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: 06/24/2026

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	☑
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	☑
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	☑
Auditor Full Name as Signed: Joseph Allotey	**Date of Signature:** 06/24/2026

AUDITOR INFORMATION	
Auditor name:	Allotey, Joseph
Email:	jnallotey.consulting@outlook.com
Start Date of On-Site Audit:	05/12/2026
End Date of On-Site Audit:	05/13/2026

FACILITY INFORMATION	
Facility name:	Hickory Hill Recovery Center
Facility physical address:	100 Recovery Way, Emmalena, Kentucky - 41740
Facility mailing address:	

Primary Contact

Name:	Layne Nicely
Email Address:	Layne.Nicely@krccnet.com
Telephone Number:	18005757223

Facility Director	
Name:	Layne Nicely
Email Address:	Layne.Nicely@krccnet.com
Telephone Number:	18005757223

Facility PREA Compliance Manager	
Name:	Judy Cattoi
Email Address:	judy.cattoi@krccnet.com
Telephone Number:	

Facility Characteristics	
Designed facility capacity:	100
Current population of facility:	62
Average daily population for the past 12 months:	64
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Men/boys
Age range of population:	18 - 75
Facility security levels/resident custody levels:	Low
Number of staff currently employed at the	18

facility who may have contact with residents:	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	1
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

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

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

Agency-Wide PREA Coordinator Information			
Name:	Layne Nicely	**Email Address:**	Layne.Nicely@krccnet.com

Facility AUDIT FINDINGS

Summary of Audit Findings

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

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

Number of standards exceeded:	
3	• 115.211 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator • 115.217 - Hiring and promotion decisions • 115.231 - Employee training
Number of standards met:	
38	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2026-05-12
2. End date of the onsite portion of the audit:	2026-05-13

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?	(●) Yes ( ) No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	The Auditor conducted a phone interview with The Rising Center, a rape crisis agency located approximately 15.5 miles from Hickory Hill Recovery Center (HHRC). Through the Kentucky Association of Sexual Assault Programs, The Rising Center, operated by Kentucky River Community Care, is designated as HHRC's service provider. The organization offers emotional support services to residents of HHRC. A review of publicly available information further confirms that The Rising Center provides a broad range of services to individuals in the Hazard, Kentucky community and surrounding areas.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	100
15. Average daily population for the past 12 months:	64.5
16. Number of inmate/resident/detainee housing units:	4

17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	○ Yes ○ No ◉ 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

23. Enter the total number of inmates/ residents/detainees in the facility as of the first day of onsite portion of the audit:	71
25. 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
26. 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
27. Enter the total number of inmates/ residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
28. 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

29. 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
30. 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
31. 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
32. 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
33. 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:	0
34. 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
35. 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):	HHRC is a community-based residential recovery center. Residents are not restricted in their movement; however, peer monitors and supervisory staff are present to ensure program areas remain secure and that residents attend required programming as scheduled. During the audit, there were no issues communicating with residents, and no barriers to engaging in informal conversation throughout the tour.

Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
36. 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:	18
37. 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
38. 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:	1
39. 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:	N/A

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	12

41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☑ Age ☐ Race ☐ Ethnicity (e.g., Hispanic, Non-Hispanic) ☑ Length of time in the facility ☑ Housing assignment ☐ Gender ☑ Other ☐ None
If "Other," describe:	The Auditor also considered additional factors, including age, length of time at the facility, housing assignment, work areas, and program participation criteria, to expand the pool for random selection.
42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The Auditor also considered additional factors, including age, length of time at the facility, housing assignment, work areas, and program participation criteria, to expand the pool for random selection.
43. Were you able to conduct the minimum number of random inmate/ resident/detainee interviews?	◉ Yes ○ No
44. 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):	There was only one targeted resident on site; therefore, all remaining residents selected for interviews were chosen at random.
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	1

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".

47. 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.
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).	This was verified through information obtained from the PAQ, documentation reviewed onsite, and discussions with staff and residents, all of which confirmed that the facility did not have any residents who met the criteria for targeted interviews.
48. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	0

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.
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).	This was verified through information obtained from the PAQ, documentation reviewed onsite, and discussions with staff and residents, all of which confirmed that the facility did not have any residents who met the criteria for targeted interviews.
49. Enter the total number of interviews conducted with inmates/residents/ detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ 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.
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).	This was verified through information obtained from the PAQ, documentation reviewed onsite, and discussions with staff and residents, all of which confirmed that the facility did not have any residents who met the criteria for targeted interviews.
50. 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:	1

51. 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:	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.
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).	This was verified through information obtained from the PAQ, documentation reviewed onsite, and discussions with staff and residents, all of which confirmed that the facility did not have any residents who met the criteria for targeted interviews.
52. 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:	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.
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).	This was verified through information obtained from the PAQ, documentation reviewed onsite, and discussions with staff and residents, all of which confirmed that the facility did not have any residents who met the criteria for targeted interviews.

53. 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:	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.
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).	This was verified through information obtained from the PAQ, documentation reviewed onsite, and discussions with staff and residents, all of which confirmed that the facility did not have any residents who met the criteria for targeted interviews.
54. 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:	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.
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).	This was verified through information obtained from the PAQ, documentation reviewed onsite, and discussions with staff and residents, all of which confirmed that the facility did not have any residents who met the criteria for targeted interviews.

55. 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:	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.
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).	This was verified through information obtained from the PAQ, documentation reviewed onsite, and discussions with staff and residents, all of which confirmed that the facility did not have any residents who met the criteria for targeted interviews.
56. Enter the total number of interviews conducted with inmates/residents/ detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
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.

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).	N/A- HHRC is a community based residential recovery center.
57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.

Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

58. Enter the total number of RANDOM STAFF who were interviewed:	12
59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☐ Length of tenure in the facility ☑ Shift assignment ☑ Work assignment ☐ Rank (or equivalent) ☐ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
60. Were you able to conduct the minimum number of RANDOM STAFF interviews?	◉ Yes ○ No
61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	The facility employs approximately 18 staff members, resulting in a very limited selection pool for interview sampling. To meet compliance requirements, the Auditor interviewed all staff regardless of race, gender, length of employment, employment status, or job responsibilities.

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.	
62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	14
63. Were you able to interview the Agency Head?	(●) Yes ( ) No
64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	(●) Yes ( ) No
65. Were you able to interview the PREA Coordinator?	(●) Yes ( ) No
66. Were you able to interview the PREA Compliance Manager?	( ) Yes ( ) No (●) NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

	☐ Other
68. Did you interview VOLUNTEERS who may have contact with inmates/ residents/detainees in this facility?	○ Yes ◉ No
69. Did you interview CONTRACTORS who may have contact with inmates/ residents/detainees in this facility?	◉ Yes ○ No
a. Enter the total number of CONTRACTORS who were interviewed:	1
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Security/detention ☑ Education/programming ☐ Medical/dental ☐ Food service ☐ Maintenance/construction ☐ Other
70. Provide any additional comments regarding selecting or interviewing specialized staff.	The facility employs approximately 18 staff members, resulting in a limited pool for interview sampling. Although the Auditor interviewed fewer staff overall, the majority of those interviewed held multiple roles within the facility.

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.

71. Did you have access to all areas of the facility?	(●) Yes ( ) No
Was the site review an active, inquiring process that included the following:	
72. 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
73. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	(●) Yes ( ) No
74. Informal conversations with inmates/ residents/detainees during the site review (encouraged, not required)?	(●) Yes ( ) No
75. Informal conversations with staff during the site review (encouraged, not required)?	(●) Yes ( ) No

76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	The Auditor engaged informally with staff and residents during the facility tour and at several points outside the formal interview setting. These interactions allowed the Auditor to assess the functionality of critical reporting mechanisms within the housing units, verify the accuracy and visibility of posted informational materials, and confirm that mail exchanged between residents and professional agencies is handled with appropriate privacy. The Auditor also observed that the facility is equipped with extensive camera coverage, with camera placements positioned to provide comprehensive visibility throughout the institution.

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.

77. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	(●) Yes ( ) No

78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	The Auditor reviewed a sample of current resident files to assess compliance with PREA screening and education requirements. This review included evaluating the timeliness of initial screenings and 30-day follow-up assessments, as well as confirming that referrals to mental health services were made when residents disclosed a history of prior abuse. The Auditor also examined a selection of staff files, including employees hired within the past year, recently promoted personnel, and long-tenured staff with more than five years of service with HHRC, to verify that required prior institutional employment checks have been completed. In addition, the Auditor reviewed training records for a sample of contractors to ensure they received the appropriate PREA-related screening and education.

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.

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

85. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	0
a. Explain why you were unable to review any sexual abuse investigation files:	There was no allegation reported in past 12 months.

86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	○ Yes ○ No ◉ NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	1
94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	◉ Yes ○ No ○ NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	1
96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	◉ Yes ○ No ○ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

Staff-on-inmate sexual harassment investigation files	
98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	During the past 12 months, HHRC had only one sexual harassment allegation, which was reported and investigated by KYDOC. The Auditor reviewed the investigative report as part of the audit process.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

102. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	○ Yes ◉ No

Non-certified Support Staff	
103. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	○ Yes ◉ No

AUDITING ARRANGEMENTS AND COMPENSATION	
108. 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	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: • Hickory Hill Recovery Center (HHRC) Pre-Audit Questionnaire (PAQ) • HHRC Operational Manual & Kentucky Housing Recovery Network (KHRN) Procedures (revised 1/29/2025) • HHRC Annual Prison Rape Elimination Act (PREA) of 2003 Training PowerPoint • HHRC Virtual PREA Training Part 1 • HHRC Organizational Chart • Interview with Program Director/PREA Coordinator • Interview with the Agency Head or Designee • Site Review **Reasoning and analysis (by provision):** 115.211 (a)

What was read, as part of a systematic review of evidence:

HHRC PAQ indicated:

The agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. The facility has a policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment. The policy includes sanctions for those found to have participated in prohibited behaviors. The policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.

The HHRC Operational Manual was provided as evidence. The policy was revised on January 29, 2025, and serves as the Standard Operating Procedure for HHRC in alignment with the Kentucky Housing Recovery Network (KHRN) and the Kentucky Department of Corrections. The policy establishes the facility’s procedures for implementing and managing a zero-tolerance policy for sexual abuse and sexual harassment. Under this standard, sexual abuse and sexual harassment in any form are strictly prohibited, and all allegations are required to be investigated. The policy also prohibits retaliation against any individual who reports an incident, and any such retaliation will be investigated.

The policy outlines HHRC’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment in support of the facility’s zero-tolerance mandate. According to the HHRC Operational Manual, the policy “applies to all residents, full time, part time, interim employees, interns, students, volunteers, and contractors who are affiliated with Hickory Hill.”

The policy includes definitions of prohibited behaviors related to sexual abuse and sexual harassment. These definitions are consistent with, and compliant with, PREA standards.

The policy further establishes sanctions for individuals found to have engaged in prohibited conduct. It requires that all substantiated incidents of sexual abuse be referred to law enforcement for potential prosecution. Page 34 states that “staff shall be subject to disciplinary sanctions up to and including termination for violating HHRC sexual harassment or sexual abuse policies. Criminal acts committed by staff, contractors, or volunteers shall be reported to law enforcement. Other violations of the code of ethics or dual relationship policies shall be reported to any relevant licensing or certification boards. Residents involved in sexual abuse of other residents can face criminal charges and HHRC administrative disciplinary action.” Included in this policy are the agency’s directives and procedures regarding:

- Related definitions
- Prevention

- Staff, Volunteer and Contract Training
- Resident PREA Education
- Resident and Staff Reporting
- Access to Victim Service, Support and Confidential Support Services
- Risk Assessment and Screening for risk of victimization and abusiveness
- PREA Allegation Reporting
- PREA Investigation and Response
- Access to Victim Service and Support
- Kentucky Association of Sexual Assault Program
- Medical and Mental Health Care Services
- Access to Grievances Procedure Regarding Sexual Abuse
- Findings and Notifications
- Protection against Retaliation
- Resident privacy / Safety within the Facility
- Evidence protocol and forensic medical examinations
- Resident with disabilities and limited English proficiency
- Hiring and promotion decisions
- Sanctions & Discipline
- Staff Sexual Misconduct Allegations
- Sexual Abuse Incident Reviews
- Independent DOC PREA Audit
- Data Collection and Reporting

HHRC provided Virtual PREA Training Part 1 documentation as evidence. This training is included in the onboarding curriculum for all newly hired employees. The module outlines PREA mandates and agency expectations, including staff responsibilities under the Code of Ethics, residents' rights to be free from sexual abuse, sexual harassment, and voyeurism by staff, contractors, or volunteers, and relevant Kentucky statutes defining sexual abuse, rape, and related offenses. The content aligns with and reinforces the requirements contained in the HHRC Operational Manual.

The facility also submitted the HHRC Annual PREA Training PowerPoint as evidence. This annual training reiterates the same core expectations and standards presented in the Operational Manual and the Virtual PREA Training, ensuring ongoing staff awareness and compliance with PREA requirements.

What was heard, as part of a systematic review of evidence:

Interview with Program Director/PREA Coordinator:

During a formal conversation with the Director of HHRC, who also serves as the PREA Coordinator, he explained that HHRC's prevention approach centers on regularly training both staff and clients, conducting thorough assessments to identify potential risks, and responding promptly to any allegations or incidents of harassment or abuse. He noted that the facility makes corrective actions as needed, based on findings from independent, internal, and Kentucky Department of

	Corrections audits. The Program Director/PREA Coordinator further shared that their strategy to reduce or prevent sexual offenses relies on ongoing training, education, risk assessment, and continuous client monitoring supported by 24/7 staffing. He added that prevention is also strengthened through multiple reporting avenues for incidents, and that virtual training includes guidance on how staff can avoid dual relationships. **What was observed, as part of a systematic review of evidence:** Site Review: During the tour, the auditor observed that written PREA information was clearly visible throughout the facility. All written materials are available in both English and Spanish, and interpretive services are provided for residents with limited English proficiency or reading skills. Informal conversations with staff confirmed that they understand the zero-tolerance policy, the expectations associated with it, and the consequences for violating it. Staff demonstrated awareness of their responsibilities regarding the prevention, detection, and response to PREA allegations. The agency provides annual PREA training to all staff via RELIAS online portal and face-to-face refresher training as re-enforcement. Informal conversations with residents confirmed that they are aware of PREA and the facility's zero-tolerance stance. During Intake, residents receive information about PREA as well as the facility's rules and regulations. They are instructed to notify staff if they cannot read or understand the information provided. Written PREA materials are offered in both English and Spanish. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision. No corrective action is required.** 115.211 (b) **What was read, as part of a systematic review of evidence:** HHRC PAQ indicated: The agency employs or designates an upper-level, agency-wide PREA Coordinator who has sufficient time and authority to develop, implement, and oversee compliance with the PREA standards across all community confinement facilities. Within this structure, the agency has designated the Program Director of Hickory Hill Recovery Center (HHRC), an upper-level staff member, as the facility's PREA Coordinator. This individual has the necessary authority and dedicated time to manage PREA-related responsibilities, including developing, implementing, and monitoring the facility's compliance efforts.

	The facility submitted the HHRC organizational chart as supporting documentation. A review of this chart confirms that the PREA Coordinator position is clearly represented within the agency's organizational structure. **What was heard, as part of a systematic review of evidence:** Interview with Program Director/PREA Coordinator: During a formal conversation with the Program Director/PREA Coordinator, they confirmed that they have sufficient time to fulfill the responsibilities of their role and that they oversee all PREA-related mandates. In their dual capacity as both Program Director and PREA Coordinator, they hold the authority to develop, implement, and supervise all HHRC efforts to ensure compliance with PREA standards. The Program Director/PREA Coordinator also confirmed that HHRC is the only facility under their oversight, and that any additional support needed in carrying out PREA duties can be provided by the Intake Coordinator or the Safe Off the Streets (SOS) Coordinator. Page 30 of the HHRC Operational Manual corroborates this support structure as described by the Program Director/PREA Coordinator. The Program Director/PREA Coordinator further stated that they are the designated and trained PREA Investigator for the facility with the Intake Coordinator acting as backup when warranted. The Program Director/PREA Coordinator stated that when a PREA standard gap is found, they will immediately protect affected residents if needed, document the issue, perform a root cause review, and create a written corrective action plan. Implement training or environmental fixes, monitor progress, evaluate effectiveness, adjust as needed, and report closure to leadership and the Kentucky Department of Corrections PREA Team. Interview with Agency Head or Designee: They confirmed that the HHRC Program Director, who also serves as the PREA Coordinator, has direct access to the agency's senior leadership and the authority to influence policy to ensure compliance when necessary, including as a measure of last resort. **What was observed, as part of a systematic review of evidence:** Site Review: Staff shared through informal conversation that they clearly know who the PREA Coordinator is and easily identify him as the Program Director. They described him as consistently present in the facility, approachable, and someone they can communicate with without hesitation. Staff emphasized that he would be the first person they contact if a PREA allegation were to arise. When asked who they would report an allegation of sexual abuse or sexual harassment to, staff were unanimous: they would immediately bring it to the Program Director, who also serves as the PREA Coordinator and investigator. They

	were clear that they would not discuss the details with anyone who does not have a legitimate “need to know,” demonstrating their understanding of the facility’s confidentiality policy and their responsibility to protect sensitive information. Residents, in their informal conversations with the auditor, also confirmed that the Program Director is the PREA Coordinator. They described their communication with him as open and comfortable, noting that he is easy to approach and responsive when they need support or guidance. During the facility tour, the auditor observed firsthand the positive rapport among the Program Director/PREA Coordinator, staff, and residents. Their interactions reflected mutual respect, effective communication, and a supportive environment consistent with the statements shared by both staff and residents. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision. No corrective action is required.** **Justification for Exceeding Standard:** The Auditor conducted a thorough review of Hickory Hill Recovery Center’s policies, procedures, organizational structure, documentation, and interviews with staff and residents. The assessment found that the facility has a well-defined zero tolerance policy for preventing, detecting, and responding to sexual abuse and sexual harassment. The agency has appointed a qualified staff member to lead PREA initiatives and designated two additional staff to ensure continuity of PREA responsibilities when the Program Director/PREA Coordinator is unavailable. Overall, the Auditor concludes that Hickory Hill Recovery Center has established a strong and effective zero tolerance culture. This commitment is evident in administrative practices, staff behavior, and resident feedback, demonstrating a proactive and accountable approach to PREA implementation that exceeds basic compliance requirements.

115.212	**Contracting with other entities for the confinement of residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: HHRC PAQ indicated: Hickory Hill Recovery Center has not entered into, nor renewed, any contract for the confinement of residents on or after August 20, 2012, or since the last PREA audit, whichever date is more recent.

	Hickory Hill Recovery Center operates as a private provider whose mission is to deliver life-sustaining and life-rebuilding services to individuals struggling with drug and alcohol addiction. The program integrates a peer-to-peer, 12-step, self-help model designed to equip participants with effective recovery tools and support the restoration of productive, healthy lives. Further, HHRC maintains a Memorandum of Understanding (MOU) with the Kentucky Department of Corrections, through which probationers are referred to HHRC to participate in programs, reentry services, and related support. This information was verified through a review of the Hickory Hill Recovery Center Operations Manual, Website information, and through interviews with staff, residents, and the Program Director/PREA Coordinator. **Finding:** **Based on this analysis, this standard is not applicable.**

115.213	**Supervision and monitoring**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: • Hickory Hill Recovery Center (HHRC) Pre-Audit Questionnaire (PAQ) • HHRC Operational Manual & Kentucky Housing Recovery Network (KHRN) Procedures (revised 1/29/2025) • HHRC PREA Annual Staffing Analysis Report 2025 • HHR PREA Annual Staffing Analysis Reviews 2023 thru 2025 • HHRC 2024 PREA Compliance Visit Audit Report • Interview with Program Director/PREA Coordinator • Site Review **Reasoning and analysis (by provision):** 115.213 (a) **What was read, as part of a systematic review of evidence:** HHRC PAQ indicated: For each facility, the agency develops and documents a staffing plan that ensures adequate staffing levels and, when applicable, video monitoring to protect residents from sexual abuse. As evidence, the facility provided the HHRC Operational Manual, the HHRC PREA Annual Staffing Report for 2025, and the HHRC PREA Annual Staffing Analysis Reviews for 2023 through 2025.

	Since August 20, 2012, or the date of the most recent PREA audit (whichever is later), the average daily resident population was 68, while the staffing plan was based on an average daily population of 100. According to page 6 of the HHRC Operational Manual, Hickory Hill Recovery Center must maintain a staffing plan that provides adequate supervision to protect residents from sexual abuse. This plan must be reviewed at least annually and approved by the Department of Corrections (DOC) as part of the semiannual HHRC inspection (PREA Standard 115.213). The HHRC Program Director is responsible for providing annual PREA training to all staff and residents using an approved PREA PowerPoint presentation. Additionally, all HHRC staff are required to complete PREA training through Relias Learning as part of the organization's training program. HHRC PREA Annual Staffing Analysis Report Review: The facility provided HHR PREA Annual Staffing Analysis Reviews for 2023 through 2025, including an updated analysis for 2025. Each plan included a five-page document detailing and outlining minimum staffing levels for line staff, supervisory staff, and program staff. The 2025 plan reflects review and signature by the Program Director/PREA Coordinator and approval by the Division Director on 12/22/2025. According to HHRC, the staffing plan is designed to determine adequate staffing levels and, when applicable, the use of video monitoring to protect residents from sexual abuse. The plan provided outlines and addresses the 11 requirements of the provision, and they are as follows: (1) Generally accepted detention and correctional practices; (2) Any judicial findings of inadequacy; (3) Any findings of inadequacy from Federal investigative agencies; (4) Any findings of inadequacy from internal or external oversight bodies; (5) All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated); (6) The composition of the resident population; (7) The number and placement of supervisory staff; (8) Institution programs occurring on a particular shift; (9) Any applicable State or local laws, regulations, or standards; (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (11) Any other relevant factors. Per the plan, HHRC's design capacity is 100. The facility houses adult male residents with a minimum-security classification, and most residents remain for 30 days or longer. The program includes several stages through which residents progress: Safe Off the Streets (SOS), Motivational Track 1 & 2 (MT1/MT2), Phase 1, Community Process, and Phase 2/Peer Mentors. The plan states that the facility has a staffing pattern designed to ensure efficient operation of all areas. Surveillance is maintained 24 hours a day, and rounds are conducted hourly, with documentation every 30 minutes. The staffing pattern includes a supervisor, and supervisors remain on call 24/7 to address questions or concerns. Additionally, the staffing pattern incorporates positions required by state or local laws, regulations, or standards. The Kentucky Department of Corrections (KYDOC) conducts an annual audit to ensure HHRC meets minimum staffing requirements in accordance with standards and the expectations outlined in the

MOU.

According to the HHRC Operations Manual, pages 11–13, the facility adheres to KYDOC policy requiring 24-hour awake supervision by staff to protect residents from sexual abuse and other dangers. The plan also outlines the staffing required from Sunday through Saturday.

HHRC Staffing Requirements by Day and Shift

Sunday through Saturday Shifts

- 11:00 p.m. – 7:00 a.m.
- 7:00 a.m. – 3:00 p.m.
- 3:00 p.m. – 11:00 p.m.

Each of these shifts always requires (2–3) SOS Monitors on duty.

Monday through Friday (8:00 a.m. – 4:00 p.m.)

The following administrative and program staff must be present during weekday daytime operations:

- 1 Director
- 1 Admin Assistant
- 1 SOS Coordinator
- 1 Operations Manager
- 1 Intake Coordinator
- 1 Maintenance
- 1 Housing Coordinator
- 1 Phase 1 Coordinator
- 1 Phase 2 Coordinator
- 1 Motivational Track Coordinator
- (6-12) Peer Mentors

These positions support daily operations, resident programming, intake processing, facility maintenance, and compliance with KYDOC standards.

The staffing plan affirms that the facility has not received any judicial findings of inadequacy, nor any findings of inadequacy issued by federal investigative agencies or internal or external oversight bodies. This statement reflects the facility’s ongoing compliance with regulatory expectations and its commitment to maintaining operational integrity.

The plan provides a detailed description of the facility’s video monitoring system, noting that 32 cameras are strategically installed throughout the building to minimize blind spots and ensure comprehensive surveillance coverage. Camera placement is intentionally designed to enhance visibility in high-traffic, high-risk, and restricted-access areas. The plan outlines a clear process for identifying,

reporting, and addressing equipment failures. Bates Security, the contracted service provider, is notified immediately when a camera becomes inoperable, and they are responsible for timely repairs or replacement. To maintain safety and supervision standards during any period of equipment downtime, the facility deploys additional staff to compensate for reduced technological monitoring.

The staffing plan also includes a structured review of incidents related to sexual abuse, sexual harassment, staff sexual misconduct, and the outcomes of related investigations. According to the Division Director's annual review, "although there was one allegation this year, the findings were unsubstantiated. Despite the unsubstantiated findings, staff conducted a thorough review to ensure that procedures, staffing patterns, monitoring through technology, and building layout did not require changes. The results determined that changes were not indicated." This review process demonstrates the facility's commitment to continuous quality improvement, even in cases where allegations are not substantiated.

What was heard, as part of a systematic review of evidence:

Interview with Program Director/PREA Coordinator:

The Program Director/PREA Coordinator confirmed that HHRC is the only facility they are responsible for and maintains a formal staffing plan with adequate staffing levels to protect residents from sexual abuse and sexual harassment. The facility incorporates video monitoring into its detection and supervision practices and currently operates approximately 32 cameras with two monitoring stations capable of retaining footage for at least 30 days. These cameras can also be viewed remotely. The Program Director stated that access to the camera system is limited to the Program Director, Phase 1 Coordinator, SOS Coordinator, and MT Coordinator. Additionally, the facility's census has slightly decreased since COVID, averaging approximately 68 residents since the last PREA audit. Lastly, overtime is used to maintain staffing plan when necessary.

What was observed, as part of a systematic review of evidence:

Site Review:

During the tour, the auditor observed that the facility provides single room boarding and apartment style housing for residents. The auditor counted a total of 68 rooms. The facility also has two double/multiple occupancy dormitory style rooms, each accommodating 16 residents, for a total of 32 beds. The SOS dormitory is staffed by same gender personnel who provide direct supervision. This dorm serves as the initial housing area for newly arrived residents and requires continuous staff monitoring.

The auditor noted that all staff members carried radios for communication. Program rooms were observed throughout the facility, and each hallway had monitors assigned to oversee activity in their designated areas. Authorized residents were present only in areas aligned with their program requirements.

The audit confirmed that the facility has camera coverage from multiple angles, with approximately 32 cameras in operation. The auditor also observed that mirrors were installed in the back hallway of the apartment style housing area to improve visibility, allowing staff to monitor both the upstairs and downstairs levels. Residents are not permitted to access these areas.

On the first day of the onsite audit, there were 71 residents present. The following reflects the number of residents assigned to each program:

- Safe Off the Streets (SOS): 1
- Motivational Track 1 (MT1): 16
- Motivational Track 2 (MT2): 10
- Phase 1: 37
- Phase 2: 1
- Peer Mentor: 6

Finding:

Based on this analysis, the facility is substantially compliant with this provision. No corrective action is required.

115.213 (b)

What was read, as part of a systematic review of evidence:

HHRC PAQ indicated:

Each time the staffing plan is not complied with, the facility documents and justifies all deviations from the plan. The facility reports that there have been no deviations from the staffing plan within the past 12 months and affirms in the plan that the facility “is staffed 24/7/365.”

According to the HHRC Operations Manual (page 13), “Calling Management Staff After Hours,” the on-call management system ensures that immediate support is available outside regular program hours. Its purpose is to prevent potential crises from developing or escalating and to provide guidance throughout the post-crisis resolution process.

Management staff on-call are members of the center’s leadership team and represent a broad range of HHRC programs. The HHRC Director remains on call 24 hours a day, seven days a week, while additional coverage is provided on a rotating basis by the SOS Coordinator, Intake Coordinator, Motivational Track Coordinator, Phase II Coordinator, and Operations Coordinator.

A designated management staff member is on call at all times. During regular program hours, 8:00 a.m. to 4:30 p.m., Monday through Friday, they are physically present at the center. After hours, on weekends, and on holidays, contact information for the on-call staff, along with home and personal numbers for individual team members, is maintained in SOS and accessible at all times.

