showed all employees have been trained on the facility Operations Manual and procedure as it pertains to PREA. All staff received PREA training during in-service each year both in Relias and in person classroom training, which exceeds the requirements of this standard. Nine out of nine random staff were well-versed in the facility's Operations Manual and procedure. Employee training records are stored in RELIAS. The Hickory Hill Recovery Center utilizes a thirty-eight-page PREA lesson plan. Therefore, the facility exceeds compliance with this part of the standard during this audit.</p> <p data-bbox="245 1977 1476 2069">115.231 (d) The Hickory Hill Recovery Center documents, through employee signature on an acknowledgment form, that all employees understand the training they have received. File review confirmed six of six files included the acknowledgment documentation. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p>

115.232	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="245 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="245 268 1490 331">Based upon a review of the Hickory Hill Recovery Center Lesson Plan, Facility Director interview; the following delineates the audit findings regarding this standard:</p> <p data-bbox="245 421 1481 483">115.232 (a) Due to Covid, the facility has not allowed any volunteers into the facility in the past 30 months. The facility does not employ any contract staff. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p data-bbox="245 568 1481 631">115.232 (b) Due to Covid, the facility has not allowed any volunteers into the facility in the past 30 months. The facility does not employ any contract staff. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p data-bbox="245 716 1481 779">115.232 (c) Due to Covid, the facility has not allowed any volunteers into the facility in the past 30 months. The facility does not employ any contract staff. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p>

115.233	<b>Resident education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 208 453 235"><b>Auditor Discussion</b></p> <p data-bbox="244 271 1493 331">Based on a review of the Hickory Hill Recovery Center Operations Manual, Facility Orientation packet, PREA Posters; as well as interviews with random clients and staff; the following delineates the audit findings regarding this standard:</p> <p data-bbox="244 360 1489 589">115.233 (a) According to Hickory Hill Recovery Center Operations Manual page 62, during the orientation process, clients receive information explaining the Hickory Hill Recovery Center zero-tolerance Operations Manual regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and harassment, and to be free from retaliation for reporting such incidents, as well as procedures for responding to these types of incidents. Clients sign for the "Understanding the Prison Rape Elimination Act" form during orientation. Ten out of ten records reviewed showed compliance. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p data-bbox="244 674 1433 734">115.233 (b) The agency does not transfer clients from one facility to another. Therefore, this part of the standard is not applicable.</p> <p data-bbox="244 822 1489 1016">115.233 (c) The Hickory Hill Recovery Center provides client education in formats accessible to all clients, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to clients who have limited reading skills. There was one blind/low vision client, one deaf/hard of hearing, and no limited English proficient housed at the Hickory Hill Recovery Center during the onsite review. All targeted clients interviewed stated they had received PREA training, were screened and reassessed, and all stated they felt safe in the facility. The facility has PREA information available in brail. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p data-bbox="244 1104 1489 1265">115.233 (d) There was documentation provided of client's participation in PREA educational sessions as required by this part of the standard. Review of client training files indicated that sixteen out of sixteen clients received PREA education. Staff review the Hickory Hill Recovery Center' PREA procedures in detail; to include physically showing each new client how to use the PREA phone located in the common area. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p data-bbox="244 1352 1489 1547">115.233 (e) The Hickory Hill Recovery Center does provide the clients PREA information in English and Spanish outlining the zero-tolerance Operations Manual regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment here was one blind/low vision client, one deaf/hard of hearing, and no limited English proficient housed at the Hickory Hill Recovery Center during the onsite review. All targeted clients interviewed stated they had received PREA training, were screened and reassessed, and all stated they felt safe in the facility. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p>

115.234	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="245 208 453 235"><b>Auditor Discussion</b></p> <p data-bbox="245 271 1484 394">Based on review of the Hickory Hill Recovery Center Operations Manual, as well as the Kentucky Department of Corrections Specialized Investigator Training curriculums provided, Memorandum of Understanding with the Kentucky State Police, investigators training file review and investigative staff interview; the following delineates the audit findings regarding this standard:</p> <p data-bbox="245 430 1490 651">115.234 (a) In addition to the general training provided to all employees of the Hickory Hill Recovery Center, the Kentucky Department of Corrections ensures that their investigator receives training in conducting investigations in confinement settings. All Kentucky State Police receive training in sexual abuse investigations during basic training at the State Police Academy including techniques for interviewing sexual abuse victims, proper use of Miranda warnings, sexual abuse evidence collection at crime scenes including in confined settings, and the criteria as evidence required to substantiate a case for prosecution referral. The training is a two-day course, typically taught by the Kentucky Department of Corrections Agency-wide PREA Coordinator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p data-bbox="245 687 1474 909">115.234 (b) The specialized 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 action or prosecution referral. The training is a two-day course, typically taught by the Kentucky Department of Corrections Agency-wide PREA Coordinator. This was confirmed during an interview with the facility's PREA Coordinator. The Hickory Hill Recovery Center has two employees that has received specialized PREA Investigation Training for Administrative investigations only. There were no investigations during the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p data-bbox="245 945 1484 1032">115.234 (c) The Kentucky Department of Corrections maintains documentation the agency investigator has completed the required specialized training in conducting sexual abuse investigations. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p data-bbox="245 1068 1461 1191">115.234 (d) All Kentucky State Police receive training in sexual abuse investigations during basic training at the State Police Academy including techniques for interviewing sexual abuse victims, proper use of Miranda warnings, sexual abuse evidence collection at crime scenes including in confined settings, and the criteria as evidence required to substantiate a case for prosecution referral. Therefore, this part of the standard is in compliance.</p>



115.235	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 208 453 232"><b>Auditor Discussion</b></p> <p data-bbox="244 271 1461 331">Based on interviews with the Facility Director, random staff and random client interviews; the following delineates the audit findings regarding this standard:</p> <p data-bbox="244 360 1484 521">115.235 (a) The Hickory Hill Recovery Center does not have a full or part-time medical and no mental health care practitioners contracted by or volunteering for the agency. The facility is considered a none-medical facility. This was confirmed during an interview with the Facility Director and during interviews with random staff and clients. The facility does have an LPN; however, her job duty is the SOS Coordinator; she does not treat clients in the medical setting. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p data-bbox="244 551 1484 712">115.235 (b) The Hickory Hill Recovery Center does not have a full or part-time medical and no mental health care practitioners contracted by or volunteering for the agency. The facility is considered a none-medical facility. This was confirmed during an interview with the Facility Director and during interviews with random staff and clients. The facility does have an LPN; however, her job duty is the SOS Coordinator; she does not treat clients in the medical setting. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p data-bbox="244 741 1484 902">115.235 (c) The Hickory Hill Recovery Center does not have a full or part-time medical and no mental health care practitioners contracted by or volunteering for the agency. The facility is considered a none-medical facility. This was confirmed during an interview with the Facility Director and during interviews with random staff and clients. The facility does have an LPN; however, her job duty is the SOS Coordinator; she does not treat clients in the medical setting. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p data-bbox="244 987 1484 1149">115.235 (d) The Hickory Hill Recovery Center does not have a full or part-time medical and no mental health care practitioners contracted by or volunteering for the agency. The facility is considered a none-medical facility. This was confirmed during an interview with the Facility Director and during interviews with random staff and clients. The facility does have an LPN; however, her job duty is the SOS Coordinator; she does not treat clients in the medical setting. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p>

