

PREA Facility Audit Report: Final

Name of Facility: Chrysalis House Residential Treatment Facility

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 11/24/2022

| Auditor Certification | |
|---|--------------------------------------|
| The contents of this report are accurate to the best of my knowledge. | <input checked="" type="checkbox"/> |
| No conflict of interest exists with respect to my ability to conduct an audit of the agency under review. | <input checked="" type="checkbox"/> |
| I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template. | <input checked="" type="checkbox"/> |
| Auditor Full Name as Signed: Cynthia Swier | Date of Signature: 11/24/2022 |

| AUDITOR INFORMATION | |
|-------------------------------------|----------------------------|
| Auditor name: | Swier, Cynthia |
| Email: | swierconsultants@gmail.com |
| Start Date of On-Site Audit: | 10/10/2022 |
| End Date of On-Site Audit: | 10/11/2022 |

| FACILITY INFORMATION | |
|-----------------------------------|---|
| Facility name: | Chrysalis House Residential Treatment Facility |
| Facility physical address: | 1589 Hill Rise Drive, Lexington, Kentucky - 40504 |
| Facility mailing address: | 1589 Hill Rise DR, Lexington, Kentucky - 40508 |

| Primary Contact | |
|--------------------------|-------------------------------|
| Name: | Demi Jacobs |
| Email Address: | demijacobs@chrysalishouse.org |
| Telephone Number: | 859-977-2507 |

| Facility Director | |
|--------------------------|---------------------------------|
| Name: | Kama McKinney |
| Email Address: | kamamckinney@chrysalishouse.org |
| Telephone Number: | 859-977-2504 |

| Facility PREA Compliance Manager | |
|----------------------------------|--|
| Name: | |
| Email Address: | |
| Telephone Number: | |

| Facility Health Service Administrator On-Site | |
|---|-----------------------------------|
| Name: | Michael Kindred |
| Email Address: | michaelkindred@chrysalishouse.org |
| Telephone Number: | 859-977-2524 |

| Facility Characteristics | |
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| Designed facility capacity: | 48 |
| Current population of facility: | 40 |
| Average daily population for the past 12 months: | 42 |
| Has the facility been over capacity at any point in the past 12 months? | No |
| Which population(s) does the facility hold? | Females |
| Age range of population: | 18+ |
| Facility security levels/resident custody levels: | Moderate Risk |
| Number of staff currently employed at the facility who may have contact with residents: | 51 |
| Number of individual contractors who have contact with residents, currently authorized to enter the facility: | 3 |
| Number of volunteers who have contact with residents, currently authorized to enter the facility: | 0 |

| AGENCY INFORMATION | |
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| Name of agency: | Chrysalis House, Inc. |
| Governing authority or parent agency (if applicable): | |
| Physical Address: | 1589 Hill Rise Drive, Lexington, Kentucky - 40504 |
| Mailing Address: | |
| Telephone number: | |

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

| Agency-Wide PREA Coordinator Information | | | |
|--|-------------|-----------------------|-------------------------------|
| Name: | Demi Jacobs | Email Address: | demijacobs@chrysalishouse.org |

| SUMMARY OF AUDIT FINDINGS | |
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| <p>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.</p> <p>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.</p> | |
| Number of standards exceeded: | |
| 0 | |
| Number of standards met: | |
| 41 | |
| Number of standards not met: | |
| 0 | |

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

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| 1. Start date of the onsite portion of the audit: | 2022-10-10 |
| 2. End date of the onsite portion of the audit: | 2022-10-11 |

Outreach

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

AUDITED FACILITY INFORMATION

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| 14. Designated facility capacity: | 48 |
| 15. Average daily population for the past 12 months: | 42 |
| 16. Number of inmate/resident/detainee housing units: | 3 |
| 17. Does the facility ever hold youthful inmates or youthful/juvenile detainees? | <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility) |

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

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

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

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| 41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit: | 1 |
| 42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit: | 0 |
| 43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit: | 0 |
| 44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit: | 0 |
| 45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit: | 0 |
| 46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit: | 3 |
| 47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit: | 0 |
| 48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations): | Many of the targeted populations were not present at the facility during the on-site dates of the audit. This is a small residential facility with 39 total residents as of the on-site audit. The staff are very familiar with the residents and the residents are very familiar with one another. The auditor inquired of both staff and residents during interviews and informal conversations about the possible presence of these targeted populations and the absence of these targeted populations was verified. |
| Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit | |
| 49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit: | 51 |
| 50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees: | 0 |
| 51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees: | 3 |
| 52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit: | There were no volunteers presently coming into the facility, therefore, there were no volunteers to interview. There are three contract staff, however, they are not at the facility every day and were not present during the on-site dates of the audit. |
| INTERVIEWS | |
| Inmate/Resident/Detainee Interviews | |