	Review of HHRC 2024 PREA Compliance Visit Audit Report: The facility submitted the HHRC 2024 PREA Compliance Visit Audit Report, conducted by the KYDOC, as evidence. The report noted that KYDOC reviewed HHRC's staffing levels for verification and confirmed that the facility has not experienced any significant deviations from its staffing plan during the past 12 months. **What was heard, as part of a systematic review of evidence:** Interview with Program Director/PREA Coordinator: Program Director/PREA Coordinator stated that, over the past twelve months, there have been no significant deviations from the staffing plan, nor have they fallen below its approved minimum staffing level in the past year. Minor adjustments were made during the COVID 19 period and nothing during the past 24 months. They further indicated that the facility has the capability to call in additional staff if necessary; however, there has been no circumstance in the past requiring such action. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision. No corrective action is required.** 115.213 (c) **What was read, as part of a systematic review of evidence:** HHRC PAQ indicated: At least once every year the facility/agency, in collaboration with the PREA Coordinator, reviews the staffing plan to see whether adjustments are needed to: (a) the staffing plan, (b) the deployment of monitoring technology, or (c) the allocation of facility/agency resources to commit to the staffing plan to ensure compliance with the staffing plan. The facility provided the HHR PREA Annual Staffing Analysis Reviews for 2023, 2024, and 2025, including an updated and comprehensive analysis for 2025. Each annual plan demonstrated that the staffing analysis was formally reviewed by the Program Director/PREA Coordinator and subsequently approved by the Division Director. In addition, the Kentucky Department of Corrections evaluated the staffing plan as part of its semi-annual inspection of the Hickory Hill Recovery Center. Any recommendations resulting from these reviews, whether related to revisions of the Operations Manual, procedural updates, physical plant modifications, enhancements to video monitoring, or adjustments to staffing levels, are approved by the Facility Director before implementation. The most recent review occurred in 2025. The 2025 staffing plan reflects documented review and signature by the Program Director/PREA Coordinator, along

	with approval by the Division Director, dated 12/22/2025. **What was heard, as part of a systematic review of evidence:** Interview with Program Director/PREA Coordinator: The Program Director/Coordinator explained that the staffing plan must be reviewed and submitted to the Division Director at least once each year, and the KYDOC evaluates it to ensure it meets all required standards. The review takes into account a range of factors, including judicial findings, oversight considerations, blind spots, isolated areas of the physical plant, group dynamics, supervisory staffing levels, programming needs, applicable regulations, both substantiated and unsubstantiated allegations, and any identified vulnerabilities. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision. No corrective action is required.** The facility meets the expectations of this standard because it maintains a fully documented, annually reviewed staffing plan that consistently provides more than adequate supervision to protect residents from sexual abuse, as confirmed through multiple years of analysis and KYDOC inspections. The plan incorporates all 11 PREA-required factors, including blind-spot mitigation, population characteristics, supervisory coverage, and incident trends, demonstrating a comprehensive and proactive approach to safety. Annual reviews, each signed by leadership, show that no judicial, federal, or oversight findings of inadequacy have ever been issued, and the most recent review (2025) again confirmed full compliance. The facility also operates 32 strategically placed cameras, uses additional staff during equipment downtime, and limits camera access to key supervisory personnel, strengthening both monitoring and accountability. Interviews and site observations confirmed that HHRC has not deviated from its staffing plan in the past 12 months, maintains 24/7 awake supervision, and uses overtime or on-call leadership when needed to ensure coverage.

115.215	**Limits to cross-gender viewing and searches**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: • HHRC PAQ • HHRC Operational Manual & Kentucky Housing Recovery Network (KHRN) Procedures (revised 1/29/2025) • Interview with Program Director/PREA Coordinator

- Interview with Random Staff
- Interview with Residents
- Site Review

Reasoning and analysis (by provision):

115.215 (a-d)

What was read, as part of a systematic review of evidence:

HHRC PAQ indicated:

a-The facility does not conduct cross-gender strip or cross-gender visual body cavity searches. No such searches, including searches conducted without exigent circumstances or by non-medical staff, occurred within the past 12 months.

The facility confirmed that no cross-gender searches took place during the review period, and page 32 of the Operations Manual affirms this prohibition. Because no searches occurred, no search logs existed. This was corroborated through interviews with staff and residents. Additionally, there were no instances of non-medical staff participating in cross-gender searches, as none were conducted.

b-The facility houses male residents only, and therefore this provision is not applicable. Consistent with the evidence reviewed under Standard 115.15(a), no logs documenting cross gender pat down searches existed. Verification was obtained through review of resident housing and bed assignments, as well as informal conversations with residents, staff, and the Program Director/PREA Coordinator.

c-The facility policy requires that all cross-gender strip searches and cross-gender visual body cavity searches be documented. However, this provision is not applicable, as the facility does not conduct these searches. The PAQ indicates that, when such a search is warranted, the Kentucky Department of Corrections is contacted to perform it. In those circumstances, the search would be documented in the Kentucky Offender Management System as an Extraordinary Occurrence and in the client’s file.

d- The facility has implemented policies and 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 (this includes viewing via video camera).”

The facility provides single-room boarding and apartment-style housing. The auditor counted 68 rooms in total, each equipped with a private shower and toilet, offering sufficient privacy for residents to change clothes, bathe, and use the restroom without the possibility of opposite-gender staff observing them.

In addition to the single rooms, the facility has two dormitory-style rooms, each

	housing 16 residents, for a total of 32 beds. These dorms include three individual shower stalls with curtains and three toilets with privacy features. Residents assigned to the dorms share these amenities and are able to shower, change clothing, and use the toilet without being seen by opposite-gender staff. Staff assigned to the SOS dorm are of the same gender as the residents. Pages 32 of the Operations Manual states that “private facilities are provided to all residents that enable them to shower, perform bodily functions and change clothing. Staff will conduct regular rounds and document them in accordance with DOC contract requirements. Staff members of the opposite gender shall announce his or her presence before entering a restroom area or the resident’s apartment.” **What was heard, as part of a systematic review of evidence:** Interview with Residents: Sixteen randomly selected residents were interviewed. All sixteen residents confirmed that no staff member has conducted a frisk search, strip search, or visual body cavity search at the facility. They stated that such searches are not permitted and are strictly prohibited. Residents further reported that staff consistently announce themselves before entering rooms. They also affirmed that they are able to use the bathroom, change clothing, and shower in complete privacy, without staff being able to see them. Interview with Random Staff: Twelve randomly selected staff members were interviewed, and all confirmed that staff are prohibited from conducting frisk searches, strip searches, or visual body cavity searches on residents to determine genital status. They also stated that they announce themselves and knock before entering residents’ rooms, in accordance with policy. Interview with Program Director/PREA Coordinator: They stated that the facility does not train staff to conduct cross-gender searches or visual body cavity searches. If such a search is ever warranted, staff are only permitted to contact the Program Director, who will then request assistance from KYDOC. Any search of this nature would be documented in the DOC Kentucky Offender Management System as an Extraordinary Occurrence and noted in the client’s file. They also stated that all residents have the right to shower, use the restroom, and change clothing without being viewed by non-medical staff of the opposite gender, regardless of sexuality. They noted that HHRC houses only male residents; however, all staff are still required to make verbal announcements as outlined in the operations manual on page 32.

	What was observed, as part of a systematic review of evidence: Site Review: During the site review and through informal conversations, both residents and staff confirmed that HHRC has not conducted any cross-gender strip searches or visual body cavity searches within the past 12 months, nor are they aware of any such incidents. The facility does not have a designated search area, and residents and staff consistently corroborated this during informal discussions. HHRC does not house any female residents, and only two female staff members were present during the onsite audit. These staff members do not enter the male housing areas. During the site visit, the auditor also observed staff making the required announcements before entering the male housing units. **Finding:** **Based on this analysis, the facility is substantially compliant with provision (a-d). No corrective action is required.** **115.215(e)** **This provision is no longer applicable.** **115.215(f)** **This provision is no longer applicable.** **Finding:** **Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.** The facility does not conduct cross-gender strip searches, visual body cavity searches, or pat-down searches, and none have occurred within the past year, a fact confirmed through policy review, staff interviews, and resident statements. Because HHRC houses only male residents, some provisions are not applicable, and any rare situation requiring such a search would be handled and documented by the Kentucky Department of Corrections. Residents consistently reported having full privacy when showering, changing clothes, and using the restroom, and the facility's single-room and dorm-style layouts provide adequate privacy while staff follow required announcement procedures. Observations during the site review further verified that no cross-gender searches occurred, female staff do not enter male housing areas, and staff consistently announce their presence as required.

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

	proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: • HHRC PAQ • HHRC Operational Manual & Kentucky Housing Recovery Network (KHRN) Procedures (revised 1/29/2025) • HHRC PREA Spanish Poster and Brochure • HHRC Virtual PREA Training Pt2 • Interview with the Agency Head or Designee • Interview with Program Director/PREA Coordinator • Interview with the Intake Coordinator and Classification Staff • Interview with Random Staff • Interview with a Deaf/Hard of Hearing Resident • Site Review **Reasoning and analysis (by provision):** 115.216 (a-b) **What was read, as part of a systematic review of evidence:** HHRC PAQ indicated: The HHRC has established clear procedures to ensure that residents with disabilities and residents with limited English proficiency have an equal opportunity to participate in, and benefit from, all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. As evidence, the facility provided its HHRC Operations Manual and HHRC PREA Spanish Poster as evidence. According to the policy, upon admission to HHRC, the Program Director is responsible for training and educating residents on the agency's zero-tolerance stance toward sexual abuse and sexual harassment. This includes instruction on how to report incidents or suspicions, as well as an overview of program guidelines, expectations for appropriate behavior, resident rights, and available services. Training is delivered in a manner that reasonably accommodates individuals with disabilities and those with limited English proficiency. Page 31 of the Operations Manual specifies that information on the zero-tolerance policy, reporting procedures, program guidelines, behavioral expectations, resident rights, and available services must be presented both verbally and in writing. The policy emphasizes special consideration for residents with limited reading skills, hearing or vision impairments, or limited English proficiency. This education is provided during the residents' initial program orientation, where residents are

encouraged to ask questions and seek clarification. All orientation materials are signed by the residents, with a copy provided to them and the original placed in their program file.

HHRC goes through the State of Kentucky and the Justice and Public Safety Cabinet to acquire a translator and interpreter for residents who are deaf and hard of hearing, and those with limited English proficiency (LEP). Both translation and interpreter services can be provided Onsite, and Remote Interpreting Services. They can also assist with Translation of Vital Documents.

According to the Kentucky.gov website, “the Commonwealth of Kentucky provides, upon request, reasonable accommodations including auxiliary aids and services necessary to afford an individual with a disability an equal opportunity to participate in all services, programs and activities. To request materials in an alternative format, each agency web site provides information for contacting the person or persons responsible for providing the service within the agency. People with hearing and speech impairments can contact each agency by using the Kentucky Relay Service, a toll-free telecommunication device for the deaf (TDD). For voice to TDD, call 800-648-6057. For TDD to voice, call 800-648-6056.”

Review of HHRC PREA Spanish Poster and Brochure:

HHRC’s PREA Spanish posters are displayed throughout the facility, including near resident telephones. The poster was created by the Kentucky Department of Corrections, as all PREA-related communication and reporting is routed to KYDOC. The brochure contains the same information on how to report, etc. The poster and brochure state the following:

“El Departamento de Correcciones de Kentucky tiene una CERO TOLERANCE para todas las formas de conducta sexual entre los delincuentes, el personal, voluntaries, contractistaa o vistanties. Para repotar cualquier incindente de un as alto sexual que implica un delincuentes, puede llamar a la PREA linea Telefonica gratuita en. 1-833-363-PREA (7732). Ustead puerde optar por permanecer en el anonimo. PREA (Prsion Rape Ley de Eliminacion.”

What was heard, as part of a systematic review of evidence:

Interview with the Agency Head or Designee:

The Agency Head confirmed the information outlined in the operations manual on page 31 under Resident PREA Education. They explained that HHRC uses state interpreters for residents who are deaf or hard of hearing, as well as for residents with limited English proficiency. HHRC also provides a technological translation device capable of interpreting up to 160 languages, which residents can use throughout their stay. Because it translates in real time, it can also be effective in group settings.

In addition, HHRC has a device that amplifies sound during group sessions for residents who are hard of hearing. Resident rooms are numbered in Braille, and

some written materials are available in large print and in Spanish.

Interview with Program Director/PREA Coordinator:

The Program Director and PREA Coordinator explained that the agency has established procedures to ensure that residents with disabilities and those with limited English proficiency (LEP) have equal access to all PREA-related information and services. Educational materials are adapted to meet the individual needs of each resident.

They noted that when a resident enters the facility with a disability or LEP, HHRC notifies the primary administrative staff so that appropriate support can be arranged. Translation services are made available as needed, and the facility also maintains an AI-based voice translation device to assist with communication during emergencies or other urgent situations. For residents who are LEP, staff may also utilize the State of Kentucky's language line to ensure clear and accurate communication.

The Program Director emphasized that staff are responsible for ensuring every resident can fully participate in and benefit from all aspects of the facility's efforts to prevent and respond to sexual abuse and sexual harassment. They also confirmed that the facility has not received any LEP and Deaf residents within the past two years.

Interview with the Intake Coordinator and Classification Staff:

They confirmed that they have a process in place to ensure that all residents, regardless of disability, would have equal access to PREA information. They stated that they will ensure that residents with disabilities are provided with access to the PREA program and these situations would be handled on a case-by-case basis.

They added that based on the mission, program integrity and fidelity, they are very diligent. They confirmed that they have not received any resident meeting the criteria or need accommodation. The auditor asked about the Hard of hearing resident and they confirmed that the resident said they are able to hear and had no issues nor requested for any accommodation.

Interview with a Deaf/Hard of Hearing Resident:

One resident was identified as hard of hearing. They explained that they normally wear a hearing aid in their right ear but had left it at home that day. When asked whether they received PREA education in the manner they preferred, they confirmed that they had and that the facility provided the information appropriately. They stated they can hear without difficulty in their other ear. They reported receiving the required PREA training with no issues and described the staff who provided the education as helpful. The PREA education was delivered one-on-one with the Intake Coordinator. They also shared that they have no difficulties with reading or writing.

Interview with a Limited English Proficient (LEP) Resident;

No residents at HHRC were identified as Limited English Proficient (LEP) during the onsite audit; therefore, an interview in this category was not conducted.

What was observed, as part of a systematic review of evidence:

Site Review:

The auditor observed PREA informational posters displayed throughout the facility in clearly visible locations, provided in both English and Spanish. Spanish is the most common non-English language spoken in the area.

No residents were identified as having limited English proficiency or cognitive impairments within the past 12 months. This was confirmed through informal conversations with both staff and residents.

The auditor was unable to test the State of Kentucky’s language line and interpreter services, as no residents currently met the criteria requiring their use.

The auditor reviewed the translator device maintained by the Program Director/ PREA Coordinator. The device is capable of translating approximately 160 languages. It is a portable, pocket-sized AI voice translator that uses cloud-based technology to provide real-time translation in more than 139 languages. Features include noise-canceling microphones, dedicated two-way communication buttons, and a built-in camera for translating written text such as signs or menus. As a multilingual speaker, the auditor tested the device in French and found that it accurately captured accents and some dialect variations and was generally effective in translating from French to English.

Through informal conversations, both staff and residents demonstrated awareness of the available translation services and understood how to access them when needed.

Finding:

Based on this analysis, the facility is substantially compliant with this provision a and b. No corrective action is required.

115.216 (c)

What was read, as part of a systematic review of evidence:

Agency policy prohibits use of 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. Such instances must be documented.

The facility reported that no such circumstances have occurred. This was confirmed by staff and residents through formal and informal conversations.

Review of HHRC Virtual PREA Training Pt2:

	Page 24 states under Disable or Limited English that Interpreters may be available, notify SOS Coordinator if needed. Also, residents cannot be used as interpreters. **What was heard, as part of a systematic review of evidence:** Interview with Program Director/PREA Coordinator: They stated that HHRC does not allow resident interpreters or resident readers. They only allow contracted, state-licensed professionals to provide translation as well as during emergencies will use the AI voice translator. The further stated staff are trained and reminder via onboarding PREA training and via annual training. Also, residents are reminded to contact any HHRC staff regarding translation service or when there's a need for someone to make a report. They have not had any incident in the last 12 months that will warrant the use of resident translators or resident readers. Interview with Random HHRC Staff: Staff reported that they are required to notify the Program Director, Intake Coordinator, Classification staff member and SOS Coordinator so arrangements can be made to contact the State of Kentucky for certified translators or interpreters. They also stated that they understand the limited circumstances in which a resident interpreter may be used and noted that they will always use the AI translation device first before allowing one resident to interpret for another. Staff confirmed that the expectations and procedures were clearly communicated by the Program Director/PREA Coordinator via staff training. **What was observed, as part of a systematic review of evidence:** Through informal conversations with residents, they confirmed that they understand they are not permitted to translate for another resident. Residents are instructed to contact the SOS Coordinator or other program coordinators if assistance is needed. No instances of resident interpreters or resident readers were identified, and the onsite audit revealed no evidence indicating that such practices had occurred. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision. No corrective action is required.** The facility meets PREA Standard 115.216 by ensuring residents with disabilities and those with limited English proficiency have equal access to PREA education, reporting methods, and supportive services. Staff use state-licensed interpreters, remote language services, and an AI translation device, and PREA materials are available verbally, in writing, and in Spanish. Interviews and observations confirmed that residents understand available accommodations, no LEP residents were present during the audit period, and a hard-of-hearing resident reported receiving PREA education without difficulty. The agency also prohibits the use of resident interpreters except in narrowly defined emergencies, and no such instances occurred, supporting a finding of substantial compliance.

115.217	Hiring and promotion decisions
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: • HHRC PAQ • HHRC Operational Manual & Kentucky Housing Recovery Network (KHRN) Procedures (revised 1/29/2025) • Review of Go Hire Handbook • Review of Staff Files for Completed Background Checks • Review of Current Employee Files for 5-Year Background Checks • Interview with Program Director/PREA Coordinator • Interview with Go Hire Staff **Reasoning and analysis (by provision):** 115.217 (a) **What was read, as part of a systematic review of evidence:** HHRC PAQ indicated: HHRC Operational Manual prohibits hiring or promoting anyone who may have contact with inmates and prohibits enlisting the services of any contractor who may have contact with inmates who: 1. 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); 2. 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 3. Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section. Page 6 of the Operations Manual contains the full language of this provision. The manual also specifies that Go Hire Employment and Development, Inc. is responsible for conducting criminal background checks on all prospective Hickory Hill employees. In addition, the Kentucky Department of Corrections requires HHRC to forward background information for all new hires so the agency can conduct its own verification to ensure compliance. KYDOC performs an annual review of HHRC, and the most recent 2024 report confirmed that HHRC was in compliance with this standard. Review of Staff Files for Completed Background Checks:

HHRC submitted seven new-hire files with completed background checks for the auditor's review. The documentation shows that Go Hire conducts the initial background screening through the Kentucky Administrative Office of the Courts using the COURTNET Criminal History Record, as well as the Kentucky State Police database, on behalf of HHRC and the Kentucky Department of Corrections. The following checks are included:

- Central Registry Check as required by 922 KAR 1:470
- Support for Community Living (SCL) Employees as required by 907 KAR 12:010
- Child Abuse or Neglect Check
- Nurse Aide or Home health Aid Abuse Registry as required by 906KAK 1:100
- A check of the Caregiver Misconduct Registry as required by 922 KAR 5: 120

After these initial screenings, the Kentucky Department of Corrections conducts additional checks for all new employees. The designated Justice Program Administrator for Warrants, Extraditions, and Civil Rights Restoration issues a final clearance email to Go Hire. Go Hire then notifies the HHRC Program Director confirming that there are no charges or convictions that violate KY PREA standards, and that the candidate is cleared for hire.

The auditor also requested background-check documentation for the 12 randomly selected staff interviewed during the onsite audit. All 12 files submitted showed completed background checks conducted by both Go Hire and the Kentucky Department of Corrections. No discrepancies were identified during the review.

What was heard, as part of a systematic review of evidence:

Interview with Go Hire Staff:

The auditor spoke with one of the managers and explained that the agency was undergoing a PREA audit. As part of determining compliance, the auditor needed to interview the staff responsible for conducting background checks. The staff member confirmed that they provide background-check services to HHRC under the mandate of KYDOC and that they conduct all background checks for the agency. They stated that they use the Kentucky Administrative Office of the Courts' COURTNET Criminal History Record system and the Kentucky State Police database. This process meets the standard required for employment.

Interview with Program Director/PREA Coordinator:

They stated that the HHRC hiring agency, GO Hire, conducts a thorough background check at the start of each employee's tenure. In addition, GO Hire performs annual background checks to ensure there are no new charges the employee may have failed to report.

Finding:

Based on this analysis, the facility is substantially compliant with this

provision. No corrective action is required.

115.217 (b)

What was read, as part of a systematic review of evidence:

HHRC operations manual requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.

HHRC currently does not have a contractor or volunteer who may have contact with clients.

Additionally, Go Hire, acting on behalf of HHRC and KYDOC, will not hire or promote any applicant who has been convicted of, or has pled guilty to, a sex crime, a violent crime, a criminal offense against a minor, or a Class A felony. Go Hire is responsible for notifying the agency of any such findings identified through the background check process.

What was heard, as part of a systematic review of evidence:

Interview with Program Director/PREA Coordinator:

They confirmed that the facility considers any prior incidents of sexual harassment when deciding whether to hire or promote an individual, or when selecting contractors who may have contact with residents. They also clarified that Go Hire is responsible for ensuring that no employee is referred for hiring or promotion if they have an unacceptable history.

Interview with Go Hire Staff:

They confirmed that, under their agreement with HHRC and KYDOC, they are required to verify all information to ensure any prior history or incidents of sexual harassment are taken into account. They stated that they will follow the agency’s requirements and will communicate with all parties if any issues or concerns arise regarding a potential employee.

Finding:

Based on this analysis, the facility is substantially compliant with this provision. No corrective action is required.

115.217 (c)

What was read, as part of a systematic review of evidence:

HHRC operations manual requires that before it hires any new employees who may have contact with residents, Go Hire (a) conducts criminal background record checks, and (b) consistent with federal, state, and local law, makes 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.

Page 6 of HHRC operations manual states contact with previous employers shall be made if applicable.

In the past 12 months, the facility hired seven employees who may have contact with inmates, and all seven completed criminal background checks prior to beginning employment.

The auditor reviewed the background checks conducted by Go Hire and found them to be consistent with the requirements of Standard 115.217(c). The information outlined in 115.217(a) provides a detailed description of the specific background checks performed by Go Hire and supports compliance with this provision.

Review of Go Hire Handbook:

HHRC submitted the Go Hire Handbook as evidence. Page 8 of the handbook explains that background checks include a sex offender registry search (using both the Dru Sjodin National Sex Offender Public Website and the Kentucky Public Sex Offender Registry), a Kentucky CHFS Child Abuse and Neglect (CAN) check, a Kentucky Administrative Office of the Courts check, and the KARES National Background Check Program, which involves fingerprinting with state and FBI national searches as well as abuse-registry screenings. The handbook also states that these background checks are part of the pre-employment screening process, are required as a condition of both initial and continued employment, and are updated annually.

What was heard, as part of a systematic review of evidence:

Interview with Program Director/PREA Coordinator:

They explained that HHRC ensures all background checks are completed before an employee begins work and then repeated annually. KYDOC monitors this process to determine compliance. They also noted that Go Hire conducts criminal background checks and reviews relevant information, including civil and administrative adjudications, for all new hires, promotions, contractors, and volunteers who may have contact with residents. Go Hire will disqualify potential employees if they have criminal records that fall within its list of unacceptable offenses.

Finding:

Based on this analysis, the facility is substantially compliant with this provision. No corrective action is required.

115.217 (d)

What was read, as part of a systematic review of evidence:

HHRC operations manual requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with residents.

Over the past 12 months, there have been no contracts for services in which staff or contractors would have contact with inmates; therefore, no criminal background checks were conducted. This was confirmed through an informal conversation with the Program Director/PREA Coordinator.

Page 6 of HHRC operations manual reiterates that background checks must be completed for all contractors.

The auditor was unable to review contractor background checks because the facility has not utilized any contractors during the past 12 months.

What was heard, as part of a systematic review of evidence:

Interview with Go Hire Staff:

Staff confirmed that the process for conducting background checks is the same for contractors and volunteers.

Finding:

Based on this analysis, the facility is substantially compliant with this provision. No corrective action is required.

115.217 (e)

What was read, as part of a systematic review of evidence:

HHRC operations manual requires that either criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with residents or that a system is in place for otherwise capturing such information for current employees.

HHRC does not utilize volunteers or contractors, and as a result, the auditor was unable to review any background checks for these roles. This information was confirmed during a formal conversation with the Program Director/PREA Coordinator.

Review of Current Employee Files for 5-Year Background Checks:

The auditor requested the employee files for the 12 randomly selected staff interviewed during the onsite audit to verify whether five-year background checks had been completed for all employees with more than five years of service. Each employee file includes documentation of the initial pre-employment background check, as well as the annual background checks conducted by Go Hire, all of which received full clearance from KYDOC. Any new findings or changes would be noted in the background check results. All 12 employee files submitted show that background checks were completed annually for each staff member, even though the requirement only mandates a five-year check for current employees.

What was heard, as part of a systematic review of evidence:

Interview with Program Director/PREA Coordinator:

	Stated that the hiring agency, Go Hire, requires all employees to undergo annual background checks. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision. No corrective action is required.** 115.217 (f-g) **What was read, as part of a systematic review of evidence:** HHRC PAQ indicated: The agency shall also 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 and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct. HHRC operations manual states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. Page 7 of the operations manual states that employees shall report all violations of the Code of Ethics or Dual Relationship Policy to the Program Director. Page 9 of the Go Hire Handbook states that “withholding consent to a criminal history search will result in disqualification and ineligibility for employment,” and that “knowingly making or being found to have made a false statement that affects or is intended to affect any background search will result in disqualification and ineligibility for employment.” All employees and applicants, including contractors and volunteers, are also required to complete a “Declaration of Ethical Principles” form prior to beginning service. Each employee reviews and signs this form annually. **What was heard, as part of a systematic review of evidence:** Interview with Program Director/PREA Coordinator: Staff confirmed that, in addition to asking applicants about any prior misconduct, the agency requires employees to maintain an ongoing duty to disclose such misconduct. They also affirmed that HHRC will terminate employees who engage in inappropriate behavior with residents once the agency becomes aware of it. Staff reported that no such incidents have occurred within the past twelve months. **Finding:** **Based on this analysis, the facility is substantially compliant with provision (f-g). No corrective action is required.**

	115.217 (h) **What was read, as part of a systematic review of evidence:** HHRC PAQ indicated: HHRC via Go Hire shall 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 unless prohibited by law. **What was heard, as part of a systematic review of evidence:** Interview with Program Director/PREA Coordinator: The Program Director/PREA Coordinator explained that Go Hire is responsible for providing this information. If the information is available, they will comply with the law by supplying details on any substantiated allegations of sexual abuse or sexual harassment involving a former employee, once they receive a request from an institutional employer along with a signed release of information. They also noted that there are currently no staff members, past or present, for whom such a request has been received. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision. No corrective action is required.** **Justification for Exceeding Standard:** HHRC exceeds the standard by conducting annual background checks on all employees, far surpassing the PREA requirement of a five-year recheck. The agency uses a multi-layered screening process, including state and federal criminal databases, multiple abuse registries, and fingerprint-based national searches, which goes beyond the minimum required checks. In addition to Go Hire's comprehensive screening, the Kentucky Department of Corrections performs an independent secondary review, adding a level of oversight not required by PREA. HHRC also enforces stricter disqualification criteria than the standard mandates, barring applicants with violent crimes, offenses against minors, or Class A felonies. All reviewed files showed full compliance with no discrepancies, demonstrating consistent, system-wide practices that exceed PREA expectations.

115.218	**Upgrades to facilities and technology**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Evidence relied upon in making the compliance determinations:

- HHRC PAQ
- HHRC Operational Manual & Kentucky Housing Recovery Network (KHRN) Procedures (revised 1/29/2025)
- HHR PREA Annual Staffing Analysis Reviews 2023 thru 2025
- Interview with Program Director/PREA Coordinator
- Interview with Agency Head or Designee
- Site Review

115.218 (a)

What was read, as part of a systematic review of evidence:

HHRC PAQ indicated:

The agency/facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.

The agency/facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012; however, upgrades were done prior to the 2022 PREA Audit and the 2026 current audit.

HHRC Operations Manual on page 32 states that, “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.”