115.241	<b>Screening for risk of victimization and abusiveness</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="245 208 453 232"><b>Auditor Discussion</b></p> <p data-bbox="245 271 1490 329">Based on Hickory Hill Recovery Center Operations Manual page 66, review of the Risk of Victimization and Abusiveness tool, client and staff interviews, client file reviews; the following delineates the audit findings regarding this standard:</p> <p data-bbox="245 360 1485 486">115.241 (a) Hickory Hill Recovery Center Operations Manual page 66 ensures that all clients are assessed during intake and upon transfer to another facility for risk of being sexually abused by other clients or sexually abusive toward other clients. This was confirmed during interviews with screening staff. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p data-bbox="245 517 1450 710">115.241 (b) The Hickory Hill Recovery Center documentation provided mandates that screenings be conducted within 72 hours of arrival at the facility. Screenings are forwarded their PREA Initial Screening to the SOS Coordinator/PREA Investigator for final review. Review of six records confirmed 100% compliance. Fifteen out of sixteen clients stated they received orientation within the first 48 hours at the facility. Records review indicated the one client that did not remember receiving orientation is sign several forms signifying completion of the facility's orientation process. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p data-bbox="245 741 1485 835">115.241 (c) Based on the documentation provided and client file reviews the facility utilizes an objective screening instrument Screening for Risk of Victimization and Abusiveness that covers all aspects of this standard. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p data-bbox="245 866 1474 925">115.241 (d) The intake screening instrument used considers, at a minimum, the following criteria to assess clients for risk of sexual victimization:</p> <ol data-bbox="245 956 1394 1442" style="list-style-type: none"> <li>(1) Whether the client has a mental, physical, or developmental disability;</li> <li>(2) The age of the client;</li> <li>(3) The physical build of the client;</li> <li>(4) Whether the client has previously been incarcerated;</li> <li>(5) Whether the client's criminal history is exclusively nonviolent;</li> <li>(6) Whether the client has prior convictions for sex offenses against an adult or child;</li> <li>(7) Whether the client is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;</li> <li>(8) Whether the client has previously experienced sexual victimization;</li> <li>(9) The client's own perception of vulnerability.</li> </ol> <p data-bbox="245 1473 1174 1500">Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p data-bbox="245 1532 1445 1626">115.241 (e) The initial screening considers prior sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the Hickory Hill Recovery Center, in assessing clients for risk of being sexually abusive. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p data-bbox="245 1657 1481 1917">115.241 (f) Within 14 days from the client's arrival, the Hickory Hill Recovery Center reassess the client's risk of victimization or abusiveness based upon any additional, relevant information received by The Hickory Hill Recovery Center since the intake screening. DOC screenings 30-day reassessments are stored in KOMS (Kentucky Offender Management System) and non-DOC clients screening records are kept behind two locks in the administrative area. Clients that screen as a possible victim will be marked on internal documentation alerting staff of the risk. Review of six records confirmed 100% compliance. Fourteen out of sixteen clients stated they received reassessment within the 30-day window at the facility; records review indicated that the two who did not remember being reassessed where in fact rescreened within 30 days of intake. Therefore, the facility meets compliance with this part of the standard during this audit.</p> <p data-bbox="245 1948 1477 2141">115.241 (g) The Hickory Hill Recovery Center will reassess a client's risk level when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the client's risk of sexual victimization or abusiveness. Both screening staff stated they had not received any additional information that would warrant a reassessment. The PREA Coordinator stated the facility has not received any additional information on a client within the past twelve months that would warrant a reassessment. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p>

115.241 (h) The Hickory Hill Recovery Center does not discipline clients for refusing to answer screening questions or not disclosing complete information. This is mandated by Hickory Hill Recovery Center Operations Manual page 66. This was confirmed during an interview with the Facility Director. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.241 (i) The Hickory Hill Recovery Center implements appropriate controls on the dissemination of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the client's detriment by staff or other clients. DOC screenings 30-day reassessments are stored in KOMS (Kentucky Offender Management System) and non-DOC clients screening records are kept behind two locks in the administrative area. Based on Operations Manual review, interview with the Facility Director, and interviews with the staff responsible for completing the screening, all information gathered on the screening instrument restricted to staff making housing, work and program assignments. Clients that screen as a possible victim will be marked on internal documentation alerting staff of the risk; those clients are housed in areas where camera surveillance in the common areas/hallways are more prevalent. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.242	<b>Use of screening information</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 208 453 235"><b>Auditor Discussion</b></p> <p data-bbox="244 271 1484 331">Based on the Hickory Hill Recovery Center Operations Manual, Objective Screening Tool, client and staff interviews, and file review; the following delineates the audit findings regarding this standard:</p> <p data-bbox="244 360 1484 584">115.242 (a) Hickory Hill Recovery Center Operations Manual, states that Hickory Hill Recovery Center uses information from the risk screening to decide housing, bed, work, education, and program assignments with the goal of keeping separate those clients at high risk of being sexually victimized from those at high risk of being sexually abusive. The PREA Coordinator stated those that screen as potential victims are never housed in the same room as those who screen as potential predators. Those that screen at risk of victimization are housing in areas where camera surveillance in common areas/hallways are more prevalent. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p data-bbox="244 618 1484 880">115.242 (b) The Hickory Hill Recovery Center makes individualized determinations about how to ensure the safety of each client. Clients that screened as a possible risk of victimization and/or of abusiveness are notated on internal documentation for the Administrative Staff. Those that screen at risk of victimization are housing in areas where camera surveillance in common areas/hallways are more prevalent. If needed, potential victims and aggressors could be separated by housing floor. DOC screenings 30-day reassessments are stored in KOMS (Kentucky Offender Management System) and non-DOC clients screening records are kept behind two locks in the administrative area. Clients that screen as a possible victim will be marked on internal documentation alerting staff of the risk. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p data-bbox="244 913 1484 1070">115.242 (c) The Hickory Hill Recovery Center outlines the procedures to be followed in deciding whether to assign a transgender client to a facility for female clients, and the process for making housing and programming assignments, on case-by-case basis as required by this standard. There were no transgender clients housed at the Hickory Hill Recovery Center. The Intake Coordinator state the facility has not housed a transgender or intersex client during this audit cycle. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p data-bbox="244 1104 1484 1227">115.242 (d) The Hickory Hill Recover Center requires that a transgender and intersex Client's own views regarding their own safety be given serious consideration. There were no transgender clients housed at the Hickory Hill Recovery Center. The Facility Director advised the facility has not housed a transgender client in the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p data-bbox="244 1261 1484 1384">115.242 (e) Hickory Hill Recovery Center requires that transgender and intersex clients be given the opportunity to shower separately from other clients. There were no transgender clients housed at the Hickory Hill Recovery Center. The Facility Director advised the facility has not housed a transgender client in the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p data-bbox="244 1417 1484 1574">115.242 (f) Hickory Hill Recovery Center does not place lesbian, gay, bisexual, transgender, or intersex clients in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such 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 such clients. This was confirmed by the PREA Coordinator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p>