| Random Inmate/Resident/Detainee Interviews | |
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| 53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed: | 7 |
| 54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply) | <input type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None |
| 55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse? | This is a small residential facility with 12-15 residents at each location (3 locations). I randomly selected residents from each location to interview. |
| 56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation): | Based on the type of facility this is, there were no residents at the time of the audit who had reported a sexual abuse, youthful, blind, LEP, cognitively disabled, identified as LGB, transgender or intersex, or in segregated housing for high risk of sexual victimization. I was able to interview one resident who was deaf/hard of hearing and two who had reported previous sexual victimization during risk screening. I oversampled random residents due to make up for the lack of targeted populations. |
| Targeted Inmate/Resident/Detainee Interviews | |
| 58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed: | 3 |
| 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". | |
| 60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol: | 0 |

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

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| <p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>There were no residents at the time of the onsite audit who were identified as LEP. This was verified through observation and interviews with staff and other residents.</p> |
| <p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>There were no residents at the facility during the on-site audit who were identified as being lesbian, gay, or bisexual. This was verified through observations and interviews with staff and other residents.</p> |
| <p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>There were no residents at the facility during the on-site audit who were identified as being transgender or intersex. This was verified through observations and interviews with staff and other residents.</p> |

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| 67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol: | 0 |
| a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category: | <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> 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). | There were no residents at the facility during the on-site audit who were identified as having reported a sexual abuse. This was verified through interviews with staff and other residents. |
| 68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol: | 2 |
| 69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol: | 0 |
| a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category: | <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> 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 facility does not contain segregated housing. |
| 70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews): | Random inmates were oversampled due to the lack of many of the targeted population categories. |
| Staff, Volunteer, and Contractor Interviews | |
| Random Staff Interviews | |
| 71. Enter the total number of RANDOM STAFF who were interviewed: | 12 |

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| <p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p> | <p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p> |
| <p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p> | <p>There were no barriers to completing interviews. This is a small residential facility. Many of the staff serve in multiple capacities, therefore, multiple interview protocols were utilized.</p> |
| <p>Specialized Staff, Volunteers, and Contractor Interviews</p> | |
| <p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p> | |
| <p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p> | <p>15</p> |
| <p>76. Were you able to interview the Agency Head?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>78. Were you able to interview the PREA Coordinator?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>79. Were you able to interview the PREA Compliance Manager?</p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p> |

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| <p>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</p> | <p><input type="checkbox"/> Agency contract administrator</p> <p><input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment</p> <p><input type="checkbox"/> Line staff who supervise youthful inmates (if applicable)</p> <p><input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable)</p> <p><input checked="" type="checkbox"/> Medical staff</p> <p><input checked="" type="checkbox"/> Mental health staff</p> <p><input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches</p> <p><input checked="" type="checkbox"/> Administrative (human resources) staff</p> <p><input type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff</p> <p><input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations</p> <p><input type="checkbox"/> Investigative staff responsible for conducting criminal investigations</p> <p><input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness</p> <p><input type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation</p> <p><input checked="" type="checkbox"/> Staff on the sexual abuse incident review team</p> <p><input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation</p> <p><input checked="" type="checkbox"/> First responders, both security and non-security staff</p> <p><input checked="" type="checkbox"/> Intake staff</p> <p><input type="checkbox"/> Other</p> |
| <p>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</p> | <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> |
| <p>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</p> | <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> |
| <p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p> | <p>There were no volunteers coming into the facility during the time of the on-site audit. The facility does employ 2 contractors, however, neither of these staff were at the facility as of the dates of the on-site audit.</p> |

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

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

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| 85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
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| 86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
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| 87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
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| 88. Informal conversations with staff during the site review (encouraged, not required)? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
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| 89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations). | <p>During the site review, the auditor was able to observe the layout of the facility and the presence of video monitoring in two of the locations. The auditor was able to observe staffing levels and the general communication between residents and staff. Staff demonstrated the intake and risk screening process as well as the interpretation services. A resident was interviewed who was deaf/hard of hearing and she utilized her cell phone which had a transcription application which allowed her to see the text of spoken words. She was able to also type her responses to the auditor. Informal conversations were also conducted with both staff and residents to determine the overall culture at the facility.</p> |
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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.

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| 90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
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| <p>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p> | <p>There were no barriers to selecting documentation. The facility provided all documents requested by the auditor to include training records of staff, contractors and residents, background checks/personnel files of staff, supervisory rounds logs, risk screening and intake records. There have not been any reports of sexual abuse or sexual harassment at any of the 3 housing units within the past year. Therefore, there were no reports or investigations, incident reviews or retaliation monitoring. The facility also does not have a segregated housing unit, therefore, there were no logs or records in relation to this to review.</p> |
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SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

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

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

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

95. 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.