As outlined in the staffing plan, the facility’s video monitoring system includes 32 strategically placed cameras designed to minimize blind spots and provide comprehensive surveillance coverage. HHRC maintains a clear process for addressing equipment failures: Bates Security, the contracted service provider, is notified immediately when a camera becomes inoperable and is responsible for timely repair or replacement.

What was heard, as part of a systematic review of evidence:

1. Interview with the Agency Head or Designee:

They explained that HHRC considers the safety of all residents, specifically protection from sexual abuse and sexual harassment, when designing, acquiring, or planning any significant modifications to the facility. This assessment includes questions such as whether additional CCTV cameras are needed or if more convex mirrors would improve visibility. They stated that HHRC currently has 32 cameras and 4 convex mirrors in place to help deter sexual abuse and harassment. Staff also conduct rounds twice an hour to support resident safety. The cameras operate 24/7, and footage is stored on a hard drive so specific dates can be reviewed when

	necessary. Cameras and mirrors are essential in a facility that can house up to 100 residents, as they not only act as a deterrent but also provide documentation if an incident occurs. No building updates have been made since the last audit. 2. Interview with Program Director/PREA Coordinator: During the formal interview, HHRC stated that it prioritizes the safety of all residents, particularly protecting residents from sexual abuse—when designing, acquiring, or planning significant modifications to the facility. They explained that decisions about video monitoring projects are guided heavily by recommendations from their sister agency and from internal audits conducted by the Kentucky Department of Corrections. They also review prior sexual abuse reports to identify potential areas of concern and determine where additional cameras may be needed to reduce blind spots. In addition, two mirrors were recently installed in the back hallway to improve visibility, based on a recommendation from the 2022 audit. **What was observed, as part of a systematic review of evidence:** Site Review: During the tour, the auditor reviewed all camera placements and confirmed they aligned with the staffing plan. Through informal conversations with both staff and residents, everyone expressed that the cameras were installed to strengthen the facility's ability to protect residents from sexual abuse and to prevent assaults on staff. Neither staff nor residents reported any concerns regarding the cameras. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision. No corrective action is required.** HHRC has not made any major facility modifications since 2012, and all surveillance upgrades occurred before the 2022 and 2026 audits. The agency consistently considers resident safety, especially protection from sexual abuse, when planning design changes or monitoring enhancements. Interviews and site observations confirmed that the current system of 32 cameras, convex mirrors, and staff rounds effectively supports visibility and safety. Based on all evidence, the facility is substantially compliant with this PREA standard.

115.221	**Evidence protocol and forensic medical examinations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations:

- HHRC PAQ
- HHRC Operational Manual & Kentucky Housing Recovery Network (KHRN) Procedures (revised 1/29/2025)
- HHRC Annual Prison Rape Elimination Act (PREA) of 2003 Training PowerPoint
- Kentucky State Police-Physical Evidence Collection Guide
- Interview with Program Director/PREA Coordinator
- Interview with Intake Coordinator
- Interview with Health Service Authority
- Interview with The Rising Center Staff
- Interview with SAFE/SANE Staff
- Interview with Random Staff

Reasoning and analysis (by provision):

115.221 (a)

What was read, as part of a systematic review of evidence:

HHRC PAQ indicated:

The agency/facility is responsible for conducting administrative sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct).

HRRC is responsible solely for administrative investigations, specifically sexual harassment, conducted by trained investigators. The agency has two investigators, the Program Director and the Intake Coordinator, both of whom have received specialized training to ensure investigations are objective, thorough, and consistent with PREA standards.

When initial information indicates that a criminal act may have occurred, HRRC immediately notifies the Kentucky Department of Corrections and the Kentucky State Police, in accordance with policy.

According to page 34 of the Operations Manual, investigations involving allegations of sexual abuse that include force, coercion, or potential criminal behavior must be conducted by specially trained investigators from the Kentucky Department of Corrections, the Kentucky State Police, or another appropriate law enforcement agency.

HRRC follows a uniform evidence protocol. Facility staff who may serve as first responders are trained in this protocol. The evidence protocol used is the Kentucky State Police (KSP) Guide. KSP conducts sexual abuse investigations in accordance with PREA standards and follows the nationally accepted protocols for Sexual Assault Medical Forensic Exams published by the U.S. Department of Justice. The Kentucky State Police Physical Evidence Collection Guide is publicly available online and demonstrates that the evidence-collection procedures meet DOJ requirements.

What was heard, as part of a systematic review of evidence:

Interview with Radom Staff:

Interviews with randomly selected staff members showed strong consistency with facility policies. Staff confirmed that the Program Director/PREA Coordinator and the Intake Coordinator are trained investigators responsible for conducting administrative investigations at the facility. They also stated that KYDOC must be notified of all allegations in accordance with policy, and that when appropriate, the Kentucky State Police investigate sexual abuse allegations.

Staff further explained that they receive training in evidence collection and that PERK test kits and evidence-collection bags are stored in a secured area within the SOS dorm. They clearly described their responsibilities in securing crime scenes, preventing evidence contamination, and notifying supervisors and investigators. Staff were also able to distinguish between administrative and criminal investigations and demonstrated an understanding of the respective roles of KYDPC and KYSP when criminal activity is suspected.

Interview with Program Director/PREA Coordinator and Intake Coordinator:

The Program Director/PREA Coordinator also serves as the facility investigator, with the Intake Coordinator acting as the backup investigator. Both reported that they are trained to conduct administrative investigations and may complete internal investigations as needed. They explained that, depending on the nature of the incident (e.g., resident-on-resident or staff-on-resident), an investigation may be elevated to the parent company’s administration, the hiring agency, law enforcement, or the Kentucky Department of Corrections. For all allegations of sexual abuse, they are required to notify both the Kentucky Department of Corrections and the Kentucky State Police.

Finding:

Based on this analysis, the facility is substantially compliant with this provision. No corrective action is required.

115.221 (b)

What was read, as part of a systematic review of evidence:

HHRC PAQ indicated:

HHRC doers do not house youthful residents, and the facility still maintains processes that align with developmentally appropriate standards for forensic examinations.

The Kentucky State Police Physical Evidence Collection Guide, which mirrors the National Protocol for Sexual Assault Forensic Examinations for Adults and Adolescents, was developed after 2011 and is considered developmentally appropriate for youth, as confirmed through documentation review.

Residents who require a forensic examination are transported to Hazard ARH

	Regional Medical Center, 100 Medical Center Dr, Hazard, KY 41701. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision. No corrective action is required.** 115.221 (c) **What was read, as part of a systematic review of evidence:** HHRC PAQ indicated: Hickory Hill Recovery Center offers all residents who experience sexual abuse access to forensic medical examinations at an outside facility and no on-site examination. Operations manual page 32, mandates that forensic medical examinations are offered without financial cost to the victim. No forensic medical examinations were reported as having been performed by SANEs/SAFEs during the past 12 months. This was confirmed through formal conversations with staff, and the Program Director. HHRC operations manual clearly states that forensic evidence should not be collected by facility medical staff. Instead, medical forms and relevant documentation accompany the resident to the hospital so that SANE/SAFE staff have all necessary information. In coordination with the hospital, the SOS Coordinator shall request the forensic medical examination be performed by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) or another qualified medical practitioner and the efforts to provide SAFEs and SANEs shall be documented. **What was heard, as part of a systematic review of evidence:** Interview with SAFE/SANE Staff: The auditor made several attempts to speak with a SAFE/SANE nurse at Hazard ARH Regional Medical Center but was unable to reach anyone who could explain the hospital’s forensic examination process. However, the hospital receptionist confirmed that Hazard ARH is the designated facility serving HHRC and that the hospital does provide forensic examinations. Interview with Health Service Authority (HSA): The HSA confirmed that they will prepare the victim for transport to the Hazard ARH Regional Medical Center, including completing the required medical paperwork and securing any collected evidence. They noted that they are not trained to conduct forensic examinations. They also stated that, in the past 24 months, they have not had any incidents that required transporting evidence for a forensic exam. **Finding:**

Based on this analysis, the facility is substantially compliant with this provision. No corrective action is required.

115.221 (d-e)

What was read, as part of a systematic review of evidence:

HHRC PAQ indicated:

The facility attempts to make available to the victim a victim advocate from a rape crisis center, either in person or by other means. These efforts are documented. If and when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member. If requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.

Through the Kentucky Association of Sexual Assault Programs, Hickory Hill Recovery Center's designated service provider is the Rising Center, operated by Kentucky River Community Care. The Rising Center offers residents a comprehensive range of support services, including victim advocacy and continued assistance following forensic exams or investigative interviews. These services may include crisis counseling, emotional support, and referrals to additional community resources.

According to the operations manual, all services are provided to residents at no cost. If the victim requests it, an advocate must be permitted to accompany them throughout the forensic medical examination process and during investigative interviews.

What was heard, as part of a systematic review of evidence:

Interview with Program Director/PREA Coordinator:

They confirmed that both staff and residents are informed about the services available to them via staff and resident education. If a resident requests to speak with a victim advocate, the service is offered immediately. Residents may also call the service provider directly from the facility phone, and the HHRC can transport anyone needing counseling, emotional support, or other related services to the center. The center is located approximately 10–15 minutes from HHRC. They also reported that there have been no incidents of alleged sexual abuse in the past 24 months that would have required HHRC to provide a victim advocate.

Interview with Rising Center Staff:

They confirmed that when a resident is transferred to another community facility or region, staff assist with connecting the resident to appropriate local victim service providers. This helps ensure continuity of care and reduces any disruption in support services. They also noted that they partner with multiple agencies, so clients have

access to the full range of available services. In addition, they reported having resources to accommodate clients with limited English proficiency as well as those with other disabilities.

There were no residents at HHRC who reported sexual abuse in the past 12 months, and none were available for interview.

Finding:

Based on this analysis, the facility is substantially compliant with this provision. No corrective action is required.

115.221 (f)

What was read, as part of a systematic review of evidence:

HHRC PAQ indicated:

If the agency is not responsible for investigating allegations of sexual abuse and relies on another agency to conduct these investigations, the agency has requested that the responsible agency follow the requirements of paragraphs §115.221 (a) through (e) of the standards.

The HHRC, in conjunction with KYDOC, maintains a standard requiring that all PREA allegations involving potential criminal behavior are reported to the Kentucky State Police (KSP). KYDOC serves as the intermediary to ensure that every allegation is properly routed and receives appropriate guidance from KSP. The Kentucky State Police are responsible for conducting criminal investigations. All KSP officers receive training in sexual-abuse investigations during basic training at the State Police Academy, including techniques for interviewing sexual-abuse victims, proper administration of Miranda warnings, evidence collection in sexual-abuse cases, particularly within confined settings, and the evidentiary criteria needed to substantiate a case for prosecution.

What was heard, as part of a systematic review of evidence:

Interview with the Program Director/PREA Coordinator:

They stated that the Kentucky State Police respond to any request for assistance in accordance with state mandate, and that HHRC has no difficulty obtaining investigative support when warranted. They also noted that, to date, HHRC has not submitted any requests to the Kentucky State Police for the investigation of criminal allegations arising at HHRC.

Finding:

Based on this analysis, the facility is substantially compliant with this provision. No corrective action is required.

115.221 (f)

N/A-not required to audit this provision.

115.221 (g)

What was read, as part of a systematic review of evidence:

As outlined in provision 115.221(d), Hickory Hill Recovery Center's designated service provider, through the Kentucky Association of Sexual Assault Programs, is The Rising Center, operated by Kentucky River Community Care (KRCC). The Rising Center provides victim advocacy services, crisis intervention, and support during forensic exams, interviews, and related processes. When specialized services are required, The Rising Center can also collaborate with local rape crisis programs. These partnerships ensure that residents have access to professional advocacy consistent with the services available in the broader community.

The Rising Center, through KRCC, employs trained professionals who offer a wide range of services, including medical care coordination, legal advocacy, mental health support, short term counseling, and long term psychotherapy for survivors. Their licensed therapists are trained in specialized trauma focused treatment modalities designed to address the emotional impact of traumatic experiences. The program also provides specialized training on sexual assault issues to other professionals.

KRCC requires all volunteers to complete the same onboarding and screening process as employees before they may provide services to victims. All applicants must meet the following criteria:

- Be at least 20 years of age.
- Complete a volunteer application with KRCC and become an approved KRCC volunteer worker.
- Receive three satisfactory reference checks.
- Agree to and pass a criminal records check.
- Take and pass a TB skin test and drug screening.
- Be approved for volunteer work by the agency (KRCC).
- Complete a 40-hour Sexual Assault Counselor Training Program.
- Complete eight hours of continuing education yearly.

The Rising Center provides comprehensive support to survivors of all forms of sexual violence, including sexual assault, sexual abuse, and sexual harassment. Their services include a 24 hour crisis line, medical advocacy, legal advocacy, crisis counseling, psychoeducational groups, individual therapy, group therapy, and family therapy.

Interviews with Rising Center staff confirmed that all team members have been appropriately screened for their roles and have received training related to sexual assault and forensic examination practices. They are licensed service providers and hold all required certifications to operate within the state of Kentucky.

Finding:

	Based on this analysis, the facility is substantially compliant with this provision. No corrective action is required. Hickory Hill Recovery Center meets PREA Standard 115.221 by ensuring trained investigators handle administrative cases and immediately referring potential criminal conduct to the Kentucky State Police. Staff interviews confirmed strong understanding of evidence preservation, first-responder duties, and investigative procedures. Residents have access to free, developmentally appropriate forensic exams at Hazard ARH Regional Medical Center, along with advocacy services from The Rising Center. Documentation and interviews consistently showed that all required processes are in place and functioning, supporting a finding of substantial compliance.

115.222	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: • HHRC PAQ • HHRC Operational Manual & Kentucky Housing Recovery Network (KHRN) Procedures (revised 1/29/2025) • Review of One Investigative File • Review of KYDOC/Community Confinement Sexual Offender Allegation Report Form • HHRC Website • Interview with the Agency Head or Designee • Interview with the Program Director/PREA Coordinator **Reasoning and analysis (by provision):** 115.222 (a) **What was read, as part of a systematic review of evidence:** HHRC PAQ Indicated The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment (including resident-on-resident sexual abuse or staff sexual misconduct). Over the past 12 months, one allegation of sexual abuse or sexual harassment was reported. During that same period, one allegation resulted in an administrative investigation, and none were referred for criminal investigation. All administrative and/or criminal investigations were completed.

	According to page 34 of the HHRC operations manual, allegations of sexual abuse and sexual harassment shall be promptly, thoroughly, and objectively investigated. Sexual abuse investigations alleging force, coercion, or possible criminal behavior shall be conducted by specially trained investigators from the Kentucky Department of Corrections, Kentucky State Police, or other law enforcement agency. Review of One Investigative File: The facility provided one investigation report for review. The allegation was made by a resident that was no longer at HHRC, and the investigation was conducted by Kentucky Department of Correction. The resident reference sexual harassment made by another resident and a contract staff. The report was detailed and covered all the required elements. The allegation was deemed Unsubstantiated. **What was heard, as part of a systematic review of evidence:** Interview with the Agency Head of Designee: HHRC PREA investigators are responsible only for investigations involving resident-on-resident allegations. Allegations may be received through multiple channels, including phone calls, reports from other facilities, or direct reports to staff. Upon receiving an allegation, the Program Director is notified immediately. The Program Director then notifies the Division Director of Substance Abuse at Kentucky River Community Care, the appropriate contacts within the Kentucky Department of Transportation, and probation and parole within 24 hours. Investigations begin promptly, with interviews conducted with the relevant individuals. If it is determined that the allegation may involve criminal conduct, the HHRC investigation is halted and the case is referred to KYDOC, the Kentucky State Police, or other law enforcement for completion. Additionally, allegations originating from other facilities are investigated by KYDOC. All required documentation is completed, and measures are implemented to ensure that no retaliation occurs. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision. No corrective action is required.** 115.222 (b) **What was read, as part of a systematic review of evidence:** HHRC PAQ Indicated The agency has a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior.

	The agency’s policy on referring allegations of sexual abuse or sexual harassment for criminal investigation is publicly available on its website or through other public means. The Hickory Hill Recovery Center PREA referral policy is published online at (https://www.krccnet.com/substance-use-services/hickory-hill/). Review of KYDOC/Community Confinement Sexual Offender Allegation Report: The facility provided the KYDOC/Community Confinement Sexual Offender Allegation Report form as evidence. HHRC documents all referrals of sexual abuse or sexual harassment allegations for criminal investigation using this form. The Initial Reporting form is used to collect the required information regarding the allegation, and HHRC records the allegation and all related notifications to the State Police or other law enforcement agencies when a criminal allegation is involved. **What was heard, as part of a systematic review of evidence:** Interview with Program Director/PREA Coordinator & Investigator: They stated that they only conduct investigations into resident-on-resident sexual harassment allegations. All allegations of sexual abuse are referred to KYDOC and KSP unless the report clearly does not involve potentially criminal behavior. They also noted that all referrals will be documented. Kentucky State Police is the primary law-enforcement contact for HHRC. They added that all information related to an allegation will be entered into the administrative investigation section of the Kentucky Offender Management System under the “Extraordinary Occurrences” option for each resident involved, and it will also be placed in the resident’s treatment file. All related investigative documentation and findings will be recorded in the same manner. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision. No corrective action is required.** 115.222 (c) **What was read, as part of a systematic review of evidence:** If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity. The HHRC does not conduct criminal investigations. All criminal matters are handled by the Kentucky State Police. The HHRC Operations Manual clearly defines the responsibilities of both the agency and the investigating entity. Additionally, the HHRC website states that “reports of sexual abuse or harassment that involve possible criminal behavior will be referred to the Kentucky Department of Corrections and Kentucky State Police.” **Finding:**

	Based on this analysis, the facility is substantially compliant with this provision. No corrective action is required. 115.222 (d-e) **Auditor is not required to audit this provision:** HHRC demonstrates substantial compliance with PREA Standard 115.222, as evidenced by clear policies, documented investigative practices, and consistent referral procedures for allegations of sexual abuse and sexual harassment. Written policy requires that all allegations be promptly, thoroughly, and objectively investigated, and the facility's single case from the past year was properly referred to the Kentucky Department of Corrections and fully investigated, meeting all required elements. Interviews confirmed that HHRC staff follow established protocols, including immediate notifications, halting internal inquiries when criminal behavior is suspected, and ensuring all referrals and investigative actions are documented in both agency systems and resident files. Because HHRC's policies are publicly available, responsibilities between the facility and external investigative entities are clearly defined, and all reviewed evidence aligns with PREA requirements, the facility is appropriately found to be substantially compliant with no corrective action required.

115.231	**Employee training**
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: • HHRC PAQ • HHRC Operational Manual & Kentucky Housing Recovery Network (KHRN) Procedures (revised 1/29/2025) • HHRC Annual Prison Rape Elimination Act (PREA) of 2003 Training PowerPoint • HHRC Virtual PREA Training Part 1 & 2 • Review of Staff Training Files • Review of Relias Learning Center PREA Training Completion Report • Interview with Program Director/PREA Coordinator • Interview with Randon Staff **Reasoning and analysis (by provision):** 115.231 (a-c) **What was read, as part of a systematic review of evidence:** HHRC PAQ indicated:

	The agency trains all employees who may have contact with residents on the 10 required elements of the provision, and they are: 1. The zero-tolerance policy for sexual abuse and sexual harassment; 2. Their responsibilities of sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; 3. Offenders right to be free from sexual abuse and sexual harassment; 4. The right of offenders and employees to be free from retaliation for reporting sexual abuse and sexual harassment; 5. The dynamics of sexual abuse and sexual harassment in confinement; 6. The common reactions of sexual abuse and sexual harassment victims; 7. How to detect and respond to signs of threatened and actual sexual abuse; 8. How to avoid inappropriate relationships with offenders; 9. How to communicate effectively and professionally with an offender, including lesbian, gay, bisexual, transgender, intersex or gender nonconforming offenders; and 10. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities The facility provided the HHRC Operations Manual, Virtual PREA Training Part 1 & Part 2, and the PREA Annual Training PowerPoint as evidence. According to page 7 of the Operations Manual, the HHRC Program Director is responsible for training all staff annually using an approved PREA PowerPoint. In addition, all HHRC staff must complete PREA training through the Relias Learning platform. Page 29 further states that all new employees will receive training on PREA standards, laws, and Go Hire/ HHRC policies on a regular and recurring basis, with refresher training provided annually. The auditor reviewed HHRC's Virtual PREA Training Parts 1 & Part 2, as well as the PREA Annual Training PowerPoint. Both training materials contain all required elements outlined in this provision. All new staff receive two forms of PREA training: initial PREA instruction through the Relias Learning Center, followed by in-person training at the facility conducted by the Program Director or designee as part of onboarding, prior to any contact with residents. A review of the training outlines and topics confirms that the curriculum is designed to apply to all residents regardless of gender, even though HHRC serves male residents. Staff are provided with specific information relevant to working with male residents for awareness. The Program Director noted that "trainings do not mention gender specifically, but instead state the applicable laws, policies, procedures, signs, and indicators of potential victims." Although HHRC operates under its parent agency, the Kentucky Housing Recovery Network (KHRN), any staff transferring from a female recovery facility to HHRC would receive HHRC-specific PREA training in accordance with legal requirements. Currently, the facility does not conduct staff transfers from other recovery centers. HHRC provides annual PREA refresher training for staff, volunteers, and contractors

to ensure they remain current on HHRC policies and procedures related to sexual abuse and harassment. These refresher courses are offered both in person and virtually through the Relias Learning Center as a condition of continued employment.

Review of Staff Training Files:

The auditor reviewed approximately 12 staff training files, each containing the documentation required under 115.31(a). The files also demonstrated that staff received the necessary refresher training. In addition, each file included both the pre-test and post-test, along with a signed acknowledgment form confirming the staff member's understanding.

The Program Director provided the auditor with the Relias Learning Center training completion report as supporting evidence for the selected staff. The Relias PREA modules include knowledge checks within each section and a final test. Staff are required to acknowledge and confirm their understanding before submitting the final test for scoring.

What was heard, as part of a systematic review of evidence:

Interview with Program Director/PREA Coordinator:

The Program Director stated that they are responsible for ensuring all new and current staff receive the required PREA training. They facilitate the in-person PREA training for new staff, volunteers, and contractors. They also have access to the Relias Learning Center, which allows them to monitor staff training completion. They explained that when an HHRC staff member's PREA training becomes overdue, the system generates a notification to prompt the staff member to complete the training and remain in compliance. They confirmed that all staff sign an acknowledgment form indicating their understanding of the PREA training, and this documentation is maintained in each staff member's personnel file

Interview with Radom Staff:

Approximately 12 randomly selected staff were interviewed. All reported receiving PREA training during orientation, annual in-service sessions through the Relias Learning Center, and annual refresher training conducted by the Program Director. Staff consistently stated that they were trained on the 10 requirements of the provision and that the training was tailored to the gender of the residents they serve. Several staff added that they occasionally receive additional refresher training from the Program Director as part of ongoing expectations and reinforcement.

Finding:

Based on this analysis, the facility is substantially compliant with this provision. No corrective action is required.

115.231 (a-c)

	What was read, as part of a systematic review of evidence: HHRC PAQ indicated: The agency documents that employees who may have contact with residents demonstrate their understanding of PREA training through either a signed acknowledgment or electronic verification. HHRC's training process includes both a pre-test and a post-test that all staff must complete. Staff are required to sign confirming they attended the training and understand PREA requirements as well as HHRC's expectations for staff conduct. The auditor reviewed the HHRC PREA pre-test and post-test questions and noted that they are open-ended, requiring narrative responses rather than yes/no answers. The auditor also reviewed the acknowledgment forms for the 12 randomly selected staff, each confirming their understanding of HHRC rules, regulations, and PREA expectations. All files reviewed were found to be in full compliance with this provision. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision. No corrective action is required.** **Justification for Exceeding Standard:** The facility exceeds standard expectations because it not only provides all required PREA training elements but also delivers them through multiple reinforced modalities, including Relias online modules, in-person instruction, annual refreshers, and supplemental coaching by the Program Director. Staff understanding is verified at a level beyond the standard through mandatory pre-tests, post-tests, and narrative-response assessments, in addition to signed acknowledgments. Training content is consistently tailored to the specific population served, and the facility ensures that even potential transfers from other programs receive HHRC-specific PREA instruction. Comprehensive documentation, consistent staff testimony, and proactive monitoring of training compliance demonstrate a system that surpasses basic requirements and reflects a strong organizational commitment to PREA principles.

115.232	**Volunteer and contractor training**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: • HHRC PAQ

- HHRC Operational Manual & Kentucky Housing Recovery Network (KHRN) Procedures (revised 1/29/2025)
- HHRC Annual Prison Rape Elimination Act (PREA) of 2003 Training PowerPoint
- HHRC Virtual PREA Training Part 1 & 2
- Review of Contract Staff PREA Training File
- Interview with Program Director/PREA Coordinator
- Interview with Contract Staff

Reasoning and analysis (by provision):

115.232 (a-c)

What was read, as part of a systematic review of evidence:

HHRC PAQ indicated:

All volunteers and contractors who have contact with residents receive training on their responsibilities under the agency's policies and procedures related to the prevention, detection, and response to sexual abuse and sexual harassment.

HHRC reported that they currently have only one contractor who has contact with residents, and this individual has been trained in the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. HHRC also indicated that they do not have any volunteers at this time.

The level and type of training provided to volunteers and contractors is determined by the services they perform and the extent of their contact with residents. All individuals in these roles are informed of the agency's zero-tolerance policy for sexual abuse and sexual harassment and are instructed on how to report any related concerns or incidents.

The facility provided the HHRC Operations Manual, Virtual PREA Training Part 1 & Part 2, PREA Annual Training PowerPoint and contractor's PREA Training File as evidence.

HHRC policy requires that all contractors and volunteers receive the same training as employees, both at the start of their service and annually thereafter.

Training requirements for contractors and volunteers are outlined in **PREA Standard 115.231** for review, which specifies the mandatory training topics, expected standards of conduct, and the responsibilities they must uphold while working within HHRC. This standard ensures that all individuals interacting with residents are adequately prepared to maintain safety, uphold professional boundaries, and support HHRC's commitment to PREA compliance.

Review of Contract Staff PREA Training File:

The auditor reviewed the contract staff training file. The file contains the PREA

	Acknowledgment form confirming understanding of HHRC and KYDOC zero tolerance policy. The form is signed by the contract employee and witnessed by the Program Director/PREA Coordinator as the facilitator. The form states. 'I have received training on the Prison Rape Elimination Act of 2003 and understand that the Kentucky Department of Corrections and Hickory Hill have a zero-tolerance policy for all forms of sexual abuse and sexual harassment. I have knowledge of all relevant policies that pertain to PREA and all the directives therein. I have had the opportunity to ask questions and receive feedback and am satisfied with my understanding of PREA and all its components as it relates to the Kentucky Department of Corrections and Hickory Hill Recovery Center." **What was heard, as part of a systematic review of evidence:** Interview with Program Director/PREA Coordinator: The Program Director/PREA Coordinator explained that contractors and volunteers receive the same level of PREA training, tailored to the services they provide. HHRC uses acknowledgment forms to document initial training and annual refresher training. Trainees complete both a pre-test and a post-test to ensure comprehension and are given time to ask questions. They also sign documentation verifying that the training has been completed. Interview with Contract Staff: The contractor reported that they have received PREA training covering their responsibilities related to the prevention, detection, and response to sexual abuse and sexual harassment, in alignment with HHRC and KYDOC policies and procedures. They stated that PREA training was included in their onboarding, annual in-service training, and the most recent refresher session held at the facility. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision. No corrective action is required.** HHRC meets the requirements of PREA Standard 115.232 (a–c) because the facility provides all contractors and volunteers who have contact with residents with comprehensive PREA training that aligns with agency policy and KYDOC expectations. Documentation, interviews, and training files confirm that the sole contractor currently working with residents has completed initial and annual refresher training, demonstrated comprehension through testing, and signed acknowledgment of understanding HHRC's zero-tolerance policy and reporting responsibilities. Evidence reviewed shows that HHRC consistently implements and documents these training practices, supporting a finding of substantial compliance with no corrective action required.