115.251	<b>Resident reporting</b>
	<p data-bbox="244 145 735 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="244 208 453 237"><b>Auditor Discussion</b></p> <p data-bbox="244 271 1461 360">Based on Hickory Hill Recovery Center Operations Manual, PREA packets, and posters provided to clients were utilized to verify compliance with this standard. Staff and client interviews verified the clients have multiple internal ways to report incidents of abuse or harassment.</p> <p data-bbox="244 394 1430 521">115.251 (a) The Hickory Hill Recovery Center Operations Manual, outlines multiple internal ways for clients to report incidents of sexual abuse, sexual harassment, and retaliation by other clients or staff for reporting sexual abuse, sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Calls are not recorded. Clients can report by:</p> <p data-bbox="244 555 815 584">Inform a Staff Member verbally, in writing or anonymously</p> <p data-bbox="244 611 1110 640">Kentucky Department of Corrections PREA Hotline 24-Hour Hotline at 1-833- 362-7732</p> <p data-bbox="244 667 699 696">Tell a Family Member or Friend (Third Party)</p> <p data-bbox="244 723 411 752">File a Grievance</p> <p data-bbox="244 779 794 808">Notify the Kentucky Department of Corrections by letter</p> <p data-bbox="244 835 592 864">Clients have the ability to call 911.</p> <p data-bbox="244 891 719 920">Phase II Clients have access to their cellphones</p> <p data-bbox="244 947 1166 976">Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p data-bbox="244 1003 1493 1131">115.251 (b) The Hickory Hill Recovery Center provides at least four ways for clients to report abuse or harassment to a public or private entity or office that is not part of the Hickory Hill Recovery Center, and that is able to receive and immediately forward client reports of sexual abuse and sexual harassment to agency officials, allowing the client to remain anonymous upon request.</p> <p data-bbox="244 1158 1437 1223">PREA hotline number is posted near the client phones located in a common area, assessable by all clients. The auditor successfully tested each external pre-programmed reporting number.</p> <p data-bbox="244 1249 815 1279">Inform a Staff Member verbally, in writing or anonymously</p> <p data-bbox="244 1305 967 1335">Kentucky Department of Corrections 24-Hour Hotline at 1-833-362-7732</p> <p data-bbox="244 1361 699 1391">Tell a Family Member or Friend (Third Party)</p> <p data-bbox="244 1417 411 1447">File a Grievance</p> <p data-bbox="244 1473 799 1503">Notify the Kentucky Department of Corrections by letter.</p> <p data-bbox="244 1529 592 1559">Clients have the ability to call 911.</p> <p data-bbox="244 1585 719 1615">Phase II Clients have access to their cellphones</p> <p data-bbox="244 1641 1166 1671">Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p data-bbox="244 1697 1485 1825">115.251 (c) The Hickory Hill Recovery Center Operations Manual, requires all staff to accept reports made verbally, in writing, anonymously, and from third parties. All allegations shall be promptly documented in an incident report and reported to the Facility Director. Nine out of nine random staff confirmed this practice. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p>

115.252	<b>Exhaustion of administrative remedies</b>
	<p data-bbox="245 143 735 172"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="245 208 453 237"><b>Auditor Discussion</b></p> <p data-bbox="245 271 1437 331">Based on the Hickory Hill Recovery Center PREA Operations Manual, staff interviews, PREA Coordinator interview, and documentation review; the following delineates the audit findings regarding this standard:</p> <p data-bbox="245 360 1469 521">115.252 (a) According to the Hickory Hill Recovery Center PREA Operations Manual, the agency investigates any report of sexual abuse and takes appropriate actions whether or not such information is received in the form of a grievance. During this audit cycle, Hickory Hill Recovery Center has not received a grievance concerning sexual abuse or sexual harassment. An interview with the PREA Coordinator confirms this process. The agency is in compliance with this section of the standard.</p> <p data-bbox="245 551 1474 678">115.252 (b) The agency does not impose a time limit on when a client may submit a grievance regarding an allegation of sexual abuse. During this audit cycle, Hickory Hill Recovery Center has not received a grievance concerning sexual abuse. An interview with the PREA Coordinator confirms this practice. Therefore, the agency complies with this section of the standard.</p> <p data-bbox="245 768 1490 929">115.252 (c) According to the Hickory Hill Recovery Center PREA Operations Manual, the agency will ensure that a client alleging sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint. During this audit cycle, the Hickory Hill Recovery Center has not received a grievance concerning sexual abuse. Additionally, such grievances will not be referred to the staff member who is the subject of the complaint; this was confirmed during an interview with the PREA Coordinator. Therefore, the agency is in compliance.</p> <p data-bbox="245 1016 1481 1279">115.252 (d) According to the Hickory Hill Recovery Center PREA Operations Manual, the agency will investigate the matter and render a determination within 90 days. An extension of up to 70 days to issue a determination may be taken if the facts and circumstances require it, and the complainant is notified in writing of the extension and the date that a determination will be made. At any level of the administrative process, including the final level, if the complainant does not receive a response within the time allotted for the reply, including any properly noticed extension, the client complainant may consider the absence of a response to be a denial at this level. During this audit cycle, the Hickory Hill Recovery Center has not received a grievance concerning sexual abuse or sexual harassment. Interview with the PREA Coordinator reiterates this process; therefore, the agency is found to be in compliance with the section of the standard.</p> <p data-bbox="245 1364 1469 1592">115.252 (e) The Hickory Hill Recovery Center PREA Operations Manual, states third parties including fellow residents, staff members, family members, attorneys, Ombudsman, and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies related to allegations of sexual abuse and shall also be permitted to file such requests on behalf of residents. If the client declines to have the request processed on his or her behalf, the agency shall document the client's decision. During this audit cycle, the Hickory Hill Recovery Center has not received a grievance concerning sexual abuse or sexual harassment. The PREA Coordinator confirmed this process. Therefore, the agency complies with this section of the standard.</p> <p data-bbox="245 1680 1493 1973">115.252 (f) The Hickory Hill Recovery Center PREA Operations Manual, states when a client is subject to a substantial risk of imminent threat of sexual abuse, the client may file a grievance through the facility's grievance process and the grievance will be considered an emergency grievance. The initial response to the grievance must be made within 48 hours and the final determination must be made within 5 calendar days, except in circumstances of county holidays and significant events. The agency's immediate focus must be to take action to prevent potential sexual abuse. Corrective and protective action must be pursued promptly. The Hickory Hill Recovery Center PREA Operations Manual mandates that staff must treat the information as confidential, only to be revealed to their supervisors in the chain-of-command to ensure prompt action is taken. During this audit cycle, the Hickory Hill Recovery Center has not received a grievance concerning sexual abuse or sexual harassment. An interview with the PREA Coordinator confirms this practice; therefore, the agency complies with this standard.</p>