96. 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 |

97. 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

| | |
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| 98. 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 were no reports of sexual abuse made at this facility during the previous 12 months. |
| 99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files) |
| Inmate-on-inmate sexual abuse investigation files | |
| 100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled: | 0 |
| 101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) |
| 102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) |
| Staff-on-inmate sexual abuse investigation files | |
| 103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled: | 0 |
| 104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files) |
| 105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files) |
| Sexual Harassment Investigation Files Selected for Review | |
| 106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled: | 0 |

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| <p>a. Explain why you were unable to review any sexual harassment investigation files:</p> | <p>There were no reports of sexual harassment at the facility during the previous 12 months.</p> |
| <p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p> | <p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files) </p> |
| <p>Inmate-on-inmate sexual harassment investigation files</p> | |
| <p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p> | <p>0</p> |
| <p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p> | <p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) </p> |
| <p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p> | <p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) </p> |
| <p>Staff-on-inmate sexual harassment investigation files</p> | |
| <p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p> | <p>0</p> |
| <p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p> | <p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) </p> |
| <p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p> | <p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) </p> |
| <p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p> | <p>There were no reports of sexual abuse or sexual harassment at the facility during the previous 12 months.</p> |
| <p>SUPPORT STAFF INFORMATION</p> | |
| <p>DOJ-certified PREA Auditors Support Staff</p> | |

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

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

AUDITING ARRANGEMENTS AND COMPENSATION

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|---|---|
| <p>121. Who paid you to conduct this audit?</p> | <p><input checked="" type="radio"/> The audited facility or its parent agency</p> <p><input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p> |
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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.

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| 115.211 | <p>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. The Chrysalis House Treatment Center Pre-Audit Questionnaire (PAQ) 2. The Chrysalis House Treatment Center PREA Policies and Procedures 3. Organizational Chart <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA Coordinator <p>Findings (By Provision):</p> <p>115.211(a) The agency has a comprehensive PREA Policy which mandates a zero-tolerance towards all forms of sexual abuse and sexual harassment and outlines the strategies on preventing, detecting and responding to such conduct. The policy addresses preventing sexual abuse and sexual harassment through the designation of a PREA Coordinator (PC), criminal history background checks (staff, volunteers and contractors), training (staff, volunteers and contractors), staffing, intake/risk screening, resident education and posting of signage (PREA posters, etc.). The policy addresses detecting sexual abuse and sexual harassment through training (staff, volunteers, and contractors), and intake/risk screening. The policy addresses responding to allegations of sexual abuse and sexual harassment through reporting, investigations, victim services, medical and mental health services, disciplinary sanctions for staff and residents, incident reviews and data collection. The policy indicates that the Employee Handbook includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment and includes sanctions for those found to have participated in prohibited behaviors. The agency PREA policy is consistent with the PREA standards and outlines the agency's approach to sexual safety.</p> <p>115.211(b) The agency's organizational chart reflects that the PREA Coordinator (PC) position is an upper-level position which reports directly to the facility director. The PC was interviewed and reported that her primary job responsibility is PREA compliance. She stated that she has direct access to the agency head. She can implement policies and practices as necessary to ensure sexual safety requirements. She stated that she has sufficient time and authority to develop, implement and oversee the agency's efforts to comply with the PREA standards.</p> <p>Based on a review of the PAQ and related documents, as well as interviews with the PC, staff and residents, PREA implementation appears to comply with the standard. The preparedness for the audit, the absence of any additional job duties and overall incorporation of institutionalized sexual safety practices demonstrates that the PC has sufficient time and authority to accomplish PREA responsibilities for the facility.</p> |
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| 115.212 | Contracting with other entities for the confinement of residents |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents: 1. N/A</p> <p>Interviews: 1. Agency Contract Administrator 2. Facility Director (acting)</p> <p>Findings (By Provision):</p> <p>115.212 (a): The agency does not contract for the confinement of its residents with private agencies or other entities. This standard is N/A.</p> <p>115.212 (b): The agency does not contract for the confinement of its residents with private agencies or other entities. This standard is N/A.</p> <p>115.212 (c): The agency does not contract for the confinement of its residents with private agencies or other entities. This standard is N/A.</p> <p>Interviews with the Facility Director (acting) and the Agency Contract Administrator confirmed that The Chrysalis House does not contract with other entities for the confinement of residents. Based on this, this standard is not applicable.</p> |