115.233	**Resident education**

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence relied upon in making the compliance determinations:

- HHRC PAQ
- HHRC Operational Manual & Kentucky Housing Recovery Network (KHRN) Procedures (revised 1/29/2025)
- PREA Posters (English & Spanish)
- PREA Brochure
- PREA Information in Brail
- KYDOC PREA Information Sheet & Acknowledgment form
- Review of Residents Files
- Interview with Program Director/PREA Coordinator
- Interview with Intake Coordinator
- Interview with Radom Residents
- Site Review

Reasoning and analysis (by provision):

115.233 (a)

What was read, as part of a systematic review of evidence:

The HHRC Operations Manual states that, upon admission, every resident is provided with information about the facility's zero-tolerance policy, how to report incidents or suspicions of sexual abuse or harassment, their right to be free from such abuse and harassment, their right to be free from retaliation for reporting, and the agency's policies and procedures for responding to such incidents.

Pages 31–32 of the manual further explain that this information is delivered both verbally and in writing, with special consideration for residents who have limited reading skills, are hearing or visually impaired, or have limited English proficiency. This education occurs during the resident's initial program orientation, where residents are encouraged to ask questions, reflecting the program's core principle: "If you don't know something, ask."

All orientation documents are signed by the resident, a copy is provided to them, and the original is placed in the resident's program file.

According to the HHRC PAQ, 236 residents were admitted to the facility in the past 12 months, and all 236 received information about the zero-tolerance policy and reporting procedures at intake.

Review of Residents Files:

As a spot check, approximately 16 resident files were reviewed, matching the same randomly selected residents interviewed by the auditor during the onsite visit. The

auditor verified each resident's admission date and compared it against the PREA brochure and the KYDOC PREA Information Sheet and Acknowledgement Form to ensure compliance. The auditor discovered that 15 residents received and signed their PREA training on the same day of admission and one resident received the PREA training the next day.

What was heard, as part of a systematic review of evidence:

Interview with Intake Coordinator:

Through a formal interview, the Intake Coordinator confirmed the agency's policy expectations. They stated that education on the agency's zero-tolerance policy for sexual abuse and sexual harassment, as well as information on how to report incidents or suspicions, is provided to all residents during intake on the day of their arrival.

The Intake Coordinator explained that, upon intake, clients receive a PREA brochure supplied by KYDOC. Staff review the PREA intake document word-for-word, along with the HHRC rules and regulations. After reviewing the material, staff offer clients the opportunity to ask questions. Clients are then asked to sign the document acknowledging that the process was completed and that they understand the information provided.

The Intake Coordinator also stated that they take into consideration the needs of residents with limited English proficiency and residents with disabilities to ensure full comprehension of the PREA information and reporting procedures

Interview with Radom Residents:

Approximately 16 random residents were interviewed. All 16 residents confirmed that they received the rules and regulations against sexual abuse and harassment during intake when they first arrived at the facility, and the information was provided the same day.

What was observed, as part of a systematic review of evidence:

Site Review:

There was no intake during the onsite audit, so the auditor requested the Program Director/PREA Coordinator to explain the process. The Program Director/PREA Coordinator explained how the initial intake takes place, the location it takes place, the staff members involved, samples of documentation issued to the residents, and how the PREA comprehensive education is done.

The Program Director/PREA Coordinator informed the auditor that the Intake Coordinator is responsible for providing PREA Education and ensuring that every newly admitted resident receives it. Classification staff serve as the backup; they conduct risk screenings and reassessments and are also trained to deliver the initial PREA Education. When the Intake Coordinator is unavailable, classification staff step in to ensure residents continue to receive the required PREA Education without

interruption.

Written PREA information (brochures) is available in English and Spanish, the two most commonly spoken languages in the facility. HHRC also provides PREA information in Braille.

The facility has access to translation services through the State of Kentucky for residents with Limited English Proficiency (LEP), as well as services for residents who are Deaf or hard of hearing through an agency partner.

Finding:

Based on this analysis, the facility is substantially compliant with this provision. No corrective action is required.

115.233 (b)

What was read, as part of a systematic review of evidence:

HHRC PAQ indicated:

The facility provides residents who are transferred from a different community confinement facility with refresher information referenced in 115.233(a)-1.

HHRC reported that during the past 12 months, 236 residents entered the facility, and all 236 received information at intake regarding the agency's zero-tolerance policy and the procedures for reporting incidents or suspicions of sexual abuse or sexual harassment. None of the 236 residents were transfers from another community confinement facility.

Review of Residents Files:

The auditor was unable to review records of residents who transferred from another facility within the past 12 months. This determination was confirmed through a formal conversation with the Program Director/PREA Coordinator and a review of resident admission records.

What was heard, as part of a systematic review of evidence:

Interview with Program Director/PREA Coordinator:

According to the Program Director/PREA Coordinator, "all clients who enter the facility are required to follow the new-client process, regardless of where they are coming from." Ensuring that every resident receives PREA information and understands the facility's rules and regulations remains a top priority for the agency. Additionally, no residents received at HHRC had transferred from another community confinement program.

Finding:

Based on this analysis, the facility is substantially compliant with this

provision. No corrective action is required.

115.233 (c-e)

What was read, as part of a systematic review of evidence:

Resident PREA education is provided in formats accessible to all residents, including individuals who are Limited English Proficient, Deaf, visually impaired, otherwise disabled, or who have limited reading skills.

HHRC maintains documentation verifying each resident's participation in PREA education sessions.

HHRC ensures that key information about the agency's PREA policies remains continuously and readily accessible through posters, resident handbooks, and other written materials.

- The content of this information is already addressed in 115.233 (a).

What was heard, as part of a systematic review of evidence:

Interview with Program Director/PREA Coordinator:

According to the Program Director/PREA Coordinator, the facility has Spanish posters as well as translation materials, including Braille resources and a mobile translator pad. For clients who are deaf, staff utilize the standard PREA documentation during intake. If a client is unable to read or write, a state-licensed linguist is provided.

A PREA informational document in Braille is available for any client who requires or requests it. PREA posters are posted throughout the facility in both English and Spanish. The DOC inmate brochure is also available in the front lobby, at the back desk hall monitors, and payphones also have quick access to that number free of charge. In addition, the facility conducts PREA education classes periodically throughout the year. Beyond the in-person classes held at least every three months, both the LPN and the Intake Coordinator review the PREA information document with clients during intake.

Interview with Hard of Hearing Resident:

- The auditor conducted an interview with a resident who is Hard of Hearing. The details of the interview are documented in section 115.216(c).

Finding:

Based on this analysis, the facility is substantially compliant with this provision. No corrective action is required.

The facility meets all requirements of 115.233(a–e) by providing every new resident with clear, accessible PREA education at intake, supported by consistent

	documentation, staff confirmation, and resident reports. Although no residents transferred from other community confinement programs, policies and staff interviews confirm that refresher education would be provided when applicable. PREA information remains continuously available through multilingual posters, Braille materials, translation services, and periodic education sessions, resulting in substantial compliance with all provisions and no corrective action needed.

115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: • HHRC PAQ • HHRC Operational Manual & Kentucky Housing Recovery Network (KHRN) Procedures (revised 1/29/2025) • Review of Investigation Training Materials from KYDOC • Review of Investigator Training Certificate • Interview with Program Director/PREA Coordinator • Interview with the Intake Coordinator **Reasoning and analysis (by provision):** 115.234 (a-b) **What was read, as part of a systematic review of evidence:** The HHRC PAQ indicates that agency policy is written in accordance with the standard. The policy requires that all employees who conduct sexual abuse investigations receive specialized training specific to investigations in a confinement setting. This training must include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, evidence collection in confinement settings, and the criteria and evidentiary requirements needed to substantiate a case for administrative action or referral for prosecution. Per page 34 of HHRC operations manual, states that “HHRC staff shall also receive specialized training in conducting investigations. This training will be provided by KYDOC.” The auditor confirmed that the training provided by the Kentucky Department of Corrections to facility investigators covers all mandated components of the standard, including Miranda and Garrity, evidence collection in a correctional environment, and the evidentiary thresholds required for administrative findings. This training is standardized across the Department and was developed in consultation with the Moss Group.

	HHRC reported in the PAQ that they have two certified investigators and that they conduct only administrative investigations. Review of Investigator Training Certificate: HHRC provided two certificates demonstrating that their investigators completed the required training. The auditor verified that the facility investigators received this training through the Kentucky Department of Corrections, and that KYDOC issued certificates of completion upon finishing the course. **What was heard, as part of a systematic review of evidence:** Interview with Program Director/PREA Coordinator & Intake Coordinator: The Program Director/PREA Coordinator also serves as the facility's primary investigator, with the Intake Coordinator functioning as the backup investigator. Both reported that they have completed the specialized training required to investigate sexual harassment in a confinement setting, and that this training was provided by KYDOC. They explained that if, during the course of an investigation, it becomes apparent that the conduct may be criminal in nature, the allegation is immediately referred to the Kentucky Department of Corrections and the Kentucky State Police. They stated that agency policy clearly mandates this notification. They further noted that they are trained to collect and properly secure evidence, maintain chain of custody, and transfer the evidence to the hospital and the Kentucky State Police when they assume responsibility. Both facility investigators demonstrated strong knowledge of their responsibilities and were able to clearly articulate the components of the training they received. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision. No corrective action is required.** 115.234 (c) **The auditor is not required to audit this provision.** No Department of Justice component is required to investigate sexual abuse allegations in the HHRC. The facility's policies, investigator training records, and staff interviews all confirm that HHRC follows PREA Standard 115.234 (a–b) by ensuring investigators receive specialized instruction from the Kentucky Department of Corrections covering victim interviewing, Miranda and Garrity warnings, evidence collection, and evidentiary requirements. Both the Program Director/PREA Coordinator and Intake Coordinator demonstrated clear knowledge of investigative procedures and described proper referral protocols when allegations appear criminal. The auditor found the facility

	substantially compliant, requiring no corrective action, and noted that 115.234(c) does not apply.

115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: • HHRC PAQ • HHRC Operational Manual & Kentucky Housing Recovery Network (KHRN) Procedures (revised 1/29/2025) • Review of KYDOC Specialized Training Material (Medical & Mental Health) • Review of Medical Staff Training File • Interview with Medical Staff **Reasoning and analysis (by provision):** 115.235 (a-d) **What was read, as part of a systematic review of evidence:** HHRC's operations manual requires all full-time and part-time medical and mental health practitioners who work regularly at the facility to receive specialized PREA training. This training covers how to detect and assess signs of sexual abuse and harassment, how to preserve physical evidence, how to respond effectively to victims, and how to report allegations or suspicions of sexual abuse or harassment. Currently, the facility has one medical staff member who also serves as the classification staff and performs dual roles. They do not conduct forensic medical exams, as those are completed at the local hospital. HHRC does not employ a mental health practitioner. HHRC provided evidence confirming that the medical practitioner has completed the required specialized training, and the certification is maintained in the employee's file. The auditor reviewed the medical and mental health specialized training offered by KYDOC and verified that it meets the requirements of the provision. Compliance with this requirement was also documented in previous KYDOC PREA audit reports, including the most recent 2026 PREA Audit Report. Review of KYDOC Specialized Training Material (Medical & Mental Health): The auditor reviewed the curriculum for this specialized training. According to the

	course description, the program is designed to provide staff with a clear understanding of sexual assault and the historical context of the Prison Rape Elimination Act (PREA). It outlines how to recognize the signs and symptoms of sexual assault and explains the proper procedures for preserving any resulting physical evidence. The training also focuses on responding to victims of sexual abuse and sexual harassment in a professional and effective manner, including the appropriate methods for documenting all related incidents. Most importantly, it equips participants with knowledge of the medical and mental health protocols for responding to PREA incidents within adult institutions across the Kentucky Department of Corrections. Review Medical Staff Training File: The auditor reviewed the medical staff training records and confirmed that the staff received specialized training from the Kentucky Department of Corrections in 2021. The file also confirmed that they completed their annual PREA training provided by HHRC and through Relias for 2025 and 2026. **What was heard, as part of a systematic review of evidence:** Interview with Medical Staff: The medical staff confirmed that they have received specialized training in detection, assessment, evidence preservation, response, and reporting. This training was provided by KYDOC. They clarified that their role is limited to conducting assessments, documenting findings, and preparing the resident for transport to the hospital. They also reiterated that they receive PREA training through HHRC each year, as well as through the Relias Learning Center. This training is refreshed annually as a condition of employment at HHRC. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision. No corrective action is required.**

115.241	**Screening for risk of victimization and abusiveness**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: • HHRC PAQ • HHRC Operational Manual & Kentucky Housing Recovery Network (KHRN)

Procedures (revised 1/29/2025)
- KYDOC Master Agreement with HHRC
- KYDOC Risk Assessment Form
- KYDOC Risk Assessment-Scoring Guide
- Review of Kentucky Offender Management System (KOMS) Access for HHRC Staff:
- Review of Residents Files
- Interview with Classification Staff
- Interview with Random Residents
- Site Review

Reasoning and analysis (by provision):

115.241 (a-b)

What was read, as part of a systematic review of evidence:

HHRC PAQ Indicated:

The facility has a policy that requires screening upon admission to a facility for risk of sexual abuse victimization or sexual abusiveness toward other residents. The policy requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake.

The facility provided HHRC Operations Manual as evidence. HHRC Operations Manual, page 32, states that “Residents shall be assessed for risk of sexual abuse victimization and/or predatory behaviors within 72 hours of admission using a risk assessment tool.”

During the past 12 months, 236 residents entered the facility through the intake process, remained in the facility for at least 72 hours, and were screened within 72 hours of admission for risk of sexual victimization or risk of sexually abusing other residents.

Review of Residents Files:

The auditor selected a random sample of 16 residents who entered the facility within the past 12 months and requested their completed risk screening assessment forms. All 16 files showed that the initial screenings for risk of sexual victimization and for sexually abusive behavior were completed within 24 hours of admission. This was confirmed by comparing the dates on the screening forms with each resident’s documented admission date.

What was heard, as part of a systematic review of evidence:

Interview with the Program Director/PREA Coordinator:

The Program Director/PREA Coordinator explained that the Classification Staff member, who also serves as the facility’s Medical Practitioner, is responsible for

completing all initial PREA risk screenings as well as subsequent reassessments. In the absence of this designated staff member, the Intake Coordinator serves as the backup and assumes responsibility for conducting the screenings.

They further stated that, under the agreement between KYDOC and HHRC, all PREA risk screenings must be completed using the Kentucky Offender Management System (KOMS). At present, only four staff members at the facility are authorized to access and utilize KOMS for risk screening.

Interview with Classification Staff:

They stated that the PREA risk screening is completed on the same day the resident arrives at the facility and prior to the resident being assigned to a dorm. This screening is an integral part of the intake process and is conducted using the Kentucky Offender Management System (KOMS), in accordance with the requirements established by KYDOC.

Interview with Random Residents:

Approximately sixteen randomly selected residents were interviewed. All sixteen residents reported that they were asked PREA risk-screening questions on the same day they arrived at the facility, during the intake process, by the Classification Staff and/or the Intake Coordinator.

Residents consistently stated that they recalled being asked questions by medical staff such as whether they had previously been in jail or prison, whether they had ever experienced sexual abuse, whether they identify as gay, lesbian, or bisexual, and whether they believed they might be at risk of sexual abuse while at the facility.

All residents reported that the screening was conducted in a private setting and that the level of privacy was adequate, noting that no one else could hear the conversation. They also stated that they felt comfortable answering the questions and did not experience any issues during the process.

What was observed, as part of a systematic review of evidence:

Site Review:

There were no intakes conducted during the onsite audit. However, the auditor requested that the staff member responsible for completing PREA risk screenings describe and demonstrate the process. The staff member walked the auditor through each step of the intake procedure, including where the interviews occur and the types of questions that are asked.

The staff member explained that all risk-screening interviews are conducted face-to-face with residents in a designated private room that provides adequate privacy, ensuring that no one outside the room can hear the conversation. Staff use the standardized risk-screening questionnaire and enter responses directly into the Kentucky Offender Management System (KOMS). While some questions may make residents feel uncomfortable, staff reported that they explain the purpose of the

screening and the importance of the questions to help residents feel at ease.

The staff member also stated that they must log into the shared computer using their individual user ID and password, and that their access is limited to the specific modules assigned to them. In an informal conversation, the Program Director/PREA Coordinator confirmed that all staff assigned to the facility have their own unique usernames and passwords.

The auditor observed the room used for risk-screening interviews and determined that it provides sufficient privacy, with no concerns noted.

Finding:

Based on this analysis, the facility is substantially compliant with this provision. No corrective action is required.

115.241 (c-d)

What was read, as part of a systematic review of evidence:

HHRC PAQ indicated:

Risk assessment is conducted using an objective screening instrument.

HHRC utilizes the KYDOC standardized screening tool, which is designed to meet all elements of the applicable standards. The intake screening instrument evaluates residents for risk of sexual victimization using ten criteria:

- Whether the resident has a mental, physical, or developmental disability
- The resident’s age
- The resident’s physical build
- Whether the resident has previously been incarcerated
- Whether the resident’s criminal history is exclusively nonviolent
- Whether the resident has prior convictions for sex offenses against an adult or child
- Whether the resident is, or is perceived to be, gay, lesbian, bisexual, transgender, intersex, or gender nonconforming
- Whether the resident has previously experienced sexual victimization
- The resident’s own perception of vulnerability

Risk screening is completed electronically through the Kentucky Offender Management System (KOMS), and HHRC staff are required to follow the KYDOC scoring guide when conducting assessments. The KYDOC Risk Assessment–Scoring Guide notes that the document is intended to assist users of the tool and advises staff to verify any “YES” responses when possible. It also clarifies that an inability to verify a response does not automatically justify selecting “NO.”

The KYDOC Risk Assessment–Scoring Guide was provided as evidence. It explains the rationale behind each question and outlines what staff should consider when

scoring responses. This ensures the facility can identify residents who may be at risk of being sexually abused by others, as well as those who may pose a risk of sexually abusive behavior. Use of this guide is mandatory for authorized HHRC staff and for staff throughout KYDOC.

A review of the KYDOC Risk Assessment–Scoring Guide supports that the instrument is objective and incorporates several essential features, including:

- A uniform list of risk factors with evidence-based weighting. Each factor is assigned a reasonable weight grounded in available research and informed professional assumptions, ensuring consistency and fairness in scoring.
- Objective outcome thresholds. The tool establishes clear, predetermined thresholds based on the cumulative weighted risk factors, allowing weighted inputs to lead to presumptive and predictable outcome determinations.
- A standardized information-gathering and scoring process. Evaluators use a uniform method to determine whether each risk factor applies to an individual resident and then make an objective risk determination based on the aggregate of the resident's weighted factors.

The goal of an objective risk screening and classification system is to identify, within any confined population, the residents who are most vulnerable and those who are most predatory, and to ensure these individuals are appropriately separated.

Review of Residents Files:

The auditor reviewed 16 resident files, and all documentation showed that the risk screenings for both victimization and abusiveness included and assessed all items required by the PREA standards (criteria 1–10). Each file demonstrated that the full set of prescribed factors was considered during the screening process.

What was heard, as part of a systematic review of evidence:

Interview with Program Director/PREA Coordinator:

Through informal conversation, the Program Director/PREA Coordinator reported that they review all completed risk screening assessments. They explained that part of their responsibility is to ensure that the responses provided on each assessment are accurate, consistent, and appropriately supported by available information.

Interview with Classification Staff:

Classification staff stated that the KYDOC risk screening tool incorporates all elements required by the PREA standard. They confirmed that the assessment considers factors such as resident disabilities, age, physical build, prior incarceration history, criminal history (including non-violent and sex offenses), perceived sexual orientation, previous sexual victimization, the resident's own perception of vulnerability, and whether the resident's detention is related to civil immigration. Staff indicated that these elements are reviewed uniformly for each resident during the screening process.

Finding:

Based on this analysis, the facility is substantially compliant with this provision. No corrective action is required.

115.241 (e)

What was read, as part of a systematic review of evidence:

HHRC PAQ indicated:

The intake screening must consider prior acts of sexual abuse, prior convictions for violent offenses, and any history of prior institutional violence or sexual abuse, as known to the agency, when assessing residents for the risk of being sexually abusive.

Review of KYDOC Risk Assessment Form & KYDOC Risk Assessment-Scoring Guide:

The instrument and scoring guide were reviewed and found to include all required elements. The assessment tool contains specific questions addressing prior acts of sexual abuse, prior convictions for violent offenses, and any known history of institutional violence or sexual abuse. Each of these required risk factors is evaluated within the section titled “Risk of Sexual Abusiveness.” The review confirmed that the facility’s screening process fully incorporates the PREA-mandated criteria and that each factor is assessed consistently and documented appropriately. This supports a determination of compliance with this provision.

What was heard, as part of a systematic review of evidence:

Interview with Classification Staff:

Classification staff reported that they are able to review the prior history of all KYDOC residents through the KMOS system. For residents arriving from a jail or another DOC facility, staff stated that they also review the Pre-Sentence Investigation (PSI) records to ensure they have complete historical information. If any uncertainty remains regarding a resident’s background or prior behavior, staff indicated that they contact KYDOC directly to obtain additional information. This process helps ensure that all relevant historical factors are considered during the risk screening.

Finding:

Based on this analysis, the facility is substantially compliant with this provision. No corrective action is required.

115.241 (f)

What was read, as part of a systematic review of evidence:

HHRC Operations Manual, page 32, mandates that within a set time period, not to

exceed 30 days from the resident's arrival at the facility, the facility will reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening.

During the past 12 months, the facility received 139 residents whose length of stay was 30 days or longer. Documentation confirmed that all 139 residents were reassessed for their risk of sexual victimization and for being sexually abusive within 30 days of their arrival, consistent with the requirements outlined in the HHRC Operations Manual and PREA standards.

Review of Residents Files:

The auditor reviewed 16 resident files, and all documentation showed that risk screenings for both sexual victimization and sexual abusiveness were completed within 24 hours of each resident’s admission to the facility. In addition, all 16 residents were reassessed for risk of victimization and abusiveness within 30 days of their arrival. This was verified by comparing the dates recorded on the screening and reassessment forms with each resident’s admission date, confirming consistent adherence to required timeframes.

What was heard, as part of a systematic review of evidence:

Interview with Classification Staff:

Classification staff reported that residents are consistently reassessed within 30 days of their arrival at the facility, in accordance with policy and PREA requirements.

Interview with Random Residents:

All 16 randomly selected residents stated that they were called back after intake to complete a second screening. They explained that the reassessment process involved many of the same questions asked during intake, though the reassessment was shorter in length. Each resident recalled being asked about their personal safety and whether they felt at risk of sexual assault or sexual abuse. Residents also indicated that the reassessment was conducted either by Classification Staff or the Intake Coordinator.

Finding:

Based on this analysis, the facility is substantially compliant with this provision. No corrective action is required.

115.241 (g)

What was read, as part of a systematic review of evidence:

HHRC Operations Manual, page 32, requires that a resident’s risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident’s risk of sexual victimization or abusiveness.

There was no documentation indicating that any residents met the criteria for a reassessment based on additional information, incidents of sexual victimization, sexual abusiveness, or other triggering events during the review period.

The auditor requested the file of one resident who had made an allegation of harassment within the past 12 months prior to the onsite audit. However, the allegation was reported after the resident had already been released from HHRC. Because the resident was no longer in custody at the time the allegation was made, no reassessment was conducted, nor was one warranted based on the findings of the subsequent investigation completed by the KYDOC Investigation Unit.

What was heard, as part of a systematic review of evidence:

Interview with Classification Staff:

Classification staff reported that they conduct reassessments when warranted due to a referral, a resident request, an incident of sexual abuse, or the receipt of new information that may affect a resident's risk of sexual victimization or abusiveness. Staff noted, however, that they could not recall any instances within the past 12 months in which a resident required a reassessment based on these criteria.

Interview with Random Residents:

All 16 randomly selected residents stated that they had not been reassessed based on new or additional information. Residents reported no circumstances in which they were called back for a reassessment outside of the routine 30-day follow-up screening.

Finding:

Based on this analysis, the facility is substantially compliant with this provision. No corrective action is required.

115.241 (g)

What was read, as part of a systematic review of evidence:

The HHRC Operations Manual prohibits disciplining residents for refusing to answer, or for choosing not to fully disclose information related to—the following intake screening questions:

- Whether the resident has a mental, physical, or developmental disability
- Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming
- Whether the resident has previously experienced sexual victimization
- The resident's own perception of vulnerability

This policy ensures that residents are not penalized for declining to provide sensitive personal information and supports compliance with PREA's requirement that participation in risk screening be voluntary and free from coercion.

What was heard, as part of a systematic review of evidence:

Interview with Classification Staff:

Classification staff stated that no resident is ever disciplined for refusing to answer, or for choosing not to fully disclose, information during the risk screening process. Staff emphasized that participation in the screening is voluntary and that residents are not penalized for declining to respond.

Interview with Program Director/PREA Coordinator:

In a formal conversation, the Program Director/PREA Coordinator affirmed that residents are never forced to answer screening questions. They explained that staff responsible for conducting the risk assessments are trained to treat all residents with respect and to ensure that the screening process remains non-coercive and consistent with PREA requirements.

Finding:

Based on this analysis, the facility is substantially compliant with this provision. No corrective action is required.

115.241 (i)

What was read, as part of a systematic review of evidence:

HHRC has implemented appropriate controls to ensure that sensitive information gathered during the PREA risk screening process is protected and not misused by staff or other residents.

All screening information is entered and maintained within the KYDOC Kentucky Offender Management System (KOMS), which restricts access to authorized personnel only. The system is designed to limit visibility of sensitive data, particularly information related to sexual victimization history, sexual orientation or gender identity, and other vulnerability indicators, to those staff who require access for classification and safety-related decision-making. These controls help ensure that sensitive information is safeguarded and not exploited to the detriment of any resident

Review of Kentucky Offender Management System (KOMS) Access for HHRC Staff:

According to page 48 of the HHRC Operations Manual, HHRC staff have access to KOMS for all DOC-related referrals and residents. The Program Director is responsible for selecting which staff members are authorized to access the system. Access is granted only after the DOC receives and approves a User Agreement form for the designated employee. Once approved, login credentials are sent directly to the employee’s email address on file. The Program Director is also responsible for training all authorized employees on the use of KOMS and assigning their specific responsibilities within the system. HHRC’s access is limited to functions necessary for program operations, including:

- Uploading program certificates (Program Director)
- Uploading weekly attendance for all DOC residents (Phase 1 Coordinator)
- Uploading monthly drug screens, ensuring at least 10% of the population is tested (Intake Coordinator)
- Uploading all EORs, PREA assessments, and follow-ups (Nurse/SOS Coordinator)

HHRC maintains a strict limit of no more than five employees with KOMS access at any given time. Additionally, the Intake Coordinator and Program Director have access to all referrals housed in KOMS, including information related to length of sentence, PORTALS, and PSI documents, which are used during the intake process.

What was heard, as part of a systematic review of evidence:

Interview with Program Director/PREA Coordinator

The Program Director/PREA Coordinator stated that KYDOC maintains strict controls over who is granted access to KOMS. Access is approved only when there is a clear, job-related need, and staff must demonstrate a justifiable reason tied to their duties and responsibilities. They emphasized that KYDOC does not authorize access unless it is essential for the employee's role.

What was observed, as part of a systematic review of evidence:

Site Review:

During the facility tour, the auditor did not observe any physical documentation left unattended or accessible without staff supervision. All areas appeared to maintain appropriate controls over sensitive information.

In informal conversations with Classification Staff, the Intake Coordinator, and the SOS Coordinator, staff reported that all treatment plans and resident care plans are stored electronically. They further stated that resident care plans are discussed only with authorized staff members, ensuring that confidential information is protected and shared strictly on a need-to-know basis.

Finding:

Based on this analysis, the facility is substantially compliant with this provision. No corrective action is required.

The facility is compliant because all residents were screened and reassessed within required PREA timeframes, with files confirming timely completion ("screenings.. were completed within 24 hours of admission"). Staff and residents consistently reported that screenings were done privately, respectfully, and using the required objective KYDOC tool. Policies also prohibit disciplining residents for refusing to answer sensitive questions, and interviews confirmed this practice ("no resident is ever disciplined for refusing to answer"). Sensitive information is securely protected through restricted KOMS access, ensuring it is only used for safety-related purposes.