115.253	<b>Resident access to outside confidential support services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="245 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="245 273 1474 331">Based on the Hickory Hill Recovery Center Operations Manual, staff interviews, client interviews and documentation review; the following delineates the audit findings regarding this standard:</p> <p data-bbox="245 367 1474 658">115.253 (a) The Hickory Hill Recovery Center utilizes the Rising Center (in cooperation with the Kentucky Association of Sexual Abuse Program) which agrees to provide outside victim advocacy services to the clients. KASAP "The Kentucky Association of Sexual Abuse Programs, Inc. is the statewide coalition of the 13 rape crisis centers in the Commonwealth of Kentucky. The mission of KASAP is to speak with a unified voice against sexual victimization. The mailing address and telephone number for this agency are made available to all clients at the facility. The Hickory Hill Recovery Center enables reasonable communication between clients and these organizations and agencies, in as confidential a manner as possible. The services of these victim advocates have not been requested or used by the clients during this audit cycle, verified by phone call. PREA Posters throughout the facility provide clients with contact information for the Rising Center. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p data-bbox="245 689 1490 846">115.253 (b) The Hickory Hill Recovery Center informs clients, 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. Posters located throughout the facility, inform the clients that communications with victim advocacy services are free and confidential. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p data-bbox="245 878 1490 1070">115.253 (c) The Hickory Hill Recovery Center utilizes the Rising Center which agrees to provide outside victim advocacy services to the clients. The Hickory Hill Recovery Center utilizes the Rising Center (in cooperation with the Kentucky Association of Sexual Abuse Program) which agrees to provide outside victim advocacy services to the clients. KASAP "The Kentucky Association of Sexual Abuse Programs, Inc. is the statewide coalition of the 13 rape crisis centers in the Commonwealth of Kentucky. The mission of KASAP is to speak with a unified voice against sexual victimization. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p>

115.254	<b>Third party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Based on the review of the Hickory Hill Recovery Center Operations Manual page 30; as well as a review of the website outlining third-party reporting, the following delineates the audit findings regarding this standard:</p> <p>115.54 The Hickory Hill Recovery Center provides multiple methods for receiving third-party reports of sexual abuse and sexual harassment on the agency website. The information available on the website <a href="https://www.krccnet.com/services/substance-use-services/hickory-hill">https://www.krccnet.com/services/substance-use-services/hickory-hill</a> / explains how to report sexual abuse and sexual harassment on behalf of a client. The facility takes all reports seriously no matter how they are received and investigates each reported incident. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p>



115.261	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 208 453 235"><b>Auditor Discussion</b></p> <p data-bbox="244 271 1461 331">Based on Hickory Hill Recovery Center Operations Manual pages 30-31, staff interviews, and documentation provided; the following delineates the audit findings regarding this standard:</p> <p data-bbox="244 360 1474 589">115.261 (a) The Hickory Hill Recovery Center Operations Manual page 30, requires all staff to report immediately and according to the agency Operations Manual 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 Hickory Hill Recovery Center; retaliation against clients or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The Facility Director stated there has not been a report of sexual harassment or sexual abuse during this audit cycle. Nine out of nine random staff interviewed confirmed this process. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p data-bbox="244 674 1485 902">115.261 (b) Other than reporting to immediate supervisors and the Kentucky State Police, the Hickory Hill Recovery Center staff, volunteers, and contractors shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in the agency's Operations Manual, to make treatment, investigations, and other security and management decisions. Staff shall submit a report of any allegations as soon as practical to the PREA Coordinator. This was confirmed during interviews with random staff. The Facility Director stated there has not been a report of sexual harassment or sexual abuse during this audit cycle. Nine out of nine random staff interviewed confirmed this process. Therefore, this part of the standard is not applicable during this audit.</p> <p data-bbox="244 987 1469 1120">115.261 (c) Kentucky is a mandatory reporting state for sexual abuse. There is no part-time or full-time medical and no mental health staff at the facility. The Facility Director stated there has not been a report of sexual harassment or sexual abuse during this audit cycle. The SOS Coordinator is an LPN but does not provide medical treatment services. The facility is a non-medical facility. Therefore, this part of the standard is not applicable during this audit.</p> <p data-bbox="244 1205 1485 1337">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, the Hickory Hill Recovery Center reports the allegation to the designated state or local services agency. The Facility Director stated there has not been a report of sexual harassment or sexual abuse during this audit cycle. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p data-bbox="244 1422 1485 1583">115.261 (e) The Hickory Hill Recovery Center reports all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the agency investigator as required. Staff shall submit a report of any allegations as soon as practical to the PREA Coordinator. This was confirmed during interviews with random staff. The Facility Director stated there has not been a report of sexual harassment or sexual abuse during this audit cycle. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p>

115.262	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Based on the Hickory Hill Recovery Center Operations Manual page 30, staff interviews, and documentation provided; the following delineates the audit findings regarding this standard:</p> <p>115.262 Hickory Hill Recovery Center Operations Manual page 30, and staff training requires all staff to take immediate action and staff acknowledged during their interviews the requirement of all staff to protect clients when it is learned that a client at the Hickory Hill Recovery Center is subject to a substantial risk of imminent sexual abuse. The Facility Director stated there has not been a report of sexual harassment or sexual abuse during this audit cycle. Nine out of nine random staff interviews confirmed this process. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p>