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| 115.213 | Supervision and monitoring |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents:</p> <ol style="list-style-type: none"> 1. PAQ 2. Staffing Plan 3. Staffing Plan Review 4. Building Checks <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Director (acting) 2. PREA Coordinator <p>Findings (By Provision):</p> <p>115.213 (a): The facility policy indicates that the facility has a staffing plan that provides for adequate levels of staffing and is also enhanced by video monitoring, to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video surveillance, the facility considers the physical layout of the facility, the composition of the resident population, the prevalence of any incidents of sexual abuse and any other relevant factors.</p> <p>115.213 (b): The PREA Coordinator is responsible for reviewing the PREA staffing Plan. In circumstances where the staffing plan is not complied with, the facility documents and justifies all deviations from the plan. Notifications are then made to the Facility Director. Interviews with the PREA Coordinator and Facility Director (acting) indicated that when there is a shortage of staff for illness or other circumstance, other staff are utilized to fill in. At times, administrative staff are also utilized to ensure that the facility staffing plan is adhered to and avoids deviations. There are numerous video cameras throughout the facility with rotating, zoom and retention capabilities. This surveillance system further enhances the established staffing plan. In conjunction with this, there are also concave mirrors in key areas throughout the facility.</p> <p>115.213 (c): The facility staffing plan is reviewed no less than once annually by facility administration in collaboration with the PREA Coordinator. The facility staffing plan assessment review is documented and recommendations and modifications are implemented as appropriate. The assessment determines and documents whether adjustments are needed to the established staffing plan, prevailing staffing patterns, the use of video monitoring systems and other monitoring technologies, and any other resources the facility has available to commit to ensure adequate staffing levels.</p> <p>Based on a review of the facility PREA policy, the PAQ, the staffing plan, the staff rosters and observations made during the site review and interviews with the Facility Director (acting) and the PREA Coordinator, this standard is determined to be compliant.</p> |

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| 115.215 | Limits to cross-gender viewing and searches |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents: 1. The Chrysalis House PREA Policy</p> <p>Interviews: 1. Random Staff 2. Random Residents</p> <p>Findings (By Provision):</p> <p>115.215 (a): The Chrysalis House PREA policy prohibits pat searches, strip searches and visual body cavity searches, regardless of gender. Clothing checks must be done by female to female and at no time should a staff person touch a patient. Clothing checks are defined as the patient turning her pockets inside out and/or shaking clothing. Shoes are to be removed and searched. The PAQ indicated that no cross-gender strip or cross-gender visual body cavity searches of residents were conducted at the facility over the past twelve months and that the facility does not conduct these types of searches by policy. Interviews with staff indicated that at no time are pat or strip searches conducted. Interviews with residents indicated that none had been naked in front of staff of the opposite gender and that they had also not been strip searched or pat searched. There were no non-medical staff who were involved in cross-gender strip or visual searches.</p> <p>115.215 (b): The Chrysalis House PREA policy prohibits staff from conducting cross gender pat searches of residents as well as any other physical search. Interviews with random staff and random residents indicated that the residents are not physically searched.</p> <p>115.215 (c): The Chrysalis House PREA policy prohibits strip searches and visual body cavity searches, regardless of gender. The PAQ indicated that no cross-gender searches have been conducted in the previous twelve months at this facility.</p> <p>115.215 (d): The Chrysalis House PREA policy indicates that the facility enables residents to shower, perform bodily functions and change clothes without staff of the opposite gender viewing their breasts, buttocks or genitalia. Additionally, they require staff of the opposite gender to announce their presence prior to entering a housing unit. Interviews with random residents and interviews with random staff indicated that residents have privacy when showering, using the restroom and changing clothes. A tour through the facility noted that many housing rooms had a bathroom with a door and a shower with a curtain. There are also outer doors to the rooms which lead into the hallway which provide for privacy inside the room for changing cloths, etc. There were also some floors in the facility with bathrooms in the hallways which contained an outdoor leading to the hallway and inside the bathroom, there were individual showers with curtains. Interviews with random residents and random staff confirm that all staff announce their presence when entering a housing room or restroom. During the site review, the auditor observed postings on the door of all housing units reminding staff to announce their presence prior to entering. When the auditor entered a housing unit during the site review, staff knocked on the room doors and restroom doors and announced their presence prior to entering.</p> <p>115.215 (e): The Chrysalis House PREA policy prohibits staff from searching or physically examining any resident for the sole purpose of determining the resident’s genital status. The PAQ indicated that there are no transgender residents at the facility. Interviews with random residents and random staff indicated there currently are not any transgender residents in the facility. Interviews with a random sample of staff also indicated that residents would not be searched or physically examined for the sole purpose of determining their genital status.</p> <p>115.215 (f): The Chrysalis House PREA policy prohibits staff from searching or physically examining any resident for the sole purpose of determining the resident’s genital status. The PAQ indicated that 100% of staff have received training in how to conduct searches. A review of a random sample of training records indicated that staff had received the PREA training regarding the policy and procedure of searching residents. Interviews with a random sample of staff indicated that they received this training and that they conduct all searches in a professional and respectful manner. Interviews with random staff indicated that they were able to describe what an exigent search would be and knew that these searches would need to be authorized and documented.</p> <p>Based on a review of the PAQ, the PREA policy, staff training curriculum, a random sample of staff training records, observations made during the site review to include the presence of staff presence announcement postings, staff presence announcements in housing units, bathrooms with doors and shower curtains in resident housing areas as well as information from interviews with random staff, and random residents related to privacy in the bathroom as well as training on professional and respectful searches, this standard is determined to be compliant.</p> |