115.242	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: • HHRC PAQ • HHRC Operational Manual & Kentucky Housing Recovery Network (KHRN) Procedures (revised 1/29/2025) • Interview with Program Director/PREA Coordinator • Interview with the Classification Staff • Site Review **Reasoning and analysis (by provision):** 115.242 (a-b) **What was read, as part of a systematic review of evidence:** HHRC PAQ Indicated: The HHRC Operations Manual requires that information gathered during the PREA risk assessment screening be used when making housing, bed, work, education, and programming assignments. Upon a resident's arrival, the Intake Coordinator and Classification staff complete the PREA risk assessment to identify potential vulnerabilities or risk factors. HHRC staff then use the results of this screening to guide placement decisions, with the goal of separating residents who are at high risk of sexual victimization from those who present a high risk of sexually abusive behavior. HHRC reviews each resident's PREA Risk Assessment prior to making housing, bed, job, education, and programming assignments. If the assessment identifies a substantial risk, or if the ratio of potential abusers to potential victims creates conditions that may elevate risk, corrective action is evaluated and implemented to mitigate the concern. When a resident is determined to be at high risk for victimization or at high risk for abusiveness, the Classification Staff responsible for the screening must document the findings in the PREA Risk Assessment and notify the Program Director/PREA Coordinator as soon as possible to ensure timely resolution. HHRC's designated intake housing unit is the SOS dormitory, which contains 16 beds arranged in double bunks and is staffed with direct-supervision personnel. While the SOS dormitory serves as the standard intake location, the facility retains the authority to relocate a resident to a different housing unit when warranted based on safety, security, or PREA-related considerations All program and education areas are staffed at all times while in operation. When

feasible, HHRC schedules these activities in separate time slots to reduce unnecessary contact between residents who may present risk concerns.

HHRC also utilizes the KMOS system to support safe housing decisions. KMOS can generate automatic alerts during the bed-assignment process, notifying staff if a high-risk victim and a high-risk abuser are being placed in the same area. This alert system enhances staff awareness and helps prevent housing configurations that could increase the risk of sexual victimization or abuse.

What was heard, as part of a systematic review of evidence:

Interview with Program Director/PREA Coordinator:

The Program Director/PREA Coordinator reported that each resident's PREA risk-screening information is actively used to inform housing, bed, work, education, and program assignments. The stated goal is to ensure that residents identified as being at high risk of sexual victimization are kept separate from those assessed as being at high risk of sexually abusive behavior.

They explained that information gathered during the initial assessment, as well as ongoing observation of the resident during the first 30 days, may result in housing or supervision decisions that deviate from standard placement patterns when necessary to ensure safety. They confirmed that they have the authority to relocate any resident or provide alternative housing or program options when warranted.

The Program Director/PREA Coordinator further stated that, within the past 12 months, there have been no instances in which a resident identified as high risk for victimization was housed with a resident identified as high risk for abusiveness. They emphasized that staff are required to notify them immediately when a resident is identified as high risk so that appropriate steps can be taken prior to assigning housing, programming, or other placements.

Interview with the Classification Staff:

The Classification Staff confirmed that PREA risk-screening information is used to make individualized determinations aimed at ensuring each resident's safety. They reported that, as part of the screening process, they take into account the resident's own perceptions of their safety when making placement decisions. They also noted that the risk-screening tool includes designated sections for the screener to document their professional observations and perceptions of the resident, which further inform housing, supervision, and program assignments.

What was observed, as part of a systematic review of evidence:

Site Review:

During the facility tour, the auditor observed multiple appropriate housing options, including single-occupancy rooms and an alternative dormitory equipped with a closed-monitor system. This range of housing configurations provides the facility with the flexibility to place residents in the safest and most suitable environment

	based on their assessed needs and risk levels. All program rooms and education areas were observed to have assigned coordinators responsible for monitoring residents during operation. This staffing approach supports resident safety and ensures adequate supervision throughout all structured activities. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision. No corrective action is required.** 115.242 (c-f) **These provisions are no longer applicable to this audit for compliance finding.** HHRC is in substantial compliance with this provision, as demonstrated through its policies, interviews, and observed practices showing that PREA risk-screening information is consistently used to guide housing, bed, work, education, and program assignments. Staff interviews and documentation confirmed that residents identified as high-risk for victimization or abusiveness are separated appropriately, with no instances of improper placement in the past 12 months. The site review further verified that HHRC maintains multiple safe housing options, active supervision, and system safeguards (such as KMOS alerts) that support individualized, risk-informed placement decisions.

115.251	**Resident reporting**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: • HHRC PAQ • HHRC Operational Manual & Kentucky Housing Recovery Network (KHRN) Procedures (revised 1/29/2025) • HHRC Annual Prison Rape Elimination Act (PREA) of 2003 Training PowerPoint • HHRC Virtual PREA Training Part 1 & 2 • PREA Posters (English & Spanish) • Understanding the Prison Rape Elimination Act (PREA) for Offenders • Interview with Program Director/PREA Coordinator • Interview with Randon Staff • Interview with Radom Residents • Site Review

115.251 (a)

What was read, as part of a systematic review of evidence:

HHRC PAQ Indicated:

The agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about: (a) sexual abuse or sexual harassment; (b) retaliation by other residents or staff for reporting sexual abuse and sexual harassment; and (c) staff neglect or violation of responsibilities that may have contributed to such incidents.

HHRC encourages residents to report sexual abuse, sexual harassment, retaliation by other residents or staff, staff neglect, or staff violation of responsibilities that may have contributed to such incidents via

- Oral report to any staff member
- Written report to any staff member
- Call the confidential PREA hotline from any offender phone

For Confidential Reporting, residents may report incidents of sexual abuse or sexual harassment directly to the Kentucky Department of Corrections by calling 1-833-362-PREA. This dedicated phone line allows individuals to make reports privately and outside the facility's chain of command.

For Family and Community Reporting, the department also accepts and investigates reports made on behalf of a resident. The department's website provides a designated telephone number for third-party reporting from outside the facility.

During an informal conversation with the Program Director/PREA Coordinator, they explained that PREA reporting information is posted near the telephones, in each housing area, and is also provided during Orientation. Each housing unit has signage that clearly outlines the steps for reporting sexual abuse or sexual harassment.

What was heard, as part of a systematic review of evidence:

Interview with Random Sample of Staff:

Approximately 12 randomly selected staff members were interviewed. All staff consistently stated that residents are able to privately report allegations of sexual abuse, sexual harassment, retaliation, or related concerns through multiple avenues. These include reporting directly to staff, calling the PREA Hotline, submitting a written report, notifying family or friends who may report on their behalf, or reporting directly to the Kentucky Department of Corrections (KYDOC).

Interview with Random Residents:

All 16 residents interviewed confirmed that they would report any allegation of sexual abuse or sexual harassment, whether involving themselves or another

	resident, to facility staff, by calling the hotline, or by writing to KYDOC. Each resident stated that they are aware they may file a PREA report anonymously, and that facility policy permits anonymous reporting. All 16 residents expressed that they feel safe in the facility and are familiar with the PREA safety postings displayed on bulletin boards in the housing units and other shared areas. Interview with Program Director/PREA Coordinator: The Program Director/PREA Coordinator reported that the facility ensures residents have the ability to confidentially report abuse to an external, independent entity by providing at least one accessible reporting channel, such as a toll-free phone line to an outside agency. Additional options include sealed mail, secure email, or in-person communication. They further explained that all calls made to the external entity KYDOC are transcribed and forwarded to the facility for review and investigation. Residents may remain anonymous if they choose or if the report is submitted anonymously. **What was observed, as part of a systematic review of evidence:** Site Review: Specific site review information for this provision is detailed in PREA standard 115.233. The auditor observed all facility signage, including audit notices, instructions for reporting sexual abuse and sexual harassment, and information on accessing outside victim emotional support services. The signage was readable, accessible, consistent in messaging, and placed throughout the facility to ensure residents receive essential sexual safety information specific to the site. During informal conversations with two residents, both stated that the PREA posters were not new and had been posted for a long time. They reported that they are able to make PREA reports through the hotline, verbally, or in writing, and have experienced no barriers in doing so. The auditor also tested the PREA reporting hotline and successfully reached the KYDOC Investigation Unit. Staff confirmed they can receive calls and will forward allegations of sexual harassment to the HHRC Program Director for investigation. They further stated that allegations of sexual abuse are reported to both HHRC and KYDOC. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision. No corrective action is required.** 115.251 (b) **What was read, as part of a systematic review of evidence:** HHRC PAQ Indicated:

	The agency provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency. Residents are informed that they may report allegations of sexual abuse or sexual harassment by calling the KYDOC PREA Hotline or by submitting a written report. The PREA hotline number is posted near the client telephones located in a common area accessible to all residents. During the audit, the auditor successfully tested each external pre-programmed reporting number. Some residents are also permitted to use their personal cell phones, which allows them to make confidential, unmonitored, and unrecorded calls without using the facility's telephone system. The agency does not detain residents solely for civil immigration purposes. This was confirmed through a formal interview with the Program Director/PREA Coordinator. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision. No corrective action is required.** 115.251 (c) **What was read, as part of a systematic review of evidence:** HHRC PAQ Indicated: The agency maintains a policy requiring staff to accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, or through third parties. Staff are also required to document any verbal report. This requirement is detailed in the HHRC Operations Manual, the HHRC Annual Prison Rape Elimination Act (PREA) of 2003 Training PowerPoint, and the HHRC Virtual PREA Training Parts 1 and 2. The materials further emphasize that staff must not deviate from these requirements. All reports, whether made verbally, in writing, anonymously, or through third parties, must be communicated immediately to the Program Director/ PREA Coordinator, the Intake Coordinator, or the manager on call if the primary contacts are unavailable. The protocol also requires staff to complete a detailed incident report, or an Extraordinary Occurrence Report (EOR), and submit all written reports to the Program Director/PREA Coordinator for review. The policy additionally states that any staff member, contractor, or volunteer who fails to report an allegation is subject to disciplinary or other appropriate action. **What was heard, as part of a systematic review of evidence:** Interview with Random Sample of Staff: All 12 staff members interviewed confirmed that the agency's policy requires them to accept allegations of sexual harassment and sexual abuse made verbally, in

writing, anonymously, or through a third party. They consistently stated that they would report any allegation to the Program Director/PREA Coordinator, the Intake Coordinator, and the manager on call, and that they would document the allegation in an incident report.

Interview with Random Residents:

All 16 residents interviewed confirmed that they are able to report sexual abuse or sexual harassment either in person or in writing. They stated that they would report concerns to staff and to the Program Director/PREA Coordinator, noting that they believe in following the chain of command.

Finding:

Based on this analysis, the facility is substantially compliant with this provision. No corrective action is required.

115.251 (d)

What was read, as part of a systematic review of evidence:

HHRC PAQ Indicated:

The agency has established procedures that allow staff to privately report sexual abuse and sexual harassment involving residents. The HHRC Operations Manual, the HHRC Annual Prison Rape Elimination Act (PREA) of 2003 Training PowerPoint, and the HHRC Virtual PREA Training Parts 1 and 2 mandate that staff report any of the following:

- Knowledge, suspicion or information regarding any incident of sexual abuse or harassment at any DOC/RKY facility
- Retaliation against staff or residents
- Staff neglect of responsibilities or violations of policy
- Anonymous reports can be made to the PREA hotline 1-855-700-PREA (7732)

Staff may also make anonymous reports through the PREA Hotline at 1-855-700-PREA (7732), which is managed by the KYDOC Investigation Unit. These reporting procedures are communicated to staff through agency policy, onboarding PREA training, annual in-service training, and quarterly refresher sessions.

What was heard, as part of a systematic review of evidence:

Interview with Random Sample of Staff:

All 12 staff members interviewed stated that they are able to privately report allegations of sexual abuse or sexual harassment through the PREA Hotline. Each staff member demonstrated awareness of the reporting process and confirmed that they know how to access and use the hotline if needed.

What was observed, as part of a systematic review of evidence:

	Site Review: During an informal conversation with the Program Director/PREA Coordinator, it was confirmed that the PREA hotline can be accessed using both the facility telephone and personal cell phones. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision. No corrective action is required.** The facility demonstrates substantial compliance with PREA Standard 115.251 by providing residents and staff with multiple confidential, accessible, and well-communicated avenues to report sexual abuse, sexual harassment, retaliation, and staff neglect, including external reporting options to KYDOC. Interviews with staff and residents consistently confirmed strong awareness of reporting methods, the ability to report anonymously or through third parties, and staff obligations to document and forward all allegations without exception. Observations during the site review, including posted signage, functioning hotlines, and confirmation of private reporting channels, further validated that the agency's policies and practices are fully implemented and effective, requiring no corrective action.

115.252	**Exhaustion of administrative remedies**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: • HHRC PAQ • HHRC Operational Manual & Kentucky Housing Recovery Network (KHRN) Procedures (revised 1/29/2025) • Kentucky River Community Care (KRC), Addressing Resident Grievances in Recovery (approved 09/25) • Review of KRC Confidential Consumer Grievance or Complaint Form • Review HHRC Website for Third Party Report • Interview with Program Director/PREA Coordinator: 115.252 (a-b) **What was read, as part of a systematic review of evidence:** HHRC PAQ Indicated: The agency has an administrative procedure for dealing with resident grievances regarding sexual abuse. Resident can submit a grievance regarding an allegation of

	sexual abuse at any time, regardless of when the incident is alleged to have occurred. HHRC and KYDOC requires that a resident use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse. HHRC Operations Manual page 32, stated that “residents shall also be informed of how to make a complaint and/or grievance related to sexual harassment or abuse. There shall be no time limits imposed for making grievance and/or complaints. Also, the KRC Grievance Procedure the outline and expectation of the grievance process for resident and what to expect from the grievance with levels of appeals.” The Operations Manual and the KRC Grievance Procedure state that HHRC and KYDOC will investigate any report of sexual abuse and take appropriate action, regardless of whether the information is submitted through the formal grievance process. HHRC residents may submit grievances directly to the KRC Ombudsman’s Office. Information about this process is posted in all housing units, allowing residents to confidentially send correspondence. Review of KRC Confidential Consumer Grievance or Complaint Form: The form is simple and direct, allowing residents to submit issues and concerns. It also provides space for residents to document allegations of sexual abuse or sexual harassment within the body of the grievance. The form states that “consumers have the right to file a grievance regarding treatment or care that is (or fails to be) furnished, or to file a complaint about KRCC or its staff, without fear of discrimination or retaliation, and to have it resolved in a fair, efficient, and timely manner. All complaints are confidential and will receive serious attention. This consumer complaint form will be routed to the appropriate Program Director and/or Department Supervisor, who will directly address your concern.” **What was heard, as part of a systematic review of evidence:** Interview with Program Director/PREA Coordinator: The Program Director/PREA Coordinator stated that HHRC grievances are submitted through the Kentucky State Ombudsman and the facility’s grievance process. Ombudsman information is posted throughout the facility. They further explained that any report of sexual abuse or sexual harassment submitted through the grievance process automatically initiates an investigation conducted by HHRC, KYDOC, or KSP. When an investigation is activated, the standard grievance process is suspended until the investigation is completed **Finding:** **Based on this analysis, the facility is substantially compliant with provisions (a) and (b). No corrective action is required.**

115.252 (c)

What was read, as part of a systematic review of evidence:

HHRC PAQ Indicated:

The agency’s policies and procedures ensure that a resident may file a grievance alleging sexual abuse without submitting it to, and without it being referred to, the staff member who is the subject of the allegation.

The HHRC Operations Manual states that the agency will ensure that a resident alleging sexual abuse through the grievance process is not required to submit the grievance to the staff member who is the subject of the complaint. This protects residents from having to report directly to the accused staff member and maintains the integrity and safety of the reporting process.

What was heard, as part of a systematic review of evidence:

Interview with Program Director/PREA Coordinator:

They stated that if a report of sexual abuse or sexual harassment is received through the grievance process, the information will be promptly shared with KYDOC. Depending on the nature of the allegation, it may warrant an immediate investigation. They also emphasized that no grievance will ever be submitted to the staff member named in the complaint.

Finding:

Based on this analysis, the facility is substantially compliant with this provision. No corrective action is required.

115.252 (d)

What was read, as part of a systematic review of evidence:

HHRC PAQ Indicated:

The agency maintains a policy and procedure requiring that a decision on the merits of any grievance, or any portion of a grievance, alleging sexual abuse be issued within 90 days of the grievance’s filing.

During the past 12 months, zero (0) grievances alleging sexual abuse were filed that reached a final decision within the required 90-day timeframe. Likewise, there were zero (0) grievance extensions during this period, as no cases required additional time beyond the 90-day limit.

According to the Hickory Hill Recovery Center PREA Operations Manual, the agency will investigate the matter and issue a determination within 90 days. An extension of up to 70 additional days may be granted when warranted by the facts and circumstances, provided the complainant is notified in writing of the extension and given the revised date by which a determination will be made.

	At any stage of the administrative process, including the final level, if the complainant does not receive a response within the allotted timeframe, including any properly issued extension, the complainant may treat the lack of response as a denial at that level. **What was heard, as part of a systematic review of evidence:** Interview with Program Director/PREA Coordinator: They stated that HHRC policy requires the facility to address the matter immediately and provide a response within 24 hours. Each resident is given a grievance form during intake, along with all PREA-related information. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision. No corrective action is required.** 115.252 (e) **What was read, as part of a systematic review of evidence:** HHRC PAQ Indicated: HHRC Operations Manual allows third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing administrative remedy requests related to allegations of sexual abuse, and to file such requests on a resident's behalf. When a resident declines third-party assistance in filing a grievance alleging sexual abuse, the agency documents the resident's decision to decline. In the past 12 months, there were zero (0) grievances alleging sexual abuse in which a resident declined third-party assistance. This was confirmed through informal conversations with staff, residents, and the Program Director/PREA Coordinator. The Program Director/PREA Coordinator also advised that third parties may submit grievances via email using the contact information listed on the HHRC website. The auditor verified that the contact information is accurately posted on the HHRC website. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision. No corrective action is required.** 115.252 (f) **What was read, as part of a systematic review of evidence:** HHRC PAQ Indicated: The agency has a policy and established procedures for filing an emergency

grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse, and the sexual abuse requires an initial response within 48 hours.

There are zero (0) emergency grievances filed in the past 12 months alleging a substantial risk of imminent sexual abuse. And zero (0) of grievance had an initial response within 48 hours.

There are zero (0) emergency grievances filed in the past 12 months alleging substantial risk of imminent sexual abuse that reached final decisions within 5 days.

The HHRC Operations Manual states that upon receiving an emergency grievance alleging that a resident is at substantial risk of imminent sexual abuse, the agency must immediately forward the grievance to a level of review capable of taking immediate corrective action, including initiating an investigation. HHRC and KYDOC maintain a zero-tolerance stance regarding sexual abuse. The manual further requires staff to treat all related information as confidential and to disclose it only to supervisors within the chain of command to ensure prompt and appropriate action is taken.

What was heard, as part of a systematic review of evidence:

Interview with Program Director/PREA Coordinator:

They stated that any emergency grievance will activate HHRC and KYDOC protocols to ensure the safety of all parties involved. This triage process occurs within 24 hours of receiving the emergency grievance. They explained that staff will meet with the resident who filed the claim immediately, and a response will be provided within no more than five (5) days. They also confirmed that no emergency grievances were filed in the past 12 months pursuant to this standard.

Finding:

Based on this analysis, the facility is substantially compliant with this provision. No corrective action is required.

115.252 (g)

What was read, as part of a systematic review of evidence:

HHRC PAQ Indicated:

The agency has a written policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith.

In the past 12 months there have been zero (0) grievances received alleging sexual abuse that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith.

The HHRC Operations Manual states that residents may be discharged for reporting a false allegation of sexual abuse or sexual harassment only when the agency can

	demonstrate that the allegation was knowingly made in bad faith. A report made in good faith, based on a reasonable belief that the alleged conduct occurred, does not constitute a false report or lying, even if the investigation does not produce sufficient evidence to substantiate the allegation. **What was heard, as part of a systematic review of evidence:** Interview with Program Director/PREA Coordinator: They stated that there have been no instances in which a resident would warrant disciplinary action for making a report in bad faith. HHRC promotes a positive and healthy culture that encourages honesty and supports residents in reporting concerns without fear of retaliation. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision. No corrective action is required.**

115.253	**Resident access to outside confidential support services**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: • HHRC PAQ • HHRC Operational Manual & Kentucky Housing Recovery Network (KHRN) Procedures (revised 1/29/2025) • Review of Kentucky Association of Sexual Assault Programs, Inc (KASAP) • Review of The Rising Center • Interview with Program Director/PREA Coordinator • Interview with the Rising Center Staff • Interview with Random Residents • Site Review **Reasoning and analysis (by provision):** 115.253 (a) **What was read, as part of a systematic review of evidence:** HHRC provides residents with access to outside victim advocates for emotional support services related to sexual abuse. Residents are given mailing addresses and telephone numbers, including toll-free hotline numbers when available, for local, state, and national victim advocacy or rape crisis organizations.

	Hickory Hill Recovery Center does not house residents for immigration violations. The facility ensures residents can communicate with these organizations in as confidential a manner as possible. Per page 35 of the HHRC Operations Manual, any alleged victim shall be offered victim advocacy services. If the resident requests these services, the facility will contact the appropriate advocacy provider and supply the necessary information. Through the Kentucky Association of Sexual Assault Programs (KASAP), Hickory Hill Recovery Center's designated service provider is the Rising Center, operated by Kentucky River Community Care. The Rising Center offers a comprehensive range of support services, including victim advocacy and continued assistance following forensic exams or investigative interviews. They support survivors of all forms of sexual violence, sexual assault, sexual abuse, and sexual harassment, and provide a 24-hour crisis line, medical and legal advocacy, crisis counseling, psychoeducational groups, individual and group therapy, family therapy, and referrals to additional community resources. The auditor reviewed the Kentucky Association of Sexual Assault Programs, Inc. (KASAP), the statewide coalition of the 13 rape crisis centers in Kentucky and the organization through which HHRC residents receive confidential outside support via the Rising Center. KASAP's mission is to speak with a unified voice against sexual victimization. The organization provides technical assistance to member programs and professionals, advocates for improvements in public policy, fosters collaboration among stakeholders, and promotes prevention and public awareness regarding sexual violence. KASAP's mailing address and telephone number are made available to all residents. Hickory Hill Recovery Center enables reasonable and confidential communication between residents and these organizations and agencies. **What was heard, as part of a systematic review of evidence:** Interview with Random Residents: All sixteen randomly selected residents stated that they are aware of the services available to them outside the facility for reporting or receiving support related to sexual abuse. They reported being familiar with The Rising Center and the counseling and trauma-informed therapy services it provides. Residents explained that they can write to the provider, call them, or speak with them confidentially. They acknowledged learning about these services during PREA education and from posted materials throughout the facility. None of the residents reported having a need to contact the outside provider. No residents reported any allegations of sexual abuse, and the facility did not house any residents for immigration violations. Interview with the Rising Center Staff:

	During the interview, the service provider stated that they offer a range of services to HHRC residents as well as individuals throughout Kentucky. They emphasized that all communication with their organization is confidential. Their toll-free phone lines are not monitored. The provider reported that they have not received any requests for emotional support related to sexual abuse from HHRC residents in the past 12 months, nor have they received any communication from residents during that period. Interview with Program Director/PREA Coordinator: The Program Director/PREA Coordinator stated that HHRC provides residents with access to outside victim advocates for emotional support related to sexual abuse, specifically through the Kentucky Association of Sexual Assault Programs' "The Rising Center." They noted that brochures from additional local providers are also available to residents, and this information is provided again during intake. They added that HHRC ensures residents have access to these services by enabling reasonable and confidential communication with outside organizations. According to the coordinator, "our policy is to link all medical and mental health providers within the community." **What was observed, as part of a systematic review of evidence:** Site Review: The auditor observed PREA and emotional support service posters posted throughout the facility. The posters were clear, easy to understand, and available in both English and Spanish. The information displayed was accurate and consistent across all areas of the facility. Because the facility does not house residents for civil immigration purposes, no immigration-related information or posters were required or present. Informal conversations with residents confirmed that they understand how to access available services **Finding:** **Based on this analysis, the facility is substantially compliant with this provision. No corrective action is required.** 115.253 (b) **What was read, as part of a systematic review of evidence:** HRRC informs residents, prior to giving them access to outside support services, the extent to which such communications will be monitored; the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law.

	Residents receive both the English and Spanish brochure versions of Understanding the Prison Rape Elimination Act (PREA) for Offenders, which contain all information required under this provision. In addition, posters throughout the facility provide residents with contact information for The Rising Center. During PREA orientation with the Intake Coordinator, all residents are informed of the mandatory reporting rules governing privacy, confidentiality, and privilege as they relate to disclosures of sexual abuse made to outside victim advocates. **What was heard, as part of a systematic review of evidence:** Interview with Program Director/PREA Coordinator: They explained that when residents need mental or emotional support, HHRC utilizes outpatient services through their parent agency. Residents may also contact the Rising Center at any time if they wish to speak with an advocate. Interview Random Residents: Residents confirmed that they understand communication with Rising Center staff is confidential, except in situations where there is a risk of harm to themselves or others. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision. No corrective action is required.** 115.253 (c) **What was read, as part of a systematic review of evidence:** HHRC maintains its agreement with the Kentucky Association of Sexual Assault Programs (KASAP), which has designated The Rising Center, operated through Kentucky River Community Care, as the service provider responsible for ensuring HHRC residents have access to support services. This includes victim advocacy, emotional support, and ongoing care related to experiences of sexual abuse. Because HHRC operates as a service provider for the state of Kentucky, its relationship with KASAP is managed through the parent agency as part of the services rendered. Staff at The Rising Center confirmed that, through the Kentucky Housing Recovery Network (KHRN), they are fully able to provide these services to HHRC residents without any issues or concerns. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision. No corrective action is required.** Hickory Hill Recovery Center is substantially compliant with PREA Standard 115.253,

	as evidenced by clear policies, resident education, and established agreements ensuring confidential access to outside victim advocacy services through KASAP and The Rising Center. Interviews with residents, staff, and the service provider consistently confirmed that residents are informed of available services, understand confidentiality and mandatory-reporting limits, and can communicate privately with advocates. Observations throughout the facility, including posted materials, intake procedures, and staff practices, further demonstrated that HHRC provides required information and access, justifying full compliance with all subsections of the standard.

115.254	**Third party reporting**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: • HHRC PAQ • HHRC Operational Manual & Kentucky Housing Recovery Network (KHRN) Procedures (revised 1/29/2025) • PREA Intake for Clients • PREA Posters (English & Spanish) • PREA Brochure • Interview with Program Director/PREA Coordinator: • Site Review **Reasoning and analysis (by provision):** 115.254 (a) **What was read, as part of a systematic review of evidence:** HHRC PAQ Indicated: The agency or facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment. The agency or facility publicly distributes information on how to report resident sexual abuse or sexual harassment on behalf of residents. HHRC has established a clear mechanism for individuals who wish to report PREA concerns as third parties. They may follow the reporting protocol outlined in the agency’s policy and on its website. The policy states that “the department accepts and investigates reports of sexual abuse or sexual harassment made on behalf of a resident.” The department website https://www.krccnet.com/substance-use-services/hickory-hill/, provides a telephone

number for third-party reporting outside the facility. The site also notes that the “Kentucky Department of Corrections has ZERO TOLERANCE for all forms of sexual conduct between offenders, staff, volunteers, contractors or visitors. To report any incident of a sexual assault, or any sexual contact involving an offender, you may call the PREA hotline toll free at 1-833-362-PREA (7732). You may choose to remain anonymous.”

According to the operations manual, page 33, residents must be provided with multiple internal avenues to privately report sexual abuse. They must also have at least one method to report incidents to an outside agency. A resident or third party may report a sexual offense verbally or in writing, and reports may be made anonymously. Information on how to make a third-party report must be publicly distributed.

Facility phones allow residents to call KYDOC to report concerns free of charge.

No allegations were reported via third-party reporting during the audit period at HHRC.

What was heard, as part of a systematic review of evidence:

Interview with Program Director/PREA Coordinator:

During the interview with the Program Director/PREA Coordinator, they explained that reporting options are available on the agency’s website and that signage throughout the facility outlines these options. They noted that the information is clearly visible to both residents and staff.

What was observed, as part of a systematic review of evidence:

Site Review:

The auditor observed signage posted in the facility, as well as information in the resident handbook, the PREA pamphlet, and on the agency website, all of which inform individuals about third-party reporting. The designated third-party entity receiving calls is the KYDOC Investigation Department. The auditor tested the reporting number and successfully reached a staff member in the KYDOC investigative office.

Finding:

Based on this analysis, the facility is substantially compliant with this provision. No corrective action is required.

The facility has clear, publicly posted procedures that allow residents and third parties to report sexual abuse or harassment, including an external hotline managed by the Kentucky Department of Corrections. Policies, the agency website, and facility signage all emphasize zero tolerance and explain that anonymous reports are accepted. Interviews and observations confirmed that reporting information is easy to find and that the external reporting line is functional.