115.263	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 208 453 235"><b>Auditor Discussion</b></p> <p data-bbox="244 271 1465 331">Based on The Hickory Hill Recovery Center Operations Manual page 31 , staff interviews, and documentation provided; the following delineates the audit findings regarding this standard:</p> <p data-bbox="244 362 1465 521">115.263 (a) According to the Hickory Hill Recovery Center Operations Manual page 31 , upon receiving an allegation that a client was sexually abused while confined at another facility, the Director of the Hickory Hill Recovery Center that received the allegation notifies the head of the facility or appropriate office where the alleged abuse occurred. The Facility Director stated they had not received such an allegation during the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p data-bbox="244 553 1465 678">115.263 (b) and (c) According to Hickory Hill Recovery Center Operations Manual page 31, such notification is provided as soon as possible, but no later than 72 hours after receiving the allegation, and all actions are thoroughly documented. The notification is documented. The Facility Director stated they had not received such an allegation during the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p data-bbox="244 710 1485 835">115.263 (d) Upon receiving a call from an outside facility that a client had been sexually abused while housed in the Hickory Hill Recovery Center The allegation is referred immediately to the PREA investigator to be investigated. The Facility Director stated they had not received such an allegation during the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p>

115.264	<p><b>Staff first responder duties</b></p> <p><b>Auditor Overall Determination:</b> Exceeds Standard</p> <p><b>Auditor Discussion</b></p> <p>Based on the Hickory Hill Recovery Center Operations Manual page 31, staff interviews, workstation PREA information, and documentation provided; the following delineates the audit findings regarding this standard:</p> <p>115.264 (a) The Hickory Hill Recovery Center Operations Manual outlines the responsibilities of all security staff members upon learning of an allegation that a client was sexually abused, the first responding security staff member shall follow these guidelines:</p> <ol style="list-style-type: none"> <li>(1) Separate the alleged victim and abuser;</li> <li>(2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;</li> <li>(3) If the abuse occurred within a time period that still allows for the collection of physical evidence, 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; and</li> <li>(4) If the abuse occurred within a time period that still allows for the collection of physical evidence, 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. Nine out of nine random staff demonstrated working knowledge of this process, even though they had not received an allegation of sexual misconduct.</li> </ol> <p>Hickory Hill Recovery Center Operations Manual states outline the responsibilities of all security staff members upon learning of an allegation that a client was sexually abused. Each employee is issued a "PREA First Responder Card"; as a quick reference to the immediate steps to be taken in response to a PREA allegation. The Facility Director stated they had not received such an allegation during the past twelve months. Therefore, the facility exceeds compliance with this part of the standard during this audit.</p> <p>115.264 (b) Hickory Hill Recovery Center Operations Manual mandates when the first staff responder is not a security staff member, they shall advise the alleged victim not to take any actions that could destroy physical evidence, and then notify security staff immediately. The auditor confirmed compliance based on interviews with and training records of non-security staff. The Facility Director stated they had not received such an allegation during the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p>
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<b>115.265</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Based on Hickory Hill Recovery Center Operations Manual pages 30-31, staff interviews, and documentation provided; the following delineates the audit findings regarding this standard:</p> <p>115.265 Hickory Hill Recovery Center Operations Manual pages 30-31 outlines a written plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, support staff, outside investigators, and facility leadership. The plan clearly defines the roles and responsibilities of each person involved and the procedures to be followed in detail. Interviews with administrative review team members confirmed their knowledge of the response plan. The Hickory Hill Recovery Center has not received a PREA allegation in the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p>

115.266	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Based on interviews with the Hickory Hill Recovery Center Facility Director; the following delineates the audit findings regarding this standard:</p> <p>115.266 According to the Facility Director, the Hickory Hill Recovery Center does not participate in collective bargaining. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p>

115.267	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 208 453 232"><b>Auditor Discussion</b></p> <p data-bbox="244 271 1453 331">Based on Hickory Hill Recovery Center Operations Manual page 30, staff interviews, Protection Against Retaliation Form, client interviews, and documentation provided; the following delineates the audit findings regarding this standard:</p> <p data-bbox="244 360 1477 555">115.267 (a) The Hickory Hill Recovery Center has an Operations Manual page 30, outlines the protective measures for all clients and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other clients or staff, and designates which staff members or departments are charged with monitoring retaliation. The SOS Coordinator and the Facility Director are the Retaliation Monitors. Monitoring is documented on a specific "Protection Against Retaliation Form". The facility has not received any allegation of sexual abuse during this audit cycle. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p data-bbox="244 645 1477 840">115.267 (b) The Hickory Hill Recovery Center employs multiple protection measures, such as housing changes or transfers for clients, victims or abusers, removal of alleged staff or client abusers from contact with victims, and emotional support services for clients or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. The Facility Director and the SOS Coordinator are the facility's Retaliation Monitors. Monitoring is documented on a specific "Protection Against Retaliation Form". The facility has not received any allegation of sexual abuse during this audit cycle. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p data-bbox="244 869 1477 1160">115.267 (c) and (d) For at least 90 days following a report of sexual abuse, the Hickory Hill Recovery Center monitors the conduct and treatment of clients or staff who reported the sexual abuse and of clients who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by clients or staff, and act promptly to remedy any such retaliation. There are periodic status checks performed and documented. The Hickory Hill Recovery Center monitoring includes any client disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. Such monitoring continues beyond 90 days if the initial monitoring indicates a continuing need. The Facility Director and the SOS Coordinator are the facility's Retaliation Monitors. Monitoring is documented on a specific "Protection Against Retaliation Form". The facility has not received any allegation of sexual abuse during this audit cycle. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p data-bbox="244 1189 1477 1384">115.267 (d) If any other individual who cooperates with an investigation expresses a fear of retaliation the Hickory Hill Recovery Center takes appropriate measures to protect that individual against retaliation. This was confirmed during an interview with the Retaliation Monitor. The Facility Director and the SOS Coordinator are the facility's Retaliation Monitors. Monitoring is documented on a specific "Protection Against Retaliation Form". The facility has not received any allegation of sexual abuse during this audit cycle. Therefore, the facility demonstrated compliance with this part of the standard during this audit,</p>