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| 115.216 | Residents with disabilities and residents who are limited English proficient |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |

Documents:

1. The Chrysalis House PREA Policy
2. Limited English Proficient Policy
3. Eyes on Hope Brochure (Help for Deaf Inmates)
4. SUD Treatment for the Deaf Brochure
5. Interpretive Services: Central Kentucky Interpreter Referral, Inc; University of Kentucky Foreign Language Department; Kentucky School for the Deaf

Interviews:

1. Agency Head
2. Random Staff
3. Random Residents
4. Residents with Disabilities

Site Review Observations:

1. Observations of PREA Posters in English and Spanish
2. Observations of Deaf Inmate utilizing assistive hearing device

Findings (By Provision):

115.216 (a): The facility PREA policy establishes the procedure to provide disabled residents an equal opportunity to benefit from all the aspects of the facility's efforts to prevent, detect and respond to sexual abuse and sexual harassment. Residents who are deaf or hard of hearing are provided information in written format while residents who are blind or have an intellectual/cognitive disability would be read PREA information by staff. Interviews with the Agency Head indicated that residents receive PREA information in a format that they can understand. During the site review, the PREA signage was observed to be in large text and in English as well as Spanish. PREA information is provided to the resident population through various methods: video, pamphlets and posters in English and in Spanish and verbally by staff.

115.216 (b): The facility PREA policy establishes the procedure to ensure meaningful access to all the aspects of the facility's efforts to prevent, detect and respond to sexual abuse and sexual harassment to residents who are Limited English Proficient (LEP). The agency has a staff translator list which is utilized by the facility for any residents who are LEP. Policy and interviews indicate that the agency's PREA information is available in numerous formats to include: written (English and Spanish), and video in English and Spanish and that PREA information is available throughout the facility in English and Spanish. Interviews with the Agency Head and residents indicated that the residents received PREA information in a format that they can understand. All of the residents interviewed indicated that they had received PREA education in a manner that they could understand. During the site review, it was observed that PREA signage was posted throughout the facility in English and Spanish. An interview with a resident who was deaf / hard of hearing was conducted with the resident utilizing a device on her phone which translated spoken voice into text. She was able to communicate with the auditor and staff by speech as well as by typed messages. She indicated that she was provided written information and was able to understand the facility PREA policy.

115.216 (c): The facility PREA policy prohibits the use of resident interpreters for allegations of sexual abuse and sexual harassment. The PAQ indicated that there were no instances where a resident was utilized for this purpose. Interviews with a random sample of staff indicated that residents are not utilized to translate for PREA purposes. Staff indicated that they had a list of outside services they could utilize to translate in these types of circumstances. Interviews with residents indicated that other inmates were not utilized to translate for them or provide assistance. There were no LEP residents at the facility at the time of the onsite audit. The facility provided a list of service providers in the local community that they can utilize for interpretation services.

Based on a review of the PAQ, the PREA policy, the service provider translator list, the observations made during the site review to include the PREA signage as well as interviews with the Agency Head, random staff, random residents and a resident with a hearing disability, indicates that this standard is compliant.