115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: • HHRC PAQ • HHRC Operational Manual & Kentucky Housing Recovery Network (KHRN) Procedures (revised 1/29/2025) • Review of Kentucky Child / Adult Protective Services Reporting System • Interview with Program Director/PREA Coordinator • Interview with Classification Staff • Interview with Radom Staff • Site Review **Reasoning and analysis (by provision):** 115.261 (a-b) **What was read, as part of a systematic review of evidence:** HHRC PAQ indicated: The agency requires all staff to immediately report, in accordance with agency policy, any of the following: • Any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in any facility, whether or not it is operated by the agency. • Any retaliation against residents or staff who reported such an incident. • Any staff neglect or violation of responsibilities that may have contributed to an incident or to retaliation. The auditor reviewed HHRC Operations Manual, HHRC Virtual PREA Training Part 1 & 2 and PREA Annual training PowerPoint; all the materials contain all the required elements outlined in this provision. HHRC Operations Manual, page 30, requires that all staff, volunteers, and contractors immediately report, both orally and in writing, any knowledge, suspicion, or information from any source regarding an allegation or incident of sexual abuse or sexual harassment to facility leadership. The manual further states that any staff member, contractor, or volunteer who fails to report sexual abuse or sexual harassment of a resident; retaliation by residents or staff; or staff neglect or violations of responsibilities that may have contributed to such incidents is subject to disciplinary or other appropriate action, up to and including termination. Apart from reporting to designated supervisors or officials and designated state or

local services agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

HHRC Operations Manual and PREA training materials emphasize that all staff, volunteers, and contractors are required to maintain the confidentiality of any report of sexual abuse or sexual harassment, disclosing information only as necessary to support the investigation and any related administrative or criminal proceedings. Page 33 of the manual further specifies that “all information in a report or investigation of a sexual offense shall be kept confidential except to the extent necessary to report to an appropriate supervisor, adequately investigate the incident, provide treatment, or make safety or management decisions.” It also states that any individual interviewed during the resolution of a complaint must be cautioned to treat all information as confidential, and that any breach of confidentiality constitutes grounds for disciplinary action.

What was heard, as part of a systematic review of evidence:

Interview with Radom Staff:

12 randomly selected staff members were interviewed. All of them stated that the Operations Manual and PREA training require staff to report any knowledge, suspicion, or information regarding incidents of sexual abuse or sexual harassment occurring in the facility; any retaliation against residents or staff who report such incidents; and any staff neglect or violations of duty that may have contributed to an incident or to retaliation. They consistently reported that they would notify the Program Director/PREA Coordinator or the Intake Coordinator and document the incident on an incident report. They also emphasized that they would share information only with staff who are required to know or with investigative personnel, and that they would maintain confidentiality.

When asked what they would do if the incident involved their supervisor, eight staff members said they would report the matter to the next-level supervisor by both email and phone. Four staff members added that they would likely use the Hotline instead, noting that it allows them to call from a personal phone for added safety, and they would follow up with an email when appropriate.

What was observed, as part of a systematic review of evidence:

Site Review:

The auditor tested the Hotline by calling from both the facility phone and the business cell phone. No issues were identified during the test, and the auditor was able to speak directly with the KYDOC Investigation Unit.

In an informal conversation, the Program Director/PREA Coordinator explained that staff are not required to report allegations to HHRC leadership. Staff have the right to report directly to KYDOC if they choose.

Finding:

Based on this analysis, the facility is substantially compliant with provision (a) and (b). No corrective action is required.

115.261 (c-d)

What was read, as part of a systematic review of evidence:

HHRC PAQ indicated:

Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to paragraph (a) of this section and to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services.

If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws.

- The facility does not house youthful residents, and this was explained in section 115.214 of this report.
- There were no investigation reports available for review. No records were found indicating that a youthful resident or a vulnerable adult had been abused while housed at the facility.

Kentucky is a mandatory reporting state for sexual abuse and not just professionals. By law, any person who knows or has reasonable cause to believe a child or vulnerable adult is being abused, neglected, or exploited is required to report it. The state provides several reporting options. Emergencies can be reported by dialing 911. Non-emergency reports can be made through the 24/7 toll-free hotline at 1-877-597-2331. Individuals may also submit a confidential, non-emergency report through the Kentucky Child/Adult Protective Services Reporting System or contact the Kentucky Attorney General’s Elder Abuse Hotline at 1-877-228-7384. Any person may file a confidential, non-emergency report using the Kentucky Child/Adult Protective Services Reporting System.

HHRC is mandated to report all allegations of sexual abuse to the state and the appropriate authorized authorities. The agreement between KYDOC and HHRC reinforces this requirement, specifying that all staff who fall under the medical or mental health categories must comply with state reporting laws. The Classification Staff member is an LPN who performs a range of duties and is not functioning in a role strictly classified as a medical practitioner providing medical services. The facility currently does not employ any mental health practitioners.

Interview with Program Director/PREA Coordinator:

Via formal conversation, they stated that they do not house youthful residents. However, if a vulnerable adult suffers abuse, they have the obligation and responsibility to protect them, request an investigation, and they will follow the

	state law by making notifications to the appropriate authority. They will make the notification both in writing and by calling the entity. They will submit all reports to their immediate supervisor as well. Also, there have been no instances of sexual abuse that will activate the notification and investigation under this provision. Interview with Classification Staff: In a formal conversation, the Program Director/PREA Coordinator stated that the facility does not house youthful residents. However, if a vulnerable adult were to experience abuse, they affirmed their obligation to protect the individual, request an investigation, and comply with state law by notifying the appropriate authorities. They explained that notifications would be made both in writing and by phone, and that all reports would also be submitted to their immediate supervisor. The Program Director/PREA Coordinator further noted that there have been no incidents of sexual abuse that would have triggered the notification or investigation requirements under this provision. **Finding:** **Based on this analysis, the facility is substantially compliant with provision (c) and (d). No corrective action is required.** 115.261 (e) **What was read, as part of a systematic review of evidence:** HHRC PAQ indicated: The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators. • This requirement is addressed in this report under PREA Standard 115.222, which outlines the responsibilities of HHRC, KYDOC, and KSP regarding the investigation of such allegations. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision. No corrective action is required.**

115.262	**Agency protection duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations:

- HHRC PAQ
- HHRC Operational Manual & Kentucky Housing Recovery Network (KHRN) Procedures (revised 1/29/2025)
- HHRC Annual Prison Rape Elimination Act (PREA) of 2003 Training PowerPoint
- HHRC Virtual PREA Training Part 1 & 2
- Interview with Agency Head or Designee
- Interview with Program Director/PREA Coordinator
- Interview with Random Staff
- Site Review

Reasoning and analysis (by provision):

115.262 (a)

What was read, as part of a systematic review of evidence:

HHRC PAQ Indicated:

When the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay).

In the past 12 months, there were zero (0) reported incidents where the facility determined that a resident was subject to a substantial risk of imminent sexual abuse.

Hickory Hill Recovery Center (HHRC) requires all staff, contractors, and volunteers to take immediate protective action whenever they learn that a client is at substantial and imminent risk of sexual abuse. This requirement is reinforced through HHRC's Operations Manual and PREA training materials, including the Annual PREA Training PowerPoint and the Virtual PREA Training (Parts 1 & 2). Staff interviewed confirmed that they understand this obligation and their duty to protect clients.

What was heard, as part of a systematic review of evidence:

Interview with Agency Head or Designee:

They explained that when HHRC receives information indicating a resident may be at substantial and imminent risk of sexual abuse, immediate steps are taken to protect the resident and prevent harm. The first staff member who becomes aware of the concern will meet with the resident to assess the situation and ensure their safety. The resident will then be moved to the SOS dorm, which provides 24-hour supervision.

Once the resident is considered safe, the staff member will notify the supervisor, who will contact the appropriate personnel. If the allegation involves resident-on-resident conduct, an investigation will begin within 24 hours. If the allegation involves staff-on-resident conduct, KYDOC will be notified within 72 hours,

	and KYDOC will conduct the investigation. All required documentation will be completed in accordance with established procedures. Interview with Program Director/PREA Coordinator: They stated that when a client is identified as being at high risk or in imminent danger, the client is immediately placed in the SOS dorm, which is monitored 24/7. If a client is determined to be high risk after a period of observation, the individual will be moved to one of four designated PREA rooms, located near an exit and close to the closed-circuit monitoring system. They also noted that there have been no reports of sexual harassment or sexual abuse during this audit cycle. Interview with Random Staff: All 12 randomly selected staff members stated that they would immediately separate the alleged victim from the environment and report the incident as soon as possible to the Program Director/PREA Coordinator, Intake Coordinator, or SOS Coordinator. They also indicated that they would document the incident in an incident report. Each staff member affirmed that they are not trained to investigate allegations of sexual abuse. They explained that they would only ask basic questions, who, what, when, and how, in order to provide essential information to the supervisor and to complete the incident report. **What was observed, as part of a systematic review of evidence:** Site Review: During the tour, the auditor observed that the facility has multiple housing units and that, when the facility becomes aware that a resident is at substantial and imminent risk of sexual abuse, immediate action is taken to protect the resident. This includes housing the alleged victim in a manner that ensures no contact with the alleged perpetrator. In an informal conversation with the Program Director, they explained that both HHRC and KYDOC have policies requiring staff accountability when a staff member is found to pose a threat of sexual abuse. They confirmed that if a staff member were alleged to have sexually abused or sexually harassed a resident, the staff member would be removed from the premises and suspended immediately. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision. No corrective action is required.** HHRC meets the requirements of 115.262(a) because staff consistently take immediate protective action when a resident is believed to be at substantial and imminent risk of sexual abuse, including relocating the resident to the SOS dorm for 24/7 supervision. Interviews with leadership, the PREA Coordinator, and randomly selected staff confirmed that all personnel understand their duty to act without delay, follow established reporting procedures, and avoid conducting investigations themselves. The facility’s documentation, training materials, and site observations,

	combined with zero incidents in the past 12 months, demonstrate that HHRC's practices align with PREA standards and are being implemented reliably.

115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: • HHRC PAQ • HHRC Operational Manual & Kentucky Housing Recovery Network (KHRN) Procedures (revised 1/29/2025) • KYDOC-Community Confinement Sexual Offense Allegation Report-Initial Report • KYDOC PREA Investigation Report-Final Report • Interview with Agency Head or Designee: • Interview with Program Director/PREA Coordinator: **Reasoning and analysis (by provision):** 115.263 (a-c) **What was read, as part of a systematic review of evidence:** HHRC PAQ Indicated: The agency has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. Agency policy requires the facility head to provide such notification as soon as possible, but no later than 72 hours after receiving the allegation. The agency or facility documents that it has provided such notification within 72 hours of receiving the allegation. The HHRC Operations Manual is the governing policy, and page 33 specifies that when a resident reports having been sexually abused while confined in another facility, the HHRC Director must notify Kentucky River Community Care, Inc., the agency responsible for the location where the alleged incident occurred. The manual further requires that this notification be completed within 72 hours of receiving the allegation, and that all notifications be documented as soon as possible. During the past 12 months, the facility received zero allegations indicating that a resident had been sexually abused while confined at another facility. This

information was confirmed through an formal discussion with the Program Director/ PREA Coordinator.

What was heard, as part of a systematic review of evidence:

Interview with Program Director/PREA Coordinator:

The Program Director/PREA Coordinator reported that no allegations were received in the past 12 months involving a resident disclosing sexual abuse that occurred at another facility. They explained that, should such an allegation be made, they would immediately notify the administration of the originating facility by telephone and follow up with an email within 24 hours. They also stated that the incident would be documented promptly for record-keeping and compliance purposes.

Finding:

Based on this analysis, the facility is substantially compliant with provisions (a-c). No corrective action is required.

115.263 (d)

What was read, as part of a systematic review of evidence:

HHRC PAQ Indicated:

The agency or facility policy requires that allegations received from other facilities and agencies are investigated in accordance with the PREA standards.

- The facility received 1 allegation that a resident was sexual harassed while housed at HHRC. The notification was made by KYDOC to HHRC.

Review of Documentation of allegations from other facilities:

The auditor reviewed both the initial report and the final investigation report submitted by HHRC. Documentation indicated that the allegation was fully investigated by the Kentucky Department of Corrections (KYDOC). The investigation concluded with a finding of Unsubstantiated, and no corrective action was required as a result of the determination.

What was heard, as part of a systematic review of evidence:

Interview with Agency Head or Designee:

The agency head or designee stated that the HHRC Director is responsible for notifying Kentucky River Community Care, Inc. when an alleged incident occurs at that facility. Notifications to KYDOC and Probation and Parole will also be made, and all notifications must be documented.

All allegations received from other facilities shall be investigated, with the formal PREA investigation conducted solely by KYDOC. All information contained in a report or investigation of a sexual offense must remain confidential, except when

	disclosure is necessary to inform an appropriate supervisor, conduct an adequate investigation, provide treatment, or make safety or management decisions, in accordance with the minimum-necessity rule. Any individual interviewed during the resolution of a complaint shall be advised to treat all information as confidential. A breach of confidentiality constitutes grounds for disciplinary action. In July 2025, HHRC received a complaint originating from another facility. KYDOC conducted the investigation, and HHRC received the corresponding documentation from KYDOC in accordance with applicable standards and policy. Interview with Program Director/PREA Coordinator: They reported that HHRC received one notification from another center regarding an allegation that had occurred at that facility. According to the Program Director/PREA Coordinator, the Kentucky Department of Corrections (KYDOC) contacted them directly to advise that they were conducting the investigation into the allegation. No further action was required from HHRC beyond acknowledging the notification. **Finding:** **Based on this analysis, the facility is substantially compliant with provision. No corrective action is required.**

115.264	**Staff first responder duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: • HHRC PAQ • HHRC Operational Manual & Kentucky Housing Recovery Network (KHRN) Procedures (revised 1/29/2025) • HHRC Virtual PREA Training Part 1 & 2 • HHRC Annual Prison Rape Elimination Act (PREA) of 2003 Training PowerPoint • Interview with Random Staff **Reasoning and analysis (by provision):** 115.264 (a-b) **What was read, as part of a systematic review of evidence:** HHRC PAQ Indicated: HHRC maintains a First Responder Policy for all allegations of sexual abuse. Because HHRC is a treatment facility staffed by non-security personnel, the response plan is

written to ensure that all employees, regardless of role or responsibility, follow the same protocol as outlined in PREA Standard 115.264(a–b).

The HHRC Operations Manual serves as the designated policy document that mandates and defines staff expectations when they are the first to respond to a report of sexual assault. In addition, the HHRC Virtual PREA Training (Parts 1 & 2) and the HHRC Annual PREA Training PowerPoint provide staff with the required knowledge and step-by-step response procedures to be followed should an incident occur at the facility.

According to page 33 of the Operations Manual and pages 25–27 of the Annual PREA Training, when the facility receives an allegation that a resident has been sexually abused, the staff member on duty shall:

- Separate the alleged victim and abuser, if they have not already been separated.
- Immediately contact the Program Director, Intake Coordinator or SOS Coordinator or manager on call. Notifications KRCC Division Director or other designated leadership.
- Preserve and protect any crime scene until evidence is collected:
    - If the area cannot be secured, it shall be photographed or videotaped.
    - The only persons permitted to enter a secured crime scene shall be Kentucky State Police, PREA coordinators or medical personnel as needed.
    - A log shall be maintained of anyone entering the crime scene and at what time he entered and exited. They shall also be videotaped as additional documentation.
    - The area shall remain secured until verification of a completed investigation and released by the investigating authority.
- If the incident occurred within the previous 48 hours:
    - Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating if the abuse occurred within five calendar days.
    - 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, drinking, or eating if the abuse occurred within five calendar days.
- The PREA investigators shall promptly make arrangements for the alleged victim to be transported to an outside facility for an examination that may include: collection of forensic evidence, testing for sexually transmitted disease, prophylactic treatment, follow-up and mental health assessment.
- In preparation of transporting the client to the hospital’s emergency room, the client shall be provided and instructed to undress over a clean sheet, in order to collect any potential forensic evidence that may fall from the client’s person. The sheet along with the client’s clothing shall be collected

as evidence and placed in a paper bag with an appropriate chain of evidence form attached

HHRC reported zero allegations of sexual abuse within the past 12 months.

What was heard, as part of a systematic review of evidence:

There were no allegations of sexual abuse during the audit period in which staff served as first responders, nor were there any residents who reported an allegation of sexual abuse. As a result, no interviews were conducted under this provision with residents who reported sexual abuse, as no such cases occurred.

Interview with Random Staff:

All twelve staff members interviewed were non-security personnel. Each individual demonstrated clear understanding of the facility's protocol for responding to sexual abuse incidents. Staff consistently reported that they know the required steps, including preserving potential evidence and ensuring that the alleged victim and alleged perpetrator are kept separated until additional support arrives.

Finding:

Based on this analysis, the facility is substantially compliant with provision (a) and (b). No corrective action is required.

115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Evidence relied upon in making the compliance determinations:

- HHRC PAQ
- HHRC Operational Manual & Kentucky Housing Recovery Network (KHRN) Procedures (revised 1/29/2025)
- HHRC Internal PREA Reporting Protocol
- Interview with Program Director/PREA Coordinator

Reasoning and analysis (by provision):

115.265 (a)

What was read, as part of a systematic review of evidence:

The facility has established a written institutional plan that coordinates the actions of staff first responders, medical and mental health practitioners, investigators, and

	facility leadership in response to an incident of sexual abuse. Hickory Hill Recovery Center maintains a facility-specific plan that directs staff to immediately separate the victim and alleged abuser, notify a supervisor, and obtain urgent medical assistance when necessary. The plan also requires staff to secure the scene and ensure that neither the victim nor the alleged abuser washes, brushes their teeth, uses the restroom, or takes any action that could compromise evidence. This plan meets the requirements outlined in PREA Standards 115.264 and 115.265, and is described in detail within this report under Standard 115.264. The auditor reviewed the HHRC Internal PREA Reporting Protocol alongside the facility plan. The protocol further clarifies mandated reporting requirements and outlines the reporting agreement between HHRC and the Kentucky Department of Corrections (KYDOC). **What was read, as part of a systematic review of evidence:** Interview with Program Director/PREA Coordinator: Through a formal interview, the Program Director/PREA Coordinator confirmed that the facility maintains a response plan that is reviewed annually by both the Agency Head and KYDOC to ensure accuracy and alignment with current requirements. They explained that any revisions to the plan are communicated to affected staff through staff meetings and training sessions. The auditor also conducted informal conversations with several staff members in specialized roles. These staff demonstrated clear knowledge of the response plan and articulated how their respective responsibilities contribute to the facility's coordinated response to incidents of sexual abuse. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision. No corrective action is required.**

115.266	**Preservation of ability to protect residents from contact with abusers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: • HHRC PAQ • Interview with Program Director/PREA Coordinator • Review of KYDOC Information

- Interview with Program Director/PREA Coordinator
- Interview with Agency Head

Reasoning and analysis (by provision):

115.266 (a)

What was read and heard, as part of a systematic review of evidence:

The HHRC has not entered into any agreement that restricts the agency's authority to remove alleged staff sexual abusers from contact with inmates while an investigation is pending or until a determination is made regarding whether discipline is warranted.

Because the HHRC and KYDOC are prohibited from entering into collective bargaining agreements and do not possess collective bargaining authority, this standard is not applicable.

During a formal interview, the Program Director/PREA Coordinator confirmed that the HHRC does not participate in any form of collective bargaining agreement. This statement was concurred by the Agency Head.

Finding:

Based on this analysis, the facility is substantially compliant with this provision. No corrective action is required.

115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations:

- HHRC PAQ
- HHRC Operational Manual & Kentucky Housing Recovery Network (KHRN) Procedures (revised 1/29/2025)
- Review of Retaliation Documentation
- Interview with Agency Head
- Interview with Program Director/PREA Coordinator

Reasoning and analysis (by provision):

115.267 (a)

What was read, as part of a systematic review of evidence:

	HHRC PAQ Indicated: The agency maintains a strict policy to protect all residents and staff who report sexual abuse or sexual harassment, or who cooperate with related investigations, from any form of retaliation by other residents or staff. To ensure this protection, the agency designates specific staff members or departments to monitor for potential retaliation. According to the HHRC Operations Manual, page 34, “residents and staff who report sexual abuse or harassment shall be protected from retaliation. These residents and staff will be monitored for at least 90 days following a report. A member of the facility management staff will be designated to monitor the situation. Changes in housing assignments or work schedules may be necessary. The obligation to monitor can be terminated if it is determined that an allegation of retaliation is unfounded.” HHRC has designated the Program Director/PREA Coordinator, who also serves as the Investigator, as the primary staff member responsible for monitoring retaliation. Additional staff have been identified to ensure coverage when the primary designee is unavailable. These include the Intake Coordinator, who is also a trained Investigator, and the Classification Staff/SOS Coordinator, who also serves as the onsite medical LPN. All designated staff are part of HHRC’s leadership team and possess the knowledge, skills, and abilities necessary to ensure that monitoring is conducted in full accordance with HHRC and KYDOC protocols **Finding:** **Based on this analysis, the facility is substantially compliant with this provision. No corrective action is required.** 115.267 (b) **What was read, as part of a systematic review of evidence:** HHRC employs multiple protective measures to safeguard individuals from retaliation. These measures include housing changes or transfers for resident victims or alleged abusers, removal of alleged staff or resident abusers from contact with victims, and the provision of emotional support services for any resident or staff member who fears retaliation for reporting sexual abuse or sexual harassment or for cooperating with an investigation. The protocol governing these practices is outlined in Provision 115.267(a) of this report. HHRC has multiple housing units and work assignments available, allowing the facility to reassign residents as needed to prevent retaliation. For staff, HHRC maintains multiple shifts and work assignments that can be adjusted to ensure separation and safety when warranted. The Auditor confirmed that, as part of the facility’s retaliation-prevention approach, facility leadership conducts routine direct communication, contact, and observation of any resident victim or individual who has cooperated in an investigation. These

ongoing checks help ensure that no adverse changes in treatment or behavior occur.

What was heard, as part of a systematic review of evidence:

Interview with Agency Head:

During the interview, the Agency Head stated that the HHRC Operations Manual requires the protection of any individual who reports sexual abuse or sexual harassment from retaliation. A designated staff member is responsible for monitoring the individual for a minimum of 90 days. To ensure safety, the agency may implement measures such as housing or work reassignments, providing support services, or transferring the alleged abuser when appropriate. The Agency Head explained that all reports, monitoring actions, and investigative outcomes must be thoroughly documented. Monitoring may be concluded early if it is determined that the concerns of retaliation are unfounded.

Interview with Program Director/PREA Coordinator:

During the formal interview, the Program Director/PREA Coordinator stated that the agency treats every potential act of retaliation with the utmost seriousness. They explained that multiple safeguards are in place to ensure that no retaliation occurs within the facility. When necessary, residents may be reassigned to alternative housing, and frequent face-to-face checks are conducted to monitor their well-being. Staff may also be reassigned when appropriate until the investigative process is completed and a final disposition is reached. The Program Director emphasized that any alleged perpetrator, whether staff or resident, will be held accountable in accordance with agency policy. The agency maintains a strict zero-tolerance stance regarding retaliation.

The Program Director/PREA Coordinator further stated that all allegations of sexual abuse and sexual harassment are monitored for potential retaliation. In cases involving sexual abuse allegations, monitoring is conducted for up to 90 days and extended beyond 90 days when warranted. They reported that no cases involving retaliation have been identified within the past 24 months. According to the Program Director, both staff and residents feel comfortable reporting concerns, and any allegation of retaliation would be promptly investigated.

Finding:

Based on this analysis, the facility is substantially compliant with this provision. No corrective action is required.

115.267 (c)

What was read, as part of a systematic review of evidence:

HHRC Operations Manual outlines expectations for monitoring the conduct and treatment of residents or staff who report sexual abuse, as well as residents who are alleged to have suffered sexual abuse. This monitoring is intended to identify any

changes that may suggest possible retaliation by either residents or staff. Additionally, HHRC will continue such monitoring beyond 90 days if initial observations indicate an ongoing need. The protocol for this process is addressed in Provision 115.267(a) of this report.

There were zero incidents of retaliation reported during the past 12 months. This was verified through a formal conversation with the Program Director/PREA Coordinator and through documentation review.

Review of Retaliation Documentation:

There were no sexual abuse allegations during the audit year that required retaliation monitoring. As a result, there was no retaliation-related documentation available for review for compliance determination.

What was heard, as part of a systematic review of evidence:

See interview details in provision 115.267 (b) for both the Agency Head and Program Director/PREA Coordinator. The interview addressed this specific provision.

Finding:

Based on this analysis, the facility is substantially compliant with this provision. No corrective action is required.

115.267 (d-e)

What was read, as part of a systematic review of evidence:

HHRC PAQ Indicated:

For residents, monitoring shall also include periodic status checks. If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency must take appropriate measures to protect that individual from such retaliation.

Detailed responses, including interview summaries, are provided in this report under Provision 115.267 (a–c).

What was heard, as part of a systematic review of evidence:

Interview with Agency Head

They stated if a resident cooperating with an investigation expresses fear of retaliation, they will be informed of the facility’s policy to monitor anyone who reports sexual abuse or harassment, as well as anyone who assists in an investigation. Additional protective steps may be taken when needed, including increased monitoring, schedule changes, relocation to the SOS dorm, or, when warranted, transferring the alleged abuser. Counseling and other support services will be offered to any resident with retaliation concerns.

	All concerns will be reviewed to determine whether a credible risk exists, and appropriate decisions will follow. Individuals will be monitored for at least 90 days, and longer if the resident continues to feel unsafe. If the concern is found to be unfounded, monitoring may be discontinued. These practices align with PREA Standard 115.267. All concerns and investigative actions will be documented according to procedure. Interview with Program Director/PREA Coordinator: They confirmed the exact information provided by the Agency Head. They stated that they will take all necessary actions. **Finding:** **Based on this analysis, the facility is substantially compliant with provision (d) and (e). No corrective action is required.** 115.267 (f) **Auditor is not required to audit this provision.** The facility demonstrates substantial compliance with PREA Standard 115.267 by maintaining a formal, well-defined retaliation monitoring policy that assigns qualified leadership staff to conduct monitoring for at least 90 days and longer when needed. Evidence from policy review, interviews, and operational practices confirms that HHRC employs multiple protective measures, including housing or work reassignments, increased observation, and support services, to safeguard any resident or staff member who reports or cooperates in an investigation. Leadership consistently documents monitoring actions, conducts routine status checks, and ensures that any concerns of retaliation are promptly assessed and addressed in accordance with agency and KYDOC protocols. Across the audit period, no incidents of retaliation were identified, and all findings indicate that HHRC’s procedures are fully implemented and effective, supporting a determination of substantial compliance with no corrective action required.

115.271	**Criminal and administrative agency investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: • HHRC PAQ • HHRC Operational Manual & Kentucky Housing Recovery Network (KHRN) Procedures (revised 1/29/2025) • Interview with Agency Head

- Interview with Program Director/PREA Coordinator
- Interview with Kentucky State Police Staff
- Review of 1 Administrative Investigation
- Site Review

Reasoning and analysis (by provision):

115.271 (a)

What was read, as part of a systematic review of evidence:

HHRC PAQ Indicated:

The agency/facility has a policy related to criminal and administrative agency investigations.

HHRC stated that it is responsible solely for conducting administrative investigations, specifically those involving allegations of sexual harassment. When initial information suggests that a criminal act may have occurred, HHRC immediately notifies the Kentucky Department of Corrections (KYDOC) and the Kentucky State Police (KSP), in accordance with established policy. Page 34 of the Operations Manual further specifies that investigations involving allegations of sexual abuse that include force, coercion, or potential criminal behavior must be conducted by specially trained investigators from KYDOC, KSP, or another appropriate law enforcement agency. These requirements are addressed in this report under Standards 115.221 and 115.222.

During the past 12 months, HHRC reported that no allegations of sexual abuse were received or reported at the facility. As a result, there were no investigative files related to sexual abuse available for review. This is documented under Standard 115.222.

In July 2025, HHRC received a complaint that originated from another facility. KYDOC conducted the investigation, and HHRC received the corresponding documentation in accordance with applicable standards and policy. The allegation involved sexual harassment and was determined to be unsubstantiated.

What was heard, as part of a systematic review of evidence:

Interview with Program Director/PREA Coordinator:

The Program Director/PREA Coordinator stated that all allegations received are reported immediately. They confirmed that the facility follows KYDOC requirements for notifications, including prompt reporting to the agency and to the Kentucky State Police.

Finding:

Based on this analysis, the facility is substantially compliant with this provision. No corrective action is required.