115.271	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="245 208 453 232"><b>Auditor Discussion</b></p> <p data-bbox="245 271 1458 394">Based upon review of the Hickory Hill Recovery Center Operations Manual page 30, investigative staff interviews, training certificates, Memorandum of Understanding with the Kentucky Department of Corrections, investigative reports, as well as interviews with the PREA Coordinator, and the Program Director; the following delineates the audit findings regarding this standard:</p> <p data-bbox="245 488 1484 645">115.271 (a) Kentucky State Patrol investigators (criminal investigations) or the Hickory Hill Recovery Center (administrative investigations) conducts an investigation immediately when notified of an allegation of sexual abuse and sexual harassment. The Kentucky Department of Corrections facility is establishing a Memorandum of Understanding in place with the Kentucky State Police to investigate all sexual abuse allegations. There were no investigation files for the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p data-bbox="245 678 1484 1003">115.271 (b) Based on training curriculums provided, Kentucky State Police Investigators training file review, and investigative staff interviews, it was evident the facility provided, in addition to the general training received by all employees, specialized training to its investigators. This 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 action or prosecution referral. All Kentucky State Police receive training in sexual abuse investigations during basic training at the State Police Academy including techniques for interviewing sexual abuse victims, proper use of Miranda warnings, sexual abuse evidence collection at crime scenes including in confined settings, and the criteria as evidence required to substantiate a case for prosecution referral according to a Captain with the Kentucky State Police Academy. There were no investigation files for the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p data-bbox="245 1093 1484 1350">115.271 (c) Kentucky State Police investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; interview alleged victims, suspected perpetrators, and witnesses; and review prior complaints and reports of sexual abuse involving the suspected perpetrator. All Kentucky State Police receive training in sexual abuse investigations during basic training at the State Police Academy including techniques for interviewing sexual abuse victims, proper use of Miranda warnings, sexual abuse evidence collection at crime scenes including in confined settings, and the criteria as evidence required to substantiate a case for prosecution referral according to a Captain with the Kentucky State Police Academy. There were no investigation files for the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p data-bbox="245 1440 1484 1529">115.271 (d) When the quality of evidence appears to support criminal prosecution, the Hickory Hill Recovery Center refers the case to the Kentucky State Police criminal investigation. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p data-bbox="245 1619 1484 1776">115.271 (e) The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and is not determined by the person's status as client or staff. The client who alleges sexual abuse is not required to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. There were no investigation files for the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p data-bbox="245 1865 1484 2022">115.271 (f) Hickory Hill Recovery Center administrative investigations include efforts to determine whether staff actions or failures to act contributed to the abuse; and are documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative Hickory Hill Recovery Center and findings. There were no investigation files for the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p data-bbox="245 2112 1394 2145">115.271 (g) Kentucky State Police criminal investigations are documented in a written report that contains a thorough</p>



description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. All Kentucky State Police receive training in sexual abuse investigations during basic training at the State Police Academy including techniques for interviewing sexual abuse victims, proper use of Miranda warnings, sexual abuse evidence collection at crime scenes including in confined settings, and the criteria as evidence required to substantiate a case for prosecution referral according to a Captain with the Kentucky State Police Academy. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.271 (h) The Kentucky State Police refer all sexual abuse investigations to the appropriate office for prosecution when warranted. There were no investigation files for the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.271 (i) KDOC retains all written reports for as long as the alleged abuser is incarcerated or employed by the Hickory Hill Recovery Center plus five years. There were no investigation files for the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.271 (j) The departure of the alleged abuser or victim from employment or control of the Hickory Hill Recovery Center or agency does not provide a basis for terminating an investigation. There were no investigation files for the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.271 (k) The Kentucky State Police conduct Hickory Hill Recovery Center criminal sexual abuse investigations pursuant to the requirements of this standard. The Hickory Hill Recovery Center PREA Operations Manual outlines the requirements of the criminal investigation and complies with all Hickory Hill Recovery Center policies for this standard. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.271 (l) Hickory Hill Recovery Center refers all criminal cases to the Kentucky State Police and cooperates with their investigators during the entire investigation. The facility remains informed of the progress of the investigation through communication between the agency investigator and the Kentucky State Police agent handling the case. All Kentucky State Police receive training in sexual abuse investigations during basic training at the State Police Academy including techniques for interviewing sexual abuse victims, proper use of Miranda warnings, sexual abuse evidence collection at crime scenes including in confined settings, and the criteria as the evidence required to substantiate a case for prosecution referral according to a Captain with the Kentucky State Police Academy. There were no investigation files for the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.272	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Based upon review of the Hickory Hill Recovery Center Operations, and investigative staff interviews; the following delineates the audit findings regarding this standard:</p> <p>The Hickory Hill Recovery Center Operations Manual, outlines that the agency imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. All Kentucky State Police receive training in sexual abuse investigations during basic training at the State Police Academy including techniques for interviewing sexual abuse victims, proper use of Miranda warnings, sexual abuse evidence collection at crime scenes including in confined settings, and the criteria as the evidence required to substantiate a case for prosecution referral according to a Captain with the Kentucky State Police Academy. This was confirmed during an interview with PREA Coordinator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p>

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Based upon a review of the Hickory Hill Recovery Center Operations Manual, Notification Forms, and investigative staff interviews; the following delineates the audit findings regarding this standard:

115.273 (a) Based on the Hickory Hill Recovery Center Operations Manual it was confirmed that following an investigation into a client's allegation she suffered sexual abuse in the facility, the client was to be informed whether the allegation had been determined to be substantiated, unsubstantiated, or unfounded. The Facility Director stated that clients will be provided this notification verbally by the Facility Director. The notification is recorded, and the client signs the final transcript. The facility has also developed a PREA Allegation Status Notification Form". The clients will be required to sign the form documenting acknowledgment of this notification as required. However, there were no PREA incidents reported during this audit cycle, so compliance was determined on Operations Manual and sample forms. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.273 (b) The agency will request all relevant information from the criminal investigation conducted by the Kentucky State Police in order to inform the client as required by this standard. The PREA Coordinator revealed there were no PREA investigations for the past twelve months. T The facility has also developed a PREA Allegation Status Notification Form". The notification is recorded, and the client signs the final transcript. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.273 (c) Based on the Hickory Hill Recovery Center Operations Manual and documentation provided, it was confirmed that following a client's allegation that a staff member has committed sexual abuse against the Client, the agency shall subsequently inform the client (unless the agency has determined that the allegation is unfounded) whenever:

- (1) The staff member is no longer posted within the client's unit;
- (2) The staff member is no longer employed at the facility;
- (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the Hickory Hill Recovery Center; or
- (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within The Hickory Hill Recovery Center

The Facility Director stated that clients will be provided this notification verbally by the Facility Director. The notification is recorded, and the client signs the final transcript. The clients will be required to sign the form documenting acknowledgment of this notification as required. PREA Coordinator stated there were no PREA investigations during the past twelve months. The facility has also developed a PREA Allegation Status Notification Form". Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.273 (d) Following a client's allegation they had been sexually abused by another client, the Hickory Hill Recovery Center subsequently informs the alleged victim whenever the facility learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the Hickory Hill Recovery Center learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. The facility has also developed a PREA Allegation Status Notification Form". The notification is recorded, and the client signs the final transcript. The PREA Coordinator stated there were no PREA investigations during the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.273 (e)The Facility Director stated that clients will be provided this notification verbally by the Facility Director. The

notification is recorded, and the client signs the final transcript. The clients will be required to sign the form documenting acknowledgment of this notification as required. The PREA Coordinator stated there were no PREA investigations during the past twelve months. The facility has also developed a PREA Allegation Status Notification Form". Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.273 (f) Operations Manual outlines the agency's obligation to report under this standard terminates if the client is released from the Hickory Hill Recovery Center custody. The PREA Coordinator stated there were no PREA investigations during the past twelve months. The facility has also developed a PREA Allegation Status Notification Form". Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.276	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="245 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="245 273 1426 331">Based upon review of the Hickory Hill Recovery Center PREA Operations Manual page 28, documentation provided, Executive Officer, and PREA Coordinator interviews; the following delineates the audit findings regarding this standard:</p> <p data-bbox="245 421 1484 577">115.276 (a) and (b) Staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse. This is outlined in the Hickory Hill Recovery Center PREA Operations Manual. The PREA Coordinator stated there were no PREA investigations during the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p data-bbox="245 613 1484 770">115.276 (c) Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the offense committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. The PREA Coordinator stated there were no PREA investigations during the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p data-bbox="245 801 1484 927">115.276 (d) 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, are reported to law enforcement unless the activity was clearly not criminal, and to any relevant licensing bodies. The PREA Coordinator stated there were no PREA investigations during the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p>