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| 115.217 | Hiring and promotion decisions |
| Auditor Overall Determination: Meets Standard | |
| Auditor Discussion | |
| <p>Documents:</p> <ol style="list-style-type: none"> 1. PAQ 2. Chrysalis House Human Resource Policy 3. Employee Background Check Policy 4. Employee Application 5. Staff Background Checks 6. Five Year Background Checks for Current Staff 7. Staff Promotion Background Checks <p>Interviews:</p> <ol style="list-style-type: none"> 1. Human Resources staff <p>Findings (By Provision):</p> <p>115.217 (a): The facility PREA policy indicates that the agency will not hire or promote anyone who may come in contact with residents, and shall not enlist the services of any contractor who may have contact with residents if they have: engaged in sexual abuse in prison, jail, lockup or any other institution; been convicted of engaging or attempting to engage in sexual activity in the community or has been civilly or administratively adjudicated to have engaged in sexual abuse by force, overt or implied threats of force or coercion. A review of personnel files of staff indicated that all staff are asked about the above incidents in their application. Additionally, all staff and contractors have a criminal background completed prior to being authorized to work at the facility.</p> <p>115.217 (b): The facility PREA policy indicates that the agency considers any incidents of sexual harassment in determining whether to hire or promote any staff or enlist the services of any contractor who may have contact with residents. Human Resource staff indicated that sexual harassment is considered when hiring or promoting staff or enlisting services of any contractors. In the past 12 months of the audit, there were no contractors hired at this facility.</p> <p>115.217 (c): The facility PREA policy indicates that the agency is required to perform criminal background checks and make its best effort to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignations during a pending investigation of sexual abuse for new employees that may have contact with residents. The PAQ indicated that 100% of those hired in the past twelve months that may have contact with residents had received a criminal background check and prior institutional employers were contacted. A review of personnel files indicated 100% of the random sample reviewed had a criminal background completed. Additionally, all staff are fingerprinted and any future arrest is automatically reported to the agency. Human Resource staff indicated that all staff are required to have a criminal background check before they are hired and that all law enforcement agencies are contacted related to information on any prior substantiated allegations of sexual abuse or resignations while under investigation.</p> <p>115.217 (d): The facility PREA policy indicates that the agency performs criminal background checks before enlisting the services of any contractor who may have contact with residents. The PAQ indicated that 100% of the contract staff have had a criminal background check prior to enlisting services. A review of a random sample of contractor personnel files indicated that criminal background checks had been conducted. Human Resource staff indicated that all contractors have a criminal background check completed prior to working at the facility.</p> <p>115.217 (e): The facility PREA policy outlines the system that is in place to capture criminal background information. All staff and contractors are fingerprinted and anytime an individual in this system is arrested, the facility is immediately notified. All staff have a background completed at least every five years in addition to the fingerprint process. The interview with Human Resource staff confirmed that all staff and contractors are entered into the system and that any arrests are immediately reported to the agency.</p> <p>115.217 (f): The facility PREA policy indicates that the agency will ask all applicants and employees who have contact with residents directly about whether they have: engaged in sexual abuse in prison, jail, lockup or any other institution been</p> | |

convicted of engaging or attempting to engage in sexual activity in the community or has been civilly or administratively adjudicated to have engaged in sexual abuse by force, overt or implied threats of force or coercion through a written application, during any interviews or through any written self-evaluations as part of a review of current employees. A review of personnel files of staff indicated that all staff were asked about the above incidents in their application. Additionally, the interview with Human Resource staff confirmed that these questions are contained on the employment application which is required for all applicants.

115.217 (g): The facility PREA policy indicates that material omissions regarding sexual misconduct or the provision of materially false information is grounds for termination. Human resource staff confirm that any false information or omissions would result in an employee or contractor being terminated.

115.217 (h): The facility PREA policy indicates that the agency will provide information related to substantiated allegations of sexual abuse or sexual harassment involving a former employee to institutional employers for whom the employee has applied to work. Human resource staff indicated that this information would be provided when requested.

Based on a review of the PAQ, the facility PREA policy, a review of personnel files for staff and contractors and information obtained from the Human Resource staff interview indicates that this standard is compliant.