115.271 (b)

What was read, as part of a systematic review of evidence:

HHRC PAQ Indicated:

Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations pursuant to § 115.234.

The auditor reviewed the training records for all investigators assigned to the facility. In accordance with Standard 115.234, the auditor confirmed that the training provided by the Kentucky Department of Corrections (KYDOC) to facility investigators includes all required components of the standard. This training covers the application of Miranda and Garrity warnings, evidence collection within a correctional environment, and the evidentiary thresholds necessary to support administrative findings. The training curriculum is standardized across KYDOC and was developed in consultation with the Moss Group.

Additional review confirmed that all Kentucky State Police personnel receive training in sexual abuse investigations during basic training at the State Police Academy. This instruction includes techniques for interviewing sexual abuse victims, proper administration of Miranda warnings, evidence collection for sexual abuse cases, including in confined or correctional settings, and the evidentiary criteria required to substantiate a case for referral to prosecution.

What was heard, as part of a systematic review of evidence:

Interview with Program Director/PREA Coordinator:

They confirmed that they have received specialized training provided by the Kentucky Department of Corrections on conducting sexual abuse investigations in confinement settings. Documentation supporting this training was supplied by the facility as evidence for PREA Standard 115.234.

Interview with Kentucky State Police Staff:

During the formal conversation, they stated that all Kentucky State Police personnel receive training on conducting sexual abuse and sexual harassment investigations in accordance with Kentucky state law and federal mandates. They confirmed that they have handled multiple criminal investigations for the Kentucky Department of Corrections (KYDOC). They further explained that Special Victims Unit (SVU) staff receive additional, specialized investigative training and follow the evidence protocols outlined in the KSP Guide, which was developed in alignment with U.S. Department of Justice requirements.

They advised that all allegations received are investigated, and upon completion, a summary of the investigative report is provided to the designated KYDOC contact. They also stated that all sexual abuse allegations are forwarded for criminal prosecution when supported by evidence. They reported that they have not received any cases involving HHRC.

115.271 (c)

What was read, as part of a systematic review of evidence:

Although HHRC and KYDOC have trained investigators capable of gathering evidence, Kentucky State Police investigators are the designated authority for collecting and preserving both direct and circumstantial evidence. This includes any available physical or DNA evidence, as well as electronic monitoring data. Kentucky State Police investigators also conduct interviews with alleged victims, suspected perpetrators, and witnesses, and they review prior complaints or reports of sexual abuse involving the suspected perpetrator.

The specific training requirements and investigative responsibilities referenced here are addressed under PREA Standard 115.271(b).

Finding:

Based on this analysis, the facility is substantially compliant with this provision. No corrective action is required.

115.271 (d)

What was read, as part of a systematic review of evidence:

HHRC PAQ Indicated:

When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

The facility reported that the Kentucky State Police handle all criminal sexual abuse investigations. This responsibility and process are outlined in PREA Standard 115.21.

What was heard, as part of a systematic review of evidence:

Interview with Kentucky State Police Staff:

Kentucky State Police (KSP) staff reported that compelled interviews are conducted only after consultation with the local county prosecutor to ensure that such interviews do not jeopardize potential criminal prosecution. They noted that no allegations reported by HHRC have required the use of compelled interviews. They further confirmed that they maintain regular communication with the local county prosecutor prior to initiating any compelled interview.

Finding:

Based on this analysis, the facility is substantially compliant with this provision. No corrective action is required.

115.271 (e)

What was read, as part of a systematic review of evidence:

HHRC PAQ Indicated:

The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. No agency shall require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

What was heard, as part of a systematic review of evidence:

Interview with Program Director/PREA Coordinator:

They stated that they are trained to assess the credibility of an alleged victim, suspect, or witness on an individual basis, without relying on the person’s status as a resident or staff member. They further affirmed that the facility does not require an alleged sexual abuse victim to submit to a polygraph examination or any other truth-telling device as a condition for proceeding with an investigation.

Finding:

Based on this analysis, the facility is substantially compliant with this provision. No corrective action is required.

115.271 (f)

What was read, as part of a systematic review of evidence:

HHRC PAQ Indicated:

Administrative investigations: (1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and (2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

There were no allegations of sexual abuse during the review period; however, the sexual harassment allegation that was reported and investigated by KYDOC included all elements required under the applicable PREA provision. The investigation conducted demonstrated that investigators consistently followed established procedures, including interviewing all primary individuals involved in the case as well as relevant staff and resident witnesses. Written statements and video reviews were documented in the case file. In addition to conducting interviews, investigators requested written statements from all parties. The Auditor was able to review these materials, including the interview summaries and supporting documentation.

What was observed, as part of a systematic review of evidence:

Site Review:

There were no allegations of sexual abuse during the review period; however, the sexual harassment allegation that was reported and investigated by KYDOC met all requirements outlined in the applicable PREA provision. The auditor's review of the KYDOC investigation confirmed that investigators consistently adhered to established procedures, including interviewing all primary individuals involved in the case as well as relevant staff and resident witnesses.

The case file also contained written statements and documentation of video reviews. In addition to conducting interviews, investigators requested written statements from all parties. The Auditor was able to review these materials, including interview summaries and supporting documentation.

Finding:

Based on this analysis, the facility is substantially compliant with this provision. No corrective action is required.

115.271 (g-h)

What was read, as part of a systematic review of evidence:

HHRC PAQ Indicated:

Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

Substantiated allegations of conduct that appear to be criminal shall be referred for prosecution. While there were no allegations of sexual abuse during the review period, either for criminal or administrative investigation, it was noted that the Kentucky State Police (KSP) are responsible for conducting all criminal investigations. KSP investigative reports include a comprehensive written summary detailing physical, testimonial, and documentary evidence, and attach copies of all documentary evidence when feasible. Consistent with PREA requirements, any substantiated allegation involving conduct that appears to be criminal is referred for prosecution.

There were no allegations of sexual abuse reported, nor were there any cases investigated by the Kentucky State Police within the past 12 months that were substantiated and required referral for criminal prosecution.

Finding:

Based on this analysis, the facility is substantially compliant with provision (g) and (h). No corrective action is required.

115.271 (i)

What was read, as part of a systematic review of evidence:

The agency retains all written reports pertaining to the administrative or criminal

investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

KYDOC requires HHRC to follow this same standard. HHRC is mandated to maintain all written investigative reports for as long as the alleged abuser remains incarcerated or employed by the agency, and for five years thereafter, in accordance with the Department of Corrections' records retention schedule. This requirement is outlined in the Operations Manual on page 33.

Finding:

Based on this analysis, the facility is substantially compliant with provision (g) and (h). No corrective action is required.

115.271 (j)

What was read, as part of a systematic review of evidence:

HHRC operations manual on page 34 mandates that the departure of the alleged abuser or victim from employment or control of the facility or agency shall not provide a basis for terminating an investigation.

The Kentucky State Police (KSP) also confirmed that their investigators are able to continue investigations outside the institution as needed in order to pursue all relevant information related to a case. This ensures that investigative responsibilities are fulfilled even when involved parties are no longer within the facility's jurisdiction.

What was heard, as part of a systematic review of evidence:

Interview with Program Director/PREA Coordinator:

They confirmed that the departure of an individual from the institution does not result in a case being closed. The investigation policy states, "The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation."

Finding:

Based on this analysis, the facility is substantially compliant with provision (g) and (h). No corrective action is required.

115.271 (k)

Auditor is not required to audit this provision

115.271 (l)

What was read, as part of a systematic review of evidence:

When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of

	the investigation. **What was heard, as part of a systematic review of evidence:** Through formal conversations with the Agency Head and Program Director, it was confirmed that they maintain open and consistent communication with one another, with KYDOC, and with the Kentucky State Police (KSP). They reported no barriers to contacting KSP or KYDOC to request updates on criminal investigations. The auditor also confirmed that the KYDOC PREA Coordinator receives frequent updates from the Kentucky State Police regarding ongoing criminal investigations. The PREA Coordinator then shares this information with the Agency Head and Program Director to ensure all parties remain informed. To date, there have been no cases involving HHRC that required investigative updates from KYDOC or KSP. **Finding:** **Based on this analysis, the facility is substantially compliant with provision (g) and (h). No corrective action is required.** The facility demonstrates substantial compliance with PREA Standard 115.271 by maintaining clear policies that distinguish administrative and criminal investigative responsibilities, ensuring immediate reporting to KYDOC and the Kentucky State Police when criminal conduct is suspected. All investigators, facility, KYDOC, and KSP, have received the specialized training required under PREA, and investigative practices consistently include evidence collection, interviews, credibility assessments, and thorough written documentation, as reflected in the reviewed sexual harassment case file. Interviews with leadership and KSP confirm adherence to required procedures, including prosecutor consultation before compelled interviews, individualized credibility assessments, continued investigations regardless of staff or resident departure, and full cooperation with outside investigative agencies. Although no sexual abuse allegations occurred during the review period, all available evidence shows that HHRC's investigative processes, documentation practices, and coordination with KYDOC and KSP fully align with PREA requirements, supporting a finding of substantial compliance with no corrective action needed

115.272	**Evidentiary standard for administrative investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: • HHRC PAQ • HHRC Operational Manual & Kentucky Housing Recovery Network (KHRN)

Procedures (revised 1/29/2025)
- Documentation of Administrative Findings-Proper Standard of Proof
- Interview with Program Director/PREA Coordinator

Reasoning and analysis (by provision):

115.272 (a)

What was read, as part of a systematic review of evidence:

HHRC's Operations Manual complies with the requirements of the standard and does not impose any evidentiary threshold higher than a preponderance of the evidence when determining whether allegations of sexual abuse or sexual harassment can be substantiated.

Documentation of Administrative Findings-Proper Standard of Proof:

The Auditor reviewed administrative investigation reports completed by KYDOC, including the rationale supporting each case determination. The review confirmed that investigations were conducted in accordance with the required standard. The agency's investigation report format provides a comprehensive summary of the facts relied upon in reaching a determination. Reports include the evidence considered, credibility assessments, collected documentation, interview summaries, and other relevant investigative components. Based on the information reviewed, the allegation in the case examined was determined to be Unsubstantiated

What was heard, as part of a systematic review of evidence:

Interview with Program Director/PREA Coordinator:

The Program Director/PREA Coordinator informed the auditor that allegations of sexual abuse or sexual harassment are substantiated based on a preponderance of the evidence. They explained that this standard requires determining whether it is more likely than not that the alleged incident occurred.

The Program Director/PREA Coordinator also described the decision-making process used to assess the available information and reach a case determination. Both investigators demonstrated a clear understanding of this standard and were able to articulate how they interpret the evidence and arrive at their findings with confidence and consistency.

Finding:

Based on this analysis, the facility is substantially compliant with this provision. No corrective action is required.

The facility meets the requirements of PREA Standard 115.272 by applying the correct evidentiary threshold, ensuring that all allegations of sexual abuse or sexual harassment are evaluated using a preponderance of the evidence standard. Review of administrative investigation reports confirmed that KYDOC investigators

	document all relevant facts, credibility assessments, and supporting evidence in a structured format that aligns with PREA expectations. Interviews with the Program Director/PREA Coordinator further validated that investigative staff clearly understand and consistently apply this standard when determining case outcomes. Based on the evidence reviewed, including an unsubstantiated case examined during the audit, the facility's practices fully comply with the standard, supporting a finding of substantial compliance with no corrective action required.

115.273	**Reporting to residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: • HHRC PAQ • HHRC Operational Manual & Kentucky Housing Recovery Network (KHRN) Procedures (revised 1/29/2025) • Interview with Program Director/PREA Coordinator **Reasoning and analysis (by provision):** 115.273 (a) **What was read, as part of a systematic review of evidence:** The HHRC Operations Manual requires that any resident who makes an allegation of sexual abuse in an agency facility must be informed, verbally or in writing, of the outcome of the investigation, specifically whether the allegation was substantiated, unsubstantiated, or unfounded. HHRC PAQ indicated that during the past 12 months, the agency/facility completed zero criminal or administrative investigations of alleged resident sexual abuse. Because no investigations were conducted or concluded during this period, no resident notifications were required or issued. **What was heard, as part of a systematic review of evidence:** Interview with Program Director/PREA Coordinator: The Program Director/PREA Coordinator confirmed that when an investigation of alleged sexual abuse is completed, the facility is obligated to notify the resident of the outcome. They stated that residents are informed both orally and in writing whether the allegation was determined to be substantiated, unsubstantiated, or unfounded following the agency's investigative process.

Finding:

Based on this analysis, the facility is substantially compliant with this provision. No corrective action is required.

115.273 (b)

What was read, as part of a systematic review of evidence:

The HHRC Operations Manual and Kentucky Department of Corrections (KYDOC) policy require that when the Kentucky State Police (KSP) conducts an investigation into an allegation of resident sexual abuse, the agency must request the outcome of that investigation. This information is then used to notify the resident, verbally and in writing, whether the allegation was determined to be substantiated, unsubstantiated, or unfounded.

During the interview, the Program Director/PREA Coordinator confirmed that KYDOC ensures HHRC receives the necessary investigative findings from KSP so that required notifications can be made.

HHRC PAQ indicated that in the past 12 months, there have been zero allegations of sexual abuse investigated by the Kentucky State Police that would require resident notification. This was verified through conversation with the Program Director/PREA Coordinator.

Finding:

Based on this analysis, the facility is substantially compliant with this provision. No corrective action is required.

115.273 (c)

What was read, as part of a systematic review of evidence:

The HHRC Operations Manual and KYDOC policy require that following a resident's allegation that a staff member has committed sexual abuse, the agency/facility must notify the resident, unless the allegation is determined to be unfounded, whenever any of the following occur: (a) the staff member is no longer assigned to the resident's unit (b) the staff member is no longer employed at the facility (c) the agency is informed that the staff member has been indicted on a charge related to sexual abuse within the facility (d) the agency is informed that the staff member has been convicted on a charge related to sexual abuse within the facility.

The Program Director/PREA Coordinator confirmed that HHRC follows these requirements and ensures residents receive the appropriate notifications when applicable.

HHRC PAQ indicated that during the past 12 months, there have been no substantiated or unsubstantiated allegations of staff-on-resident sexual abuse (i.e., no allegations other than those determined to be unfounded). Therefore, no notifications under provisions (a)–(d) of PREA Standard 115.273(a) were required.

	This was verified through conversation with the Program Director/PREA Coordinator. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision. No corrective action is required.** 115.273 (d-e) **What was read, as part of a systematic review of evidence:** HHRC Operations Manual and KYDOC policy mandates following a resident's allegation that he or she has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim whenever: (a) the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or (b) the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. The Program Director/PREA Coordinator confirmed that HHRC follows these requirements and ensures residents receive the appropriate notifications when applicable. HHRC PAQ indicated during the past 12 months, there have been no substantiated or unsubstantiated allegations of staff-on-resident sexual abuse (i.e., no allegations other than those determined to be unfounded). Therefore, no notifications under provisions (a)–(d) of PREA Standard 115.273(a) were required. This was verified through conversation with the Program Director/PREA Coordinator. **Finding:** **Based on this analysis, the facility is substantially compliant with provision (d) and (e). No corrective action is required.** 115.273 (f) **Auditor is not required to audit this provision.** The facility meets the requirements of PREA Standard 115.273 by maintaining policies that ensure residents are notified, verbally and in writing, of investigative outcomes, including whether allegations are substantiated, unsubstantiated, or unfounded. HHRC and KYDOC procedures also require resident notification when outside agencies such as the Kentucky State Police complete investigations, and when staff- or resident-on-resident cases result in indictments, convictions, or changes in staff assignment, unless the allegation is unfounded. Interviews with the Program Director/PREA Coordinator confirmed that these notification processes are well understood and consistently followed, even though no allegations during the audit period triggered required notifications. Based on policy review, interviews, and the absence of qualifying cases, the facility is found to be substantially compliant with all provisions, and no corrective action is required.

115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: • HHRC PAQ • HHRC Operational Manual & Kentucky Housing Recovery Network (KHRN) Procedures (revised 1/29/2025) • Facility Disciplinary Records for (Staff, Contractors, Interns, and Volunteers) • Interview with Program Director/PREA Coordinator **Reasoning and analysis (by provision):** 115.276 (a-b) **What was read, as part of a systematic review of evidence:** HHRC's Operations Manual, page 34, states that staff are subject to disciplinary sanctions, up to and including termination, for violating the agency's sexual abuse or sexual harassment policies. Termination is the presumptive disciplinary action for any staff member found to have engaged in sexual abuse. According to the HHRC PAQ, during the past 12 months the facility reported zero staff who violated agency sexual abuse or sexual harassment policies, and zero staff who were terminated or who resigned in lieu of termination for such violations. **Finding:** **Based on this analysis, the facility is substantially compliant with provision (a) and (b). No corrective action is required.** 115.276 (c) **What was read, as part of a systematic review of evidence:** The HHRC Operations Manual states that disciplinary sanctions for violations of agency policies related to sexual abuse or sexual harassment, excluding instances of actual sexual abuse, must be proportionate to the nature and circumstances of the conduct, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar records. According to the HHRC PAQ, in the past 12 months there have been zero staff members at the facility who were disciplined, short of termination, for violating agency policies on sexual abuse or sexual harassment (other than actually engaging in sexual abuse). **Finding:**

Based on this analysis, the facility is substantially compliant with this provision. No corrective action is required.

115.276 (d)

What was read, as part of a systematic review of evidence:

HHRC Operation Manual states that 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 agencies (unless the activity was clearly not criminal) and to any relevant licensing bodies.

According to the HHRC PAQ, in the past 12 months, there are zero number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies.

Facility Disciplinary Records for (Staff, Contractors, Interns, and Volunteers):

The auditor reviewed the facility's disciplinary records for both current and former staff. The review confirmed that the facility had no prior incidents, including staff terminations or criminal indictments, within the past 12 months.

What was heard, as part of a systematic review of evidence:

Interview with Program Director/PREA Coordinator:

They stated HHRC and KYDPC has zero-tolerance for sexual abuse and sexual harassment. Any staff who violates the policy will be disciplined in accordance with the policy. The Program Director/PREA Coordinator stated that termination will be the presumptive disciplinary sanction for employees who have engaged in sexual abuse.

Finding:

Based on this analysis, the facility is substantially compliant with this provision. No corrective action is required.

The facility complies with PREA Standard 115.276 by maintaining clear policies that impose disciplinary sanctions, up to and including termination, for any staff member who violates sexual abuse or sexual harassment policies, with termination being the presumptive response for confirmed sexual abuse. Review of the Operations Manual, PAQ data, and disciplinary records confirmed that no staff violated these policies during the audit period, and therefore no terminations, resignations in lieu of termination, or lesser sanctions occurred. Policies also require that any staff termination or resignation related to sexual abuse or sexual harassment be reported to law enforcement and relevant licensing bodies, and interviews with leadership affirmed that these procedures would be followed without exception. Based on policy review, documentation, and interviews, the facility demonstrates full adherence to all disciplinary requirements, supporting a finding of substantial compliance with no corrective action needed.

115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: • HHRC PAQ • HHRC Operational Manual & Kentucky Housing Recovery Network (KHRN) Procedures (revised 1/29/2025) • Facility Disciplinary Records for (Contractors and Volunteers) • Interview with Program Director/PREA Coordinator **Reasoning and analysis (by provision):** 115.277 (a-b) **What was read, as part of a systematic review of evidence:** HHRC policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the conduct is clearly non-criminal, and to all relevant licensing bodies. In addition, agency policy mandates that any contractor or volunteer found to have engaged in sexual abuse be prohibited from further contact with residents. Consistent with Standard 115.276, HHRC and KYDOC maintain policies governing staff, contractors, interns, and volunteers, including disciplinary sanctions for violations. These policies have been reviewed and are in full compliance with the requirements of the standard. According to the HHRC PAQ, zero contractors or volunteers have been reported to law enforcement or licensing bodies for engaging in sexual abuse of residents during the past 12 months. Likewise, the PAQ indicates zero reports to law enforcement for contractor or volunteer sexual abuse during the same period. HHRC also takes appropriate remedial measures in all other cases involving violations of agency sexual abuse or sexual harassment policies by contractors or volunteers, including consideration of whether to prohibit further resident contact. Review of Facility Disciplinary Records for (Contractors and Volunteers): The auditor reviewed disciplinary records for both current and former contractors and volunteers. The review confirmed that the facility had no incidents within the past 12 months, including no contractor or volunteer terminations and no criminal indictments. Additionally, there were no allegations during this period that required the HHRC Program Director to restrict or suspend a contractor’s or volunteer’s access to the facility, nor were any referrals to law enforcement or relevant licensing bodies necessary.

	What was heard, as part of a systematic review of evidence: Interview with Program Director/PREA Coordinator: During a formal interview, the Program Director/PREA Coordinator confirmed that in any case involving alleged sexual misconduct by a contractor or volunteer, they are notified immediately. Upon notification, they assess the nature of the allegation and determine the appropriate interim action. Possible responses include reassigning the contractor to an area where the alleged victim is not housed or removing the contractor from the facility pending further review. The Program Director further confirmed that within the past 12 months, there have been no incidents requiring the removal, reassignment, or termination of a contractor or volunteer due to sexual misconduct. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision. No corrective action is required.** The facility meets the requirements of PREA Standard 115.277(a–b) because all evidence shows that HHRC has clear policies mandating the reporting of contractor or volunteer sexual abuse to law enforcement and licensing bodies, and prohibiting further resident contact when misconduct occurs. A systematic review of records, interviews, and the PREA Audit Questionnaire confirms zero incidents, zero allegations, and zero disciplinary actions in the past 12 months, demonstrating that the required processes are in place and functioning as intended. Because policies align fully with PREA standards and no corrective action was needed, the facility is substantially compliant with this provision.

115.278	**Disciplinary sanctions for residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: • HHRC PAQ • HHRC Operational Manual & Kentucky Housing Recovery Network (KHRN) Procedures (revised 1/29/2025) • Facility Disciplinary Records for Resident • Interview with Program Director/PREA Coordinator **Reasoning and analysis (by provision):** 115.278 (a-d)

What was read, as part of a systematic review of evidence:

HHRC Operations Manual states that residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that a resident engaged in resident-on-resident sexual abuse or a criminal finding of guilt for resident-on-resident sexual abuse.

According to the HHRC PAQ, there have been zero administrative findings of resident-on-resident sexual abuse at the facility during the past 12 months. This information was verified through an interview with the Program Director, who confirmed that no incidents of this nature have occurred. The Program Director also stated that no situations have arisen that warranted disciplinary action against any resident during this period.

HHRC Operations Manual ensures that sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. This was verified via information conversation with the Program Director. They added that there has not been any instance that warrant a disciplinary action against a resident.

HHRC’s disciplinary process, as outlined in the Operations Manual, requires consideration of whether a resident’s mental disabilities or mental illness contributed to the behavior when determining what type of sanction, if any, should be imposed. This practice was verified through an interview with the Program Director, who confirmed that the facility follows this standard when evaluating potential disciplinary actions. The Program Director further stated that there have been no incidents during the past 12 months that warranted disciplinary action against any resident.

HHRC does not provide therapy, counseling, or other clinical interventions intended to address or correct the underlying causes or motivations for abusive behavior. When such services are warranted, the facility’s parent agency arranges for the resident to receive these interventions off-site. This information was verified through an interview with the Program Director, who confirmed that HHRC follows this practice. The Program Director further stated that there have been no instances in which an alleged sexual-abuse perpetrator required referral for therapy, counseling, or similar services.

What was heard, as part of a systematic review of evidence:

Interview of Program Director/PREA Coordinator:

The Program Director stated that there have been no instances that warranted disciplinary action against a resident. They explained that residents are held to a higher standard while at HHRC, and that violent residents may be removed from the program entirely, depending on their history and risk level.

The Director further noted that HHRC policy provides a range of sanctions that the

parent agency may consider, ensuring that any consequences imposed are consistent with those applied to other individuals who have engaged in similar conduct within the facility.

Finding:

Based on this analysis, the facility is substantially compliant with provision (a-d). No corrective action is required.

115.278 (e)

What was read, as part of a systematic review of evidence:

HHRC PAQ Indicated:

The facility disciplines residents for sexual conduct with staff only upon finding that the staff member did not consent to such contact.

Facility Disciplinary Records for Residents:

The auditor reviewed the facility's disciplinary records for both current and former residents and found no disciplinary sanctions imposed in the past 12 months for incidents involving resident-on-staff sexual abuse without the staff member's consent.

According to the Program Director/PREA Coordinator, the facility has not had any incidents in which a resident was accused of sexual misconduct of any kind. They emphasized that HHRC and the Kentucky Department of Corrections maintain a zero-tolerance policy for all forms of sexual contact.

Finding:

Based on this analysis, the facility is substantially compliant with this provision. No corrective action is required.

115.278 (f)

What was read, as part of a systematic review of evidence:

HHRC's Operations Manual and KYDOC policies prohibit imposing disciplinary action on any resident who reports sexual abuse in good faith, based on a reasonable belief that the alleged conduct occurred, even when an investigation does not yield sufficient evidence to substantiate the allegation.

Facility Disciplinary Records for Residents:

The auditor reviewed disciplinary records for both current and former residents and found no instances in which a resident was sanctioned for reporting an allegation of sexual abuse in good faith, regardless of investigative outcomes. This practice was further verified through informal conversations with facility leadership and residents, all of whom confirmed that no resident has been disciplined for making a

	good-faith report. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision. No corrective action is required.** 115.278 (g) **What was read, as part of a systematic review of evidence:** Hickory Hill Recovery Center (HHRC) prohibits all sexual activity between residents. Residents are subject to disciplinary action for engaging in such activity; however, the agency will consider the behavior to constitute sexual abuse only when it is determined that the activity was coerced. All residents are informed of these expectations during intake, at which time HHRC staff review the facility's rules and regulations in detail. Residents acknowledge their understanding of these requirements and agree to abide by HHRC rules for the duration of their placement. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision. No corrective action is required.** HHRC meets the requirements of PREA Standard 115.278 because its Operations Manual outlines a formal, proportional disciplinary process, and records and leadership interviews confirm that no resident-on-resident or resident-on-staff sexual abuse incidents occurred that would trigger sanctions. The facility also complies with provisions protecting residents from discipline for good-faith reports of sexual abuse and ensures that any resident sexual activity is reviewed for coercion before discipline is imposed, as verified through policy review, PAQ responses, disciplinary record audits, and staff interviews. Collectively, these sources demonstrate consistent alignment between written policy and actual practice, supporting the determination of substantial compliance with all subsections and requiring no corrective action.

115.282	**Access to emergency medical and mental health services**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: • HHRC PAQ

- HHRC Operational Manual & Kentucky Housing Recovery Network (KHRN) Procedures (revised 1/29/2025)
- Resident Medical File Review
- Interview with Program Director/PREA Coordinator
- Interview with Medical Staff
- Interview with Staff First Responders

Reasoning and analysis (by provision):

115.282 (a)

What was read, as part of a systematic review of evidence:

HHRC PAQ Indicated:

HHRC Operations Manual, page 32, mandates that resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment.

HHRC Operations Manual mandated that the facility medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.

Resident Medical File Review:

No medical record was available for the auditor to review. This was confirmed through an interview with the Program Director, who stated that no incidents of this nature have occurred that would require sending a resident out for medical treatment in accordance with the standard.

What was heard, as part of a systematic review of evidence:

Medical staff reported that residents who are victims of sexual abuse would receive timely and unobstructed access to emergency medical treatment and crisis-intervention services when warranted. They explained that these services are provided immediately, and staff would transport the resident to the hospital for appropriate care.

There were no residents at the facility who met the criteria to be interviewed for this standard. This was confirmed through a conversation with the Program Director/ PREA Coordinator.

Finding:

Based on this analysis, the facility is substantially compliant with this

provision. No corrective action is required.

115.282 (b)

What was read, as part of a systematic review of evidence:

HHRC PAQ Indicated:

If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to § 115.262 and shall immediately notify the appropriate medical and mental health practitioners.

HHRC does not have 24/7 onsite medical services; all medical care is provided at the local hospital. Residents requiring forensic exams are transported to the local hospital for those services. This process is also addressed in this report under Standard 115.221.

What was heard, as part of a systematic review of evidence:

Interview with Staff First Responders:

There were no staff members who met the criteria for this provision within the past 12 months; therefore, no interviews were conducted under this requirement.

However, random staff interviews confirmed that they would immediately notify the Program Director and the Classification Staff/SOS Coordinator upon receiving a report of sexual abuse. Staff also stated they would remain with the alleged victim until assistance arrives and confirmed that the resident would be transported to the hospital for medical care.