<b>115.277</b>	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 208 453 235"><b>Auditor Discussion</b></p> <p data-bbox="244 271 1493 331">Based upon review of The Hickory Hill Recovery Center Operations Manual, documentation provided, and PREA Coordinator interviews; the following delineates the audit findings regarding this standard:</p> <p data-bbox="244 365 1493 521">115.277 (a) Any contractor or volunteer who engages in sexual abuse is prohibited from contact with clients and are reported to law enforcement, unless the activity was clearly not criminal, and to relevant licensing bodies. During an interview with the PREA Coordinator, it was determined the Hickory Hill Recovery Center has not had a volunteer or contract employee in the facility in the past twelve months. The PREA Coordinator stated there were no PREA investigations during the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p data-bbox="244 555 1493 745">115.277 (b) The Hickory Hill Recovery Center takes appropriate remedial measures, and considers whether to prohibit further contact with clients, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. During an interview with the PREA Coordinator, it was determined the Hickory Hill Recovery Center has not had a volunteer or contract employee in the facility in the past twelve months. The PREA Coordinator stated there were no PREA investigations during the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p>

115.278	<b>Disciplinary sanctions for residents</b>
	<p data-bbox="245 143 735 172"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="245 208 453 237"><b>Auditor Discussion</b></p> <p data-bbox="245 271 1453 331">Based upon review of The Hickory Hill Recovery Center Operations Manual page 32, documentation provided, and PREA Coordinator interviews; the following delineates the audit findings regarding this standard:</p> <p data-bbox="245 418 1490 577">115.278 (a) Clients are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the client engaged in client-on-client sexual abuse or following a criminal finding of guilt for Client-on-Client sexual abuse. During an interview with the PREA Coordinator, it was determined The Hickory Hill Recovery Center has not had a client by accused of any form of sexual misconduct. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p data-bbox="245 665 1490 792">115.278 (b) Sanctions are commensurate with the nature and circumstances of the abuse committed, the Client's disciplinary history, and the sanctions imposed for comparable offenses by other clients with similar histories. The PREA Coordinator stated there were no PREA investigations during the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p data-bbox="245 880 1490 1008">115.278 (c) The disciplinary process considers whether a client's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction if any, should be imposed. The PREA Coordinator stated there were no PREA investigations during the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p data-bbox="245 1095 1465 1254">115.278 (d) There is no therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse offered at the facility. The facility's parent agency would send the client out for such services if needed. During an interview with the PREA Coordinator, it was determined the Hickory Hill Recovery Center has not had a client by accused of any form of sexual misconduct. Therefore, this part of the standard was found to be non-applicable to this facility during this audit cycle.</p> <p data-bbox="245 1344 1490 1471">115.278 (e) The Hickory Hill Recovery Center disciplines a client for sexual contact with staff only upon a finding that the staff member did not consent to such contact. During an interview with the PREA Coordinator, it was determined the Hickory Hill Recovery Center has not had a client by accused of any form of sexual misconduct. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p data-bbox="245 1559 1469 1718">115.278 (f) The Facility Director reported that a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred does not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. During an interview with the PREA Coordinator, it was determined the Hickory Hill Recovery Center has not had a client by accused of any form of sexual misconduct. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p data-bbox="245 1805 1458 1904">115.278 (f) The Hickory Hill Recovery Center prohibits all sexual activity between clients and may discipline clients for any such activity. This was confirmed during an interview with the PREA Coordinator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p>

115.282	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Based on the Hickory Hill Recovery Center Operations Manual, Facility Director/PREA Coordinator interview; the following delineates the audit findings regarding this standard:</p> <p>115.282 (a) The Hickory Hill Recovery Center has an agreement with the Appalachia Regional Medical Center to ensure client 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. An interview with the PREA Coordinator confirmed this practice. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p>115.282 (b) The Hickory Hill Recovery Center PREA Operations Manual outlines the procedures to be followed in the event of sexual abuse at the facility. Security staff first responders take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners and arrange transport to the Appalachia Medical Center for treatment. The PREA Coordinator confirmed this practice. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p>115.282 (c) The Hickory Hill Recovery Center ensures client victims of sexual abuse while incarcerated are 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. These services would be offered at the Appalachia Regional Medical Center according to the PREA Coordinator. The Hickory Hill Recovery Center has not had an allegation of sexual abuse during this audit cycle according to the Facility Director. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p>115.282 (d) The Hickory Hill Recovery Center requires that all treatment services provided to the victim are without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The Hickory Hill Recovery Center has not had an allegation of sexual abuse during this audit cycle according to the Facility Director. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p>



115.283	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="245 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="245 273 1455 331">Based on the Program Director and PREA Coordinator interviews, documentation provided, and the Hickory Hill Recovery Center Operations Manual; the following delineates the audit findings regarding this standard:</p> <p data-bbox="245 421 1423 515">115.283 (a) The Hickory Hill Recovery Center offers medical and mental health evaluations at the Appalachia Regional Medical Center and, as appropriate, treatment to all clients who have been victimized by sexual abuse in any facility. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p data-bbox="245 604 1481 761">115.283 (b) The Hickory Hill Recovery Center mandates that 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. The Hickory Hill Recovery Center has not had an allegation of sexual abuse during this audit cycle according to the Facility Director. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p data-bbox="245 851 1474 976">115.283 (c) The Hickory Hill Recovery Center provides all victims with medical and mental health services at the Appalachia Regional Medical Center which is a community level of care facility. The Hickory Hill Recovery Center has not had an allegation of sexual abuse during this audit cycle according to the Facility Program Director. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p data-bbox="245 1066 1433 1093">115.283 (d and e) The Hickory Hill Recovery Center is an all-male facility and is exempt from this section of the standard.</p> <p data-bbox="245 1182 1481 1339">115.283 (f) The Hickory Hill Recovery Center provides Client victims of sexual abuse while incarcerated tests for sexually transmitted infections as medically appropriate. These services are provided at the Appalachia Center as determined by the treating physician. The Hickory Hill Recovery Center has not had an allegation of sexual abuse during this audit cycle according to the Facility Director. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p data-bbox="245 1429 1474 1554">115.283 (g) The Hickory Hill Recovery Center provides treatment services 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. The Hickory Hill Recovery Center has not had an allegation of sexual abuse during this audit cycle according to the Facility Director. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p data-bbox="245 1644 1474 1769">115.283 (h) The Hickory Hill Recovery Center will attempt to have a mental health evaluation conducted on all known client-on-client abusers within 60 days of learning such abuse history and offer treatment when deemed appropriate by the mental health practitioners. However, as of this audit, there have been no sexual abuse cases reported requiring these services. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p>