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| 115.218 | <p>Upgrades to facilities and technology</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Facility Staffing Plan <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency Head 2. Facility Director (acting) <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations of the Physical Plant 2. Observations of Video Monitoring Technology <p>Findings (By Provision):</p> <p>115.218 (a): The facility has sold two properties and had a change in location in another property. The PAQ as well as interviews with the Agency Head and Facility Director (acting) confirmed there have not been any modifications to the existing facilities since August 20, 2012. During the site review, the auditor did not observe any renovations, modifications or expansions. The interview with the Facility Director (acting) indicated that agency's ability to protect residents from sexual abuse was considered in the acquisition of the new location as well as in the current locations of their facilities.</p> <p>115.218 (b): The facility installed not installed any additional cameras. The facility PREA policy indicates that prior to new installation, the administrative staff will coordinate with the PC to consider how new updates will help to ensure the facility's ability to protect inmates from sexual abuse. The PAQ as well as interviews with the Agency Head and the Facility Director (acting) confirmed that safety factors are considered in the staffing plan and subsequent purchase and installation of additional cameras. Cameras were noticed by the auditor throughout the facility at both of the Bull Lea locations. The agency has received a grant for video installation at the Hill Rise location and is awaiting the receipt and installation of this surveillance equipment.</p> <p>Based upon the onsite observations, interviews with the Agency Head and the Facility Director (acting) as well as a review of the provided documents, this standard is determined to be compliant.</p> |
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| 115.221 | Evidence protocol and forensic medical examinations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) 2. Facility PREA Policy 3. MOU with Bluegrass Rape Crisis Center <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random Staff 2. PREA Coordinator 3. Residents who Reported a Sexual Abuse (none at this facility) <p>Findings (By Provision):</p> <p>115.221 (a): The facility PREA policy outlines the uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. All investigators follow the same evidence protocol no matter the crime. The PAQ indicated that the facility is responsible for conducting administrative investigations while the Lexington Police Department is responsible for conducting criminal investigations. It is agreed and understood that the law enforcement agency will provide investigative services to residents and staff of the facility pursuant to this standard, on a 24 hour, 7 days a week basis. Interviews with random staff indicated they are aware of evidence protocol. They indicated they were aware of how to preserve evidence.</p> <p>115.221 (b): The facility PREA policy outlines the uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. Per the PAQ as well as PREA policy this was developed appropriate for youth and was adapted from the DOJ's Office of Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents".</p> <p>115.221 (c): The facility PREA policy indicates that all resident victims of sexual abuse shall be offered access to forensic medical examinations at no cost. The facility does not offer forensic medical examinations on-site. The resident would be transported to a local hospital where the forensic examination is performed by nurses with specialized training. The hospital providing forensic exams operates twenty-four (24) hours, seven (7) days per week. The hospital provides sexual assault exams by Sexual Assault Nurse Examiners / Forensic Examiners. These exams are offered without financial cost to the victim or the victim's family. The PAQ indicated that during the previous twelve months, there have been no forensic exams conducted. Staff were interviewed and verified that forensic medical exams are conducted at the local hospital, if one is needed and that the exams are provided by a qualified medical practitioner.</p> <p>115.221 (d): The facility PREA policy outlines the process for offender victim services. The plan indicates that attempts shall be made to make a victim advocate from a rape crisis center available to the offender victim. The facility has an MOU in place with the Bluegrass Rape Crisis Center which provides mental health counseling, victim advocacy and emotional support services to residents at the facility. The facility also employs qualified mental health practitioners who are able to provide immediate crisis management. Interviews with the residents and staff indicated that staff can provide emotional and advocacy services if needed or requested. Staff employed by the facility and staff from the community victim advocacy organization will accompany the resident victim to the hospital if there is a sexual assault exam. Interviews with the PC and residents as well as conversations with staff indicated that this was the process.</p> <p>115.221 (e): The facility PREA policy outlines the process for resident victim services. The plan indicates that a victim advocate from a rape crisis center will be available to the resident victim. The facility does have an MOU in place with a local community provider. Interviews with the residents and the staff indicated that the Bluegrass Rape Crisis Center is available to provide advocacy services during the forensic medical examinations and investigatory interviews if needed or requested. The PC and residents were interviewed and verified that there is a process in place to provide a victim advocate to provide emotional support, crisis intervention, information and referrals if requested by the victim.</p> <p>115.221 (f): The facility is responsible for conducting administrative investigations while the Lexington Police Department is</p> |

responsible for conducting criminal investigations.

115.221 (g): The facility is responsible for conducting administrative investigations while the Lexington Police Department is responsible for conducting criminal investigations.

115.221 (h): The facility PREA policy outlines the process for resident victim services. The plan indicates that a victim advocate from a rape crisis center will be available to the resident victim. The facility does have an MOU in place with a local community provider. Interviews with the residents and the staff indicated that staff are qualified mental health practitioners and are available to provide advocacy services during the forensic medical examinations and investigatory interviews if needed or requested. The PC and residents were interviewed and verified that there is a process in place to provide a victim advocate to provide emotional support, crisis intervention, information and referrals if requested by the victim.

Based on a review of the PAQ, the facility PREA policy, MOU with Bluegrass Rape Crisis Center, and information from interviews with the PREA Coordinator and interview responses from residents, this standard is determined to be compliant.

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| 115.222 | Policies to ensure referrals of allegations for investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents:</p> <ol style="list-style-type: none"> 1. PAQ 2. Facility PREA Policy <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency Head 2. Investigative Staff <p>Findings (By Provision):</p> <p>115.222 (a): The facility PREA policy outlines the administrative and criminal investigative process. Policies require that all allegations be reported to a staff member which will then be forwarded to a supervisor. The PC is notified of all allegations of sexual abuse and harassment. If the allegation requires an administrative investigation, the PC will ensure an administrative investigation is initiated promptly. Staff at the facility will protect the scene and provide support. Per Kentucky DOC protocol, all PREA incidents will be investigated, and staff will refer incidents to the Kentucky DOC for investigation. Lexington PD will be contacted immediately. The PAQ indicated that there were no allegations reported within the previous twelve months. A review of documentation confirmed there were no allegations reported. The interview with the Agency Head indicated that all allegations are taken seriously and are investigated either administratively by a trained staff member at the facility and/or criminally by local law enforcement. The interview also indicated the facility investigators had received specialized investigator training.</p> <p>115.222 (b): The facility PREA policy indicates that the Lexington Police Department is the primary investigative entity for conducting criminal investigations at the facility. Interviews with investigative staff at the facility and contact made with the local police department indicate that these agencies have the legal authority to conduct criminal investigations.</p> <p>115.222 (c): The facility PREA policy indicates that the Lexington Police Department is the primary investigative entity for conducting criminal investigations at the facility. The policy outlines the responsibilities of the facility and local law enforcement agencies as it relates to investigations.</p> <p>115.222 (d): N/A</p> <p>115.222 (e): N/A</p> <p>Based on a review of the PAQ, the facility PREA policy, and information obtained via interviews with the Agency Head and Investigators, this standard is determined to be compliant.</p> |