Finding:

Based on this analysis, the facility is substantially compliant with this provision. No corrective action is required.

115.282 (c-d)

What was read, as part of a systematic review of evidence:

HHRC Operations Manual ensures that resident 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. Treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Page 33 of the manual further specifies that residents who have been victims of sexual abuse “shall be offered referrals for emergency medical and mental health evaluations and, as deemed appropriate, any necessary treatment related to the

	sexual abuse, to include timely and comprehensive information about lawful pregnancy-related medical services and be referred for testing of sexually transmitted infections if requested." The manual reiterates that these services are provided entirely free of charge to the victim. **What was heard, as part of a systematic review of evidence:** Both the Program Director/PREA Coordinator and the Medical Staff confirmed that HHRC ensures residents who are victims of sexual abuse are transported to the local hospital and provided timely information about access to emergency contraception and sexually transmitted infection prophylaxis. They added that all treatment services are offered at no financial cost to the victim and are provided regardless of whether the victim identifies the abuser or cooperates with any related investigation. **Finding:** **Based on this analysis, the facility is substantially compliant with provisions (c-d). No corrective action is required.** HHRC is compliant with PREA Standard 115.282 because policies require immediate access to emergency medical care, crisis intervention, and timely notification of medical and mental health practitioners, and staff interviews consistently confirmed they would follow these procedures. Although no qualifying incidents occurred during the audit period, staff demonstrated clear knowledge of first-response duties, hospital transport procedures, and the requirement to provide emergency contraception and STI prophylaxis at no cost. Taken together, the alignment of written policy, staff readiness, and confirmed practices supports a finding of substantial compliance with all subsections of the standard.

115.283	**Ongoing medical and mental health care for sexual abuse victims and abusers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: • HHRC PAQ • HHRC Operational Manual & Kentucky Housing Recovery Network (KHRN) Procedures (revised 1/29/2025) • Resident Medical File Review • Interview with Program Director/PREA Coordinator • Interview with Medical Staff • Interview with Staff First Responders

Reasoning and analysis (by provision):

115.283 (a-b)

What was read, as part of a systematic review of evidence:

The HHRC Operations Manual requires that all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility receive appropriate medical and mental health evaluations and, when indicated, treatment. The manual further mandates that HHRC ensure these services include follow-up care, individualized treatment plans, and referrals for continued services when residents are transferred to another facility or released from custody.

Because HHRC does not have onsite medical services 24/7, all medical care is provided through the local hospital. Mental Health care is provided via Telehealth (zoom). These requirements are addressed in detail under PREA Standards 115.221 and 115.282.

What was heard, as part of a systematic review of evidence:

Interview with Program Director/PREA Coordinator:

The Program Director stated that all medical follow-up services will be provided as required to ensure that any victim receives appropriate and timely care. They explained that any plan of action would be monitored to ensure the resident continues to receive necessary services even after release, including medication refills and other follow-up needs.

The Program Director also reported that there have been no sexual abuse allegations or incidents in the past 12 months that would have required providing follow-up medical or mental health care under this standard.

Interview with Medical Staff:

Medical staff reported that they ensure all follow-up appointments are scheduled as required, including consultations and medication refills. They added that when a resident is discharged from HHRC, they make certain that all necessary follow-up appointments are arranged prior to release.

They also stated that there have been no incidents in the past 12 months in which a resident required follow-up medical care related to a sexual abuse allegation.

Finding:

Based on this analysis, the facility is substantially compliant with provision (a) and (b). No corrective action is required.

115.283 (c)

What was read, as part of a systematic review of evidence:

	HHRC PAQ Indicated: The facility shall provide such victims with medical and mental health services consistent with the community level of care. HHRC does not have 24/7 onsite medical services; all medical care is provided through the local hospital. Mental health services are delivered either via telehealth (Zoom). These requirements and service arrangements are addressed in detail in this report under PREA Standards 115.221 and 115.282. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision. No corrective action is required.** 115.283 (d-e) **What was read, as part of a systematic review of evidence:** • HHRC houses only male residents and is therefore exempt from this provision. **Finding:** **Based on this analysis, provisions (d-e) are Not Applicable. No corrective action is required.** 115.283 (f-g) **What was read, as part of a systematic review of evidence:** The HHRC Operations Manual requires that residents who are victims of sexual abuse while incarcerated be offered testing for sexually transmitted infections when medically appropriate. It also mandates that all necessary treatment services be provided at no financial cost to the victim and without requiring the victim to identify the abuser or cooperate with any related investigation. • These requirements are addressed in detail in this report under PREA Standards 115.221 and 115.282. **Finding:** **Based on this analysis, the facility is substantially compliant with provision (f) and (g). No corrective action is required.** 115.283 (h) **What was read, as part of a systematic review of evidence:** HHRC shall 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. According to the HHRC Operations Manual, page 25, the SOS Coordinator is responsible for notifying Mountain View Health Clinic upon a resident's arrival and scheduling both the medical screening/assessment and the mental health assessment. Arrangements will be made to ensure that all required follow-up assessments occur within, or prior to, the 60-day timeframe. Resident Medical File Review: No medical records were available for the auditor to review. This was confirmed during an interview with the Program Director, who reported that no incidents of this nature have occurred that would require sending a resident for a follow-up assessment within 60 days, as required by the standard. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision. No corrective action is required.** HHRC is substantially compliant with PREA Standard 115.283, as documentation and interviews confirm that HHRC ensures victims of sexual abuse receive appropriate medical and mental health evaluations, follow-up care, and community-level services despite not having 24/7 onsite medical staff. Staff interviews and record reviews further verify that required procedures, such as arranging follow-up appointments, providing STI testing at no cost, and conducting mental health evaluations of known abusers within 60 days, are in place, though no qualifying incidents occurred in the past 12 months. Provisions related to female-specific requirements are not applicable due to HHRC's all-male population, and no corrective action is required for any subsection of the standard.

115.286	**Sexual abuse incident reviews**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: • HHRC PAQ • HHRC Operational Manual & Kentucky Housing Recovery Network (KHRN) Procedures (revised 1/29/2025) • Review of Investigation Report • Interview with Program Director/PREA Coordinator **Reasoning and analysis (by provision):**

115.286 (a-b)

What was read, as part of a systematic review of evidence:

HHRC PAQ indicated:

The facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. The facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation.

In the past 12 months, the facility has had zero criminal or administrative investigations of alleged sexual abuse, excluding only cases determined to be unfounded. This information was verified through conversations with both the Program Director/PREA Coordinator and facility residents.

HHRC Operations Manual was provided as evidence. Page 34, states that, “within 30 days of the conclusion of the investigation, a review will be conducted by Hickory Hill Recovery Center management team. The purpose of the review is to determine whether there is a need to revise policy and/or procedures, adjust staffing levels, address behavior norms within the facility, review, and correct physical plant issues, employ monitoring technology, etc. The review team will prepare a written report of recommendations and submit this to the agency head and PREA compliance manager.”

Review of Investigation Report:

There were no records of sexual abuse allegations within the past 12 months that required a follow-up incident review. The facility did receive one allegation of sexual harassment, reported by a former resident in the community. This allegation was investigated by the Kentucky Department of Corrections (KYDOC) and, based on a preponderance of the evidence, was determined to be unsubstantiated. Because the incident did not meet the criteria for a follow-up incident review, none was conducted. The auditor reviewed the investigation and concurred that no incident review was required for this case.

What was heard, as part of a systematic review of evidence:

Interview with Program Director/PREA Coordinator:

The Program Director/PREA Coordinator confirmed that HHRC conducts incident reviews for all sexual abuse allegations determined to be substantiated or unsubstantiated. They clarified that no incident review is conducted for allegations classified as unfounded. They also stated that there have been no sexual abuse allegations reported in the past 12 months that met the criteria for an incident review.

Finding:

Based on this analysis, the facility is substantially compliant with provision (a) and (b). No corrective action is required.

115.286 (c)

What was read, as part of a systematic review of evidence:

Page 34 of the HHRC Operations Manual states that the sexual abuse incident review team includes Hickory Hill Recovery Center upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

What was heard, as part of a systematic review of evidence:

Interview with Program Director/PREA Coordinator:

The Program Director/PREA Coordinator reported that upper-level management serving on the incident review team includes the Facility Director/PREA Coordinator, Intake Coordinator, SOS Coordinator, Agency Head, and, when appropriate, leadership from KYDOC. They noted that no incidents have occurred that would require activating the incident review team.

Finding:

Based on this analysis, the facility is substantially compliant with this provision. No corrective action is required.

115.286 (d-e)

What was read, as part of a systematic review of evidence:

The HHRC Operations Manual (page 34) requires the facility to prepare a written report summarizing the findings of all sexual abuse incident reviews. This report must include, at minimum, determinations related to paragraphs (d)(1)–(d)(5) of this standard, along with any recommendations for improvement. The manual further mandates that the report be submitted to the facility head and the PREA Coordinator. Additionally, the facility is required to implement the recommended improvements or document the rationale for not doing so.

What was heard, as part of a systematic review of evidence:

Interview with Program Director/PREA Coordinator:

The Program Director/PREA Coordinator explained that the facility’s incident review process is designed to evaluate the effectiveness of policy implementation, identify training needs, and assess other measurable outcomes related to sexual safety. Although the facility has not had any incidents to date, they stated that if a review were to occur, the HHRC team would consider all elements required under the provision, including:

1. Whether the allegation indicates a need to modify policy or practice.
2. Whether the incident may have been motivated by factors such as race, ethnicity, gender identity, LGBTI status or perceived status, gang affiliation, or other group dynamics.
3. The physical layout of the area where the incident allegedly occurred.
4. The adequacy of staffing levels in that area across all shifts.
5. Whether monitoring technology should be deployed or enhanced.

They add that the review will be submitted to Agency Head and KYDOC for review.

Finding:

Based on this analysis, the facility is substantially compliant with provision (d) and (e). No corrective action is required.

The facility is compliant with PREA Standard 115.286 because its policies require timely sexual abuse incident reviews, its leadership confirmed that reviews are conducted for all substantiated or unsubstantiated cases, and no qualifying incidents occurred in the past 12 months. The Operations Manual establishes a multidisciplinary review team consistent with PREA requirements, and staff interviews verified that this structure is in place and ready to be activated. The facility also maintains a comprehensive review process that incorporates all elements required under provisions (d) and (e), including written findings and implementation of improvements, demonstrating substantial compliance across all subsections.

115.287	**Data collection**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: • HHRC PAQ • HHRC Operational Manual & Kentucky Housing Recovery Network (KHRN) Procedures (revised 1/29/2025) • Review of Kentucky Department of Corrections Data via Website • Interview with Program Director/PREA Coordinator **Reasoning and analysis (by provision):** 115.287 (a-d) **What was read, as part of a systematic review of evidence:**

	HHRC PAQ indicated: HHRC 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. In accordance with the agreement between KYDOC and HHRC, this is required to be collected. Page 33 of the Operations Manual states that, “the HHRC PREA Coordinator shall provide allegations and dispositions of sexual offenses in a monthly report. This data shall be reviewed on an ongoing basis to identify problem areas and take corrective action. Yearly reports shall be made public.” The auditor confirmed that all elements required for the SSV are maintained and can be used to complete the report if requested. HHRC maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The Program Director/PREA Coordinator affirmed that all required data elements are tracked. Investigatory files and incident tracking reports were also reviewed. **Finding:** **Based on this analysis, the facility is substantially compliant with provisions (a-d). No corrective action is required.** 115.287 (e-f) **What was read, as part of a systematic review of evidence:** HHRC does not contract for the confinement of its residents, so therefore this is not applicable. DOJ has not requested agency data so therefore, this not applicable. **Finding:** **Based on this analysis, the facility is substantially compliant with provision (e-f). No corrective action is required.** The facility is substantially compliant with PREA Standard 115.287 (a–d), as it consistently collects, aggregates, and reviews all required incident-based sexual abuse data using standardized tools, and maintains documentation sufficient to complete the SSV if requested. Provisions 115.287 (e–f) are not applicable, as HHRC does not contract for confinement and DOJ has not requested agency data. No corrective action is required for any subsection, and overall compliance is confirmed.

115.288	**Data review for corrective action**

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence relied upon in making the compliance determinations:

- HHRC PAQ
- HHRC Operational Manual & Kentucky Housing Recovery Network (KHRN) Procedures (revised 1/29/2025)
- HHRC PREA November Audit Report by KYDOC
- Review of Kentucky Department of Corrections Data via Website
- Interview with Agency Head
- Interview with Program Director/PREA Coordinator

Reasoning and analysis (by provision):

115.288 (a)

What was read, as part of a systematic review of evidence:

HHRC PAQ indicated that the agency reviews data collected and aggregated pursuant to §115.287 to evaluate and strengthen the effectiveness of its sexual abuse prevention, detection, and response policies and training. This review process includes: (a) identifying problem areas; (b) implementing ongoing corrective actions; and (c) preparing an annual report summarizing the agency's data review findings and any corrective measures taken, both for each facility and for the agency as a whole.

What was heard, as part of a systematic review of evidence:

Interview with the Agency Head:

During the interview, the Agency Head explained that following any incident of sexual abuse or sexual harassment, HHRC staff conduct a debrief to evaluate the response. This review examines whether the incident was handled professionally, identifies strengths in the investigative process, highlights areas needing improvement, and determines whether programmatic changes are necessary to prevent future incidents. When corrective action is warranted, adjustments are implemented immediately.

They further stated that the agency conducts annual reviews of all data related to sexual abuse and harassment incidents to identify potential patterns and develop strategies to address them. Documentation plays a critical role in this process, enabling the agency to analyze trends, assess strengths and barriers, and determine ongoing needs.

Finding:

Based on this analysis, the facility is substantially compliant with this provision. No corrective action is required.

115.288 (b)

What was read, as part of a systematic review of evidence:

HHRC's annual report includes a comparison of the current year's data with data from prior years, as well as a review of corrective actions taken over time and the facility's overall progress in addressing sexual abuse.

HHRC also undergoes an internal audit conducted by the Kentucky Department of Corrections (KYDOC) to evaluate how effectively the facility is maintaining and ensuring sexual safety. When findings from this internal audit identify areas of concern, HHRC is required to implement corrective measures to meet compliance requirements.

In addition, HHRC must report all relevant data to KYDOC in accordance with its agreement. KYDOC then publishes this information on its official website as part of its agency-wide annual report.

What was heard, as part of a systematic review of evidence:

Interview with Program Director/PREA Coordinator:

During the interview, the Program Director/PREA Coordinator reported that the most recent DOC audit resulted in no required corrective actions. One issue was raised regarding the 30-day follow-ups; however, this was addressed on site with the auditor and corrected immediately based on the auditor's recommendations.

Finding:

Based on this analysis, the facility is substantially compliant with this provision. No corrective action is required.

115.288 (c)

What was read, as part of a systematic review of evidence:

HHRC makes its annual report readily available to the public through its website at least once each year. All annual reports are reviewed and approved by the Agency Head prior to publication. The auditor verified the availability of these reports on the HHRC website.

In addition, KYDOC publishes data collected from HHRC as part of its broader agency reporting. This ensures that HHRC's PREA-related data is also accessible to the public through KYDOC's official website.

What was heard, as part of a systematic review of evidence:

Interview with Agency Head:

The Agency Head stated that they review and approve all reports prior to their publication on the website. They further explained that data related to incidents of

	sexual abuse, allegations, or retaliation is reviewed immediately and on an ongoing basis to identify any problem areas. When corrective action is needed, it is implemented without delay. Annual reports are also reviewed and approved by the Agency Head and are made publicly available each year. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision. No corrective action is required.** 115.288 (d) **What was read, as part of a systematic review of evidence:** HHRC confirmed that when material is redacted from an annual report prior to publication, the redactions are limited solely to information whose release would present a clear and specific threat to the safety and security of the facility. HHRC also indicates the nature of any material that has been redacted. Through documentation review, the auditor verified that HHRC removes all identifying information from its summary reports. **What was heard, as part of a systematic review of evidence:** Interview with Program Director/PREA Coordinator: The Program Director/PREA Coordinator stated that if there is information that must be reported, HHRC will only redact material that could pose a safety risk to the facility. They emphasized that all redactions are made in accordance with the mandated guidelines. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision. No corrective action is required.** The agency conducts systematic reviews of all PREA-related data, including post-incident debriefs and annual analyses, to identify problem areas, implement corrective actions, and strengthen prevention and response efforts. Annual reports compare current and prior years' data, incorporate findings from internal audits, and are reviewed and approved by the Agency Head before being made publicly available, with any redactions limited to information that could compromise safety or security. Based on the evidence reviewed and interviews conducted, the facility is found to be substantially compliant with all provisions of §115.288, and no corrective action is required.

115.289	**Data storage, publication, and destruction**
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence relied upon in making the compliance determinations:

- HHRC PAQ
- HHRC Operational Manual & Kentucky Housing Recovery Network (KHRN) Procedures (revised 1/29/2025)
- Review of Kentucky Department of Corrections Data via Website
- Review of HHRC Website
- Interview with Program Director/PREA Coordinator

Reasoning and analysis (by provision):

115.289 (a-b)

What was read, as part of a systematic review of evidence:

HHRC securely retains both incident-based and aggregate data as required. The PAQ noted that HHRC does not have a policy requiring aggregated sexual abuse data from facilities under its direct control or from private facilities with which it contracts to be made publicly available at least annually on its website.

However, HHRC does not oversee or contract with any private facilities beyond its own program and therefore only maintains the sexual abuse data required for its single facility. This issue is addressed in the report under PREA Standard 115.212, and as such, the requirement for publishing aggregated data from additional contracted facilities is not applicable.

The auditor reviewed the HHRC website and confirmed that annual PREA reports are publicly available, with postings dating back to 2023.

Finding:

Based on this analysis, the facility is substantially compliant with provision (a) and (b). No corrective action is required.

115.288 (c-d)

What was read, as part of a systematic review of evidence:

HHRC ensures that all aggregated sexual abuse data is reviewed and stripped of all personal identifiers prior to being made publicly available. This requirement is addressed under PREA Standard 115.288. The auditor reviewed HHRC’s annual PREA report and confirmed that the reports posted on the HHRC website contain no personal identifying information.

HHRC maintains all sexual abuse data collected pursuant to §115.287 for a minimum of 10 years from the date of initial collection, unless federal, state, or local law requires a longer retention period. The agency’s current practices align with this requirement.

	What was heard, as part of a systematic review of evidence: Interview with Program Director/PREA Coordinator: The Program Director/PREA Coordinator reported that all PREA-related documentation is maintained on-site for 10 years before being transferred to a secure off-site storage location managed by HHRC's parent company, which they supervise. All records are maintained in hard-copy format and stored behind two locked doors in a locked filing cabinet, ensuring multiple layers of physical security and controlled access. **Finding:** **Based on this analysis, the facility is substantially compliant with provision (c) and (d). No corrective action is required.**

115.401	**Frequency and scope of audits**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: • HHRC PAQ • HHRC Operational Manual & Kentucky Housing Recovery Network (KHRN) Procedures (revised 1/29/2025) • HHRC Website • Documentation Review • Email attachments, including time-stamped photographs of signs posted prior to audit • Interviews • Site Review/Tour Observation **Reasoning and analysis (by provision):** 115.401 (a-b, h, l, m-n) A review of the agency's website and prior Final Audit Reports indicates that HHRC remains fully compliant with this standard. HHRC is the agency's only facility, and it ensured that the site was audited within the required three-year cycle. Although the current audit was extended from 2025 to 2026 due to unrelated facility circumstances, it still falls within the allowable audit window based on the date of the initial audit. The auditor was granted unrestricted access to all areas of the facility and was able to observe operations without limitation. Facility leadership provided full access to

	staff, residents, and all relevant locations. All documentation necessary to assess compliance was provided, including copies of all pertinent records. The auditor conducted private interviews with residents, specialized staff, and a random sample of additional personnel. Prior to the on-site review, the auditor's contact information was supplied to the facility for posting in resident living areas to announce the upcoming audit. These notices were distributed to agency and facility staff six weeks before the visit and were observed posted throughout the facility. Residents were permitted to send confidential correspondence to the auditor using the same procedures afforded for legal communications; no correspondence was received. The auditor was also permitted to request and obtain any additional relevant documents, including electronically stored information. In the auditor's judgment, these practices demonstrate that the agency was fully compliant with this standard in all material respects during the review period. **Finding:** **Based on the evidence reviewed, the facility demonstrates substantial compliance with PREA Standard 115.401(a-b, h,i, m-n,). No corrective action is required.**

115.403	**Audit contents and findings**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: • HHRC PAQ • HHRC Website (https://www.krccnet.com/substance-use-services/hickory--hill/) • Interview with Program Director/PREA Coordinator **Reasoning and analysis (by provision):** 115.403 (f) Hickory Hill Recovery Center's website provides public access to its previous PREA audits. As part of this review, the auditor examined the information available at https://www.krccnet.com/substance-use-services/hickory-hill/ to assess compliance. HHRC has posted its 2022 PREA Audit Report, which is readily accessible to the

	public. Hickory Hill Recovery Center demonstrates strong transparency and compliance with PREA Standard 115.403(f) by publishing Final Audit Reports and related PREA materials on its public website. The site also includes the agency’s Annual Report, reflecting sustained adherence to federal requirements and a clear commitment to public accountability. Based on these practices, the agency fully meets the expectations of this standard. **Finding:** **HHRC is substantially compliant with this standard, and no corrective action is required.**

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

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

	staffing patterns?	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
115.215 (a)	**Limits to cross-gender viewing and searches**	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.215 (b)	**Limits to cross-gender viewing and searches**	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	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
115.215 (c)	**Limits to cross-gender viewing and searches**	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	no
	Does the facility document all cross-gender pat-down searches of female residents?	no
115.215 (d)	**Limits to cross-gender viewing and searches**	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower,	yes

	perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes
115.215 (e)	**Limits to cross-gender viewing and searches**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.215 (f)	**Limits to cross-gender viewing and searches**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.216 (a)	**Residents with disabilities and residents who are limited English proficient**	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents	yes

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

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

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

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

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

	services a qualified staff member from a community-based organization, or a qualified agency staff member?	
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.221 (e)	**Evidence protocol and forensic medical examinations**	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.221 (f)	**Evidence protocol and forensic medical examinations**	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.221 (h)	**Evidence protocol and forensic medical examinations**	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	yes
115.222 (a)	**Policies to ensure referrals of allegations for investigations**	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.222	**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
115.222 (c)	**Policies to ensure referrals of allegations for investigations**	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes
115.231 (a)	**Employee training**	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents’ right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes

	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.231 (b)	**Employee training**	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.231 (c)	**Employee training**	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.231 (d)	**Employee training**	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.232 (a)	**Volunteer and contractor training**	

	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.232 (b)	**Volunteer and contractor training**	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.232 (c)	**Volunteer and contractor training**	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.233 (a)	**Resident education**	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
115.233 (b)	**Resident education**	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes
115.233	**Resident education**	

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

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

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

115.241 (b)	**Screening for risk of victimization and abusiveness**	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	**Screening for risk of victimization and abusiveness**	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.241 (d)	**Screening for risk of victimization and abusiveness**	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	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	yes

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

115.241 (i)	**Screening for risk of victimization and abusiveness**	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident’s detriment by staff or other residents?	yes
115.242 (a)	**Use of screening information**	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.242 (b)	**Use of screening information**	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
115.242 (c)	**Use of screening information**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.242	**Use of screening information**	

(d)		
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.242 (e)	**Use of screening information**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.242 (f)	**Use of screening information**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.251 (a)	**Resident reporting**	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.251 (b)	**Resident reporting**	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	**Resident reporting**	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from	yes

	third parties?	
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	**Resident reporting**	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.252 (a)	**Exhaustion of administrative remedies**	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.252 (b)	**Exhaustion of administrative remedies**	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	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.)	no
115.252 (c)	**Exhaustion of administrative remedies**	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	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
115.252	**Exhaustion of administrative remedies**	

(d)		
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	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
115.252 (e)	**Exhaustion of administrative remedies**	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	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
115.252 (f)	**Exhaustion of administrative remedies**	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is	yes

	exempt from this standard.)	
	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
115.252 (g)	**Exhaustion of administrative remedies**	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.253 (a)	**Resident access to outside confidential support services**	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes

115.253 (b)	**Resident access to outside confidential support services**	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.253 (c)	**Resident access to outside confidential support services**	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.254 (a)	**Third party reporting**	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.261 (a)	**Staff and agency reporting duties**	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.261 (b)	**Staff and agency reporting duties**	

	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.261 (c)	**Staff and agency reporting duties**	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner’s duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.261 (d)	**Staff and agency reporting duties**	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.261 (e)	**Staff and agency reporting duties**	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility’s designated investigators?	yes
115.262 (a)	**Agency protection duties**	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.263 (a)	**Reporting to other confinement facilities**	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.263 (b)	**Reporting to other confinement facilities**	

	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.263 (c)	**Reporting to other confinement facilities**	
	Does the agency document that it has provided such notification?	yes
115.263 (d)	**Reporting to other confinement facilities**	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.264 (a)	**Staff first responder duties**	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.264 (b)	**Staff first responder duties**	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any	yes

	actions that could destroy physical evidence, and then notify security staff?	
115.265 (a)	**Coordinated response**	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.266 (a)	**Preservation of ability to protect residents from contact with abusers**	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	no
115.267 (a)	**Agency protection against retaliation**	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.267 (b)	**Agency protection against retaliation**	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.267 (c)	**Agency protection against retaliation**	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report	yes

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

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

115.271 (e)	**Criminal and administrative agency investigations**	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual’s status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.271 (f)	**Criminal and administrative agency investigations**	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.271 (g)	**Criminal and administrative agency investigations**	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.271 (h)	**Criminal and administrative agency investigations**	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.271 (i)	**Criminal and administrative agency investigations**	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.271 (j)	**Criminal and administrative agency investigations**	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes

115.271 (l)	**Criminal and administrative agency investigations**	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
115.272 (a)	**Evidentiary standard for administrative investigations**	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.273 (a)	**Reporting to residents**	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.273 (b)	**Reporting to residents**	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.273 (c)	**Reporting to residents**	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the	yes

	resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.273 (d)	**Reporting to residents**	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.273 (e)	**Reporting to residents**	
	Does the agency document all such notifications or attempted notifications?	yes
115.276 (a)	**Disciplinary sanctions for staff**	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.276	**Disciplinary sanctions for staff**	

(b)		
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.276 (c)	**Disciplinary sanctions for staff**	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.276 (d)	**Disciplinary sanctions for staff**	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.277 (a)	**Corrective action for contractors and volunteers**	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.277 (b)	**Corrective action for contractors and volunteers**	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes

115.278 (a)	**Disciplinary sanctions for residents**	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.278 (b)	**Disciplinary sanctions for residents**	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
115.278 (c)	**Disciplinary sanctions for residents**	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.278 (d)	**Disciplinary sanctions for residents**	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits?	no
115.278 (e)	**Disciplinary sanctions for residents**	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.278 (f)	**Disciplinary sanctions for residents**	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes

115.278 (g)	**Disciplinary sanctions for residents**	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.282 (a)	**Access to emergency medical and mental health services**	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.282 (b)	**Access to emergency medical and mental health services**	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.282 (c)	**Access to emergency medical and mental health services**	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.282 (d)	**Access to emergency medical and mental health services**	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (a)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile	yes

	facility?	
115.283 (b)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.283 (c)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.283 (d)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.283 (e)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.283 (f)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are treatment services provided to the victim without financial	yes

	cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	
115.283 (h)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.286 (a)	**Sexual abuse incident reviews**	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.286 (b)	**Sexual abuse incident reviews**	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	**Sexual abuse incident reviews**	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.286 (d)	**Sexual abuse incident reviews**	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	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	yes

	should be deployed or augmented to supplement supervision by staff?	
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.286 (e)	**Sexual abuse incident reviews**	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.287 (a)	**Data collection**	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.287 (b)	**Data collection**	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287 (c)	**Data collection**	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.287 (d)	**Data collection**	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.287 (e)	**Data collection**	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na

115.287 (f)	**Data collection**	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
115.288 (a)	**Data review for corrective action**	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.288 (b)	**Data review for corrective action**	
	Does the agency’s annual report include a comparison of the current year’s data and corrective actions with those from prior years and provide an assessment of the agency’s progress in addressing sexual abuse?	yes
115.288 (c)	**Data review for corrective action**	
	Is the agency’s annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.288 (d)	**Data review for corrective action**	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety	yes

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

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