115.286	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="245 210 453 232"><b>Auditor Discussion</b></p> <p data-bbox="245 273 1461 331">Based on interviews with the Facility Director, PREA Coordinator, Investigator, and documentation provided; as well as the Hickory Hill Recovery Center Operations Manual; the following delineates the audit findings regarding this standard:</p> <p data-bbox="245 421 1477 613">115.286 (a) The Hickory Hill Recovery Center will 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. Hickory Hill Recovery Center Operations Manual states the committee will be made up of at least four persons; including but not limited to, the Facility Director, CEO, Division Director and the SOS Coordinator. However, there have been no incidents of sexual abuse reported during the audit cycle to document a review. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p data-bbox="245 703 1461 896">115.286 (b) The Hickory Hill Recovery Center will ensure that these reviews occur within 30 days of the conclusion of the investigation and shall document the review on the "PREA Sexual Abuse Incident Review" form. Hickory Hill Recovery Center Operations Manual states the committee will be made up of at least four persons; including but not limited to, the Facility Director, CEO, Division Director and the SOS Coordinator. However, there have been no incidents of sexual abuse reported during the audit cycle to document a review. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p data-bbox="245 985 1461 1111">115.286 (c) Hickory Hill Recovery Center Operations Manual page 32 states the committee will be made up of at least four persons; including but not limited to, the Facility Director, CEO, Division Director and the SOS Coordinator. The PREA Coordinator confirmed, the Hickory Hill Recovery Center has not had a PREA incident to review in the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p data-bbox="245 1200 1477 1527">115.286 (d) The review team considers whether the allegation or investigation indicates a need to change Operations Manual or practice to better prevent, detect, or respond to sexual abuse; whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; and they examine the area in the Hickory Hill Recovery Center, where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; assess the adequacy of staffing levels in that area during different shifts; assess whether monitoring technology should be deployed or augmented to supplement supervision by staff. The agency has deployed an excellent PREA after-action review form that addresses all elements of the standard. The PREA Coordinator confirmed, the Hickory Hill Recovery Center has not had a PREA incident to review in the past twelve months. Therefore, the facility exceeds the intent of this part of the standard.</p> <p data-bbox="245 1559 1477 1684">115.286 (e) The Hickory Hill Recovery Center shall implement the recommendations for improvement or shall document its reasons for not doing so. The PREA Coordinator confirmed, the Hickory Hill Recovery Center has not had a PREA incident to review in the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p>

<b>115.287</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 208 453 235"><b>Auditor Discussion</b></p> <p data-bbox="244 271 1453 331">Based on interviews with the Facility Director, PREA Coordinator, and documentation provided; as well as the Hickory Hill Recovery Center Operations Manual; the following delineates the audit findings regarding this standard:</p> <p data-bbox="244 360 1485 488">115.287 (a), (b) and (c) The Hickory Hill Recovery Center collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions and aggregates the incident-based sexual abuse data at least annually. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p data-bbox="244 517 1453 577">The incident-based data collected is based on the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p data-bbox="244 607 1461 734">115.287 (d) The Hickory Hill Recovery Center Agency maintains, reviews, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. This was confirmed during an interview with the Facility Director. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p data-bbox="244 763 1414 824">115.287 (e) The Hickory Hill Recovery Center does not contract its clients to other facilities. Therefore, this part of the standard was found not applicable during this audit cycle.</p> <p data-bbox="244 853 1493 952">115.287 (f) Upon request, the Hickory Hill Recovery Center Agency provides all such data from the previous calendar year to the Department of Justice no later than June 30 when required. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p>

115.288	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="245 208 453 232"><b>Auditor Discussion</b></p> <p data-bbox="245 271 1465 329">Based on interviews with the Program Director, PREA Coordinator, and documentation provided as well as the Hickory Hill Recovery Center Operations Manual; the following delineates the audit findings regarding this standard:</p> <p data-bbox="245 421 1485 544">115.288 (a) The Hickory Hill Recovery Center Agency reviews data collected to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings and corrective actions for the facility. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p data-bbox="245 636 1477 725">115.288 (b) Such reports include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the Hickory Hill Recovery Center progress in addressing sexual abuse. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p data-bbox="245 817 1458 907">115.288 (c) The Hickory Hill Recovery Center's report is approved by the PREA Coordinator and made readily available to the public through its website. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p data-bbox="245 999 1485 1088">115.288 (d) The Hickory Hill Recovery Center may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of the facility but must indicate the nature of the material redacted. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p>

115.289	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 208 453 235"><b>Auditor Discussion</b></p> <p data-bbox="244 271 1465 365">Based on interviews with the Program Director, PREA Coordinator, and documentation provided as well as the Hickory Hill Recovery Center Operations Manual for Compliance with Prison Rape Elimination Act of 2003 (PREA); the following delineates the audit findings regarding this standard:</p> <p data-bbox="244 454 1485 515">115.289 (a) through (d) The Hickory Hill Recovery Center staff makes all aggregated sexual abuse data, from facilities under direct control readily available to the public at least annually through its agencies website.</p> <p data-bbox="244 546 1485 640">All reports are securely retained and maintained for at least 10 years after the date of the initial collection unless Federal, State, or Local law requires otherwise. This was corroborated during an interview with the PREA Coordinator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p>

115.401	Frequency and scope of audits
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="245 208 453 235"><b>Auditor Discussion</b></p> <p data-bbox="245 271 1442 331">115.401 (a) and (b) The Hickory Hill Recovery Center did have an audit during the first audit cycle. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p data-bbox="245 360 1410 421">115.401 (h) The auditor has full access to all location/areas of the Hickory Hill Recovery Center. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p data-bbox="245 450 1458 510">115.401 (i) The auditor did obtain all necessary copies of audit items. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p data-bbox="245 539 1482 600">115.401 (m) The auditor was allowed to interview clients in a private setting. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p data-bbox="245 629 1466 725">115.401 (n) The auditor did not receive any correspondence from any The Hickory Hill Recovery Center clients. Audit notices were observed in every housing unit; as well as all common areas. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p>

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	115.403 The agency has made the final report during the first audit cycle through posting on the agency's website.

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



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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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



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