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| 115.231 | Employee training |
| Auditor Overall Determination: Meets Standard | |
| Auditor Discussion | |
| <p>Documents:</p> <ol style="list-style-type: none"> 1. PREA Employee Training Powerpoint 2. PREA Policy 4. Staff training acknowledgement <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random Staff <p>Findings (By Provision):</p> <p>115.231 (a): The facility PREA plan indicates that all staff are required to receive PREA training. A review of the PREA training curriculum confirms that the agency trains all employees who may have contact with residents on the following matters: its zero tolerance policy, how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures, the residents right to be free from sexual abuse and sexual harassment, the right of the resident to be free from retaliation for reporting sexual abuse or sexual harassment, the dynamics of sexual abuse and sexual harassment in a confinement setting, the common reactions of sexual abuse and sexual harassment victims, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationship with residents, how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex residents and how to comply with relevant laws related to mandatory reporting. A review of a sample of staff training records indicated that 100% of those reviewed received PREA training. Interviews with random staff confirmed that they had received PREA training within the previous twelve months and that they continuously receive PREA training. The staff were exceptionally knowledgeable on PREA.</p> <p>115.231 (b): The facility PREA policy indicates that the training shall be tailored to the gender of the residents at the unit of assignment. The facility houses female residents. The staff receive training tailored to female residents. The agency does not have male residents at any of their locations. The PAQ indicated that training is tailored to the gender of the residents at the facility. A review of a sample of staff training records indicated that 100% of those reviewed received PREA training.</p> <p>115.231 (c): The PAQ indicated that 100% of the staff have been trained in PREA requirements and that they receive PREA training annually. The PAQ also indicated that in between trainings, staff are provided PREA information at meetings and in postings around the facility. A review of documentation confirmed that all staff received PREA training and that they receive an annual refresher training during in-service. A sample of staff training records indicate that all the staff reviewed received the PREA training. Interviews with random staff confirm that they received training.</p> <p>115.231 (d): The PAQ indicated that all staff are required to physically sign or electronically acknowledge that they received and understood the PREA training. A review of the training records indicate that all staff sign an acknowledgement of training once completed.</p> <p>Based on a review of the PAQ, the facility PREA policy, the PREA staff training curriculum, a review of a sample of staff training records as well as interviews with random staff indicate that this standard is compliant.</p> | |

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| 115.232 | <p>Volunteer and contractor training</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. PREA Training Powerpoint - Contractors and Volunteers 2. Acknowledgement of Training 3. Contractor Background checks <p>Interviews:</p> <ol style="list-style-type: none"> 1. Volunteers / Contractors <p>Findings (By Provision):</p> <p>115.232 (a): The PAQ indicated that volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures on sexual abuse and sexual harassment. All volunteers and contractors are required to receive training and as well as information in the volunteer handbook. The facility PREA policy describes the required training and indicates that the training is based on the type and level of services provided and the level of contact with residents. The PAQ indicated that 2 volunteers / contractors had received PREA training. A review of sample training documents for contractors and volunteers indicated that those reviewed received PREA training. There were no volunteers or contractors on site during the audit and therefore, no interviews were conducted.</p> <p>115.232 (b): The PAQ indicated that volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures on sexual abuse and sexual harassment. All volunteers and contractors are required to receive the PREA training and receive information in the volunteer handbook. Both the training and the handbook provide information on the agency's zero tolerance policy and how to report incidents of sexual abuse and sexual harassment. The facility PREA policy describes the required training and indicates that the training is based on the type and level of services provided and the level of contact with residents.</p> <p>115.232 (c): The PAQ and a review of sample training documents for contractors and volunteers indicated that those reviewed had signed the Acknowledgment of Volunteer Training form. These forms document that they received and understood the training.</p> <p>Based on a review of the PAQ, the facility PREA policy, the PREA training video transcript, and a review of a sample of contractor training records this standard appears to be compliant.</p> |
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| 115.233 | Resident education |
| Auditor Overall Determination: Meets Standard | |
| Auditor Discussion | |
| <p>Documentation:</p> <ol style="list-style-type: none"> 1. PAQ 2. PREA Policy 3. Resident Orientation 4. PREA Informational Posters 5. Resident files - documentation of PREA education and acknowledgement <p>Interviews:</p> <ol style="list-style-type: none"> 1. Intake Staff 2. Random Residents <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations of Intake Area 2. Observations of PREA Signs in English and Spanish <p>Findings (By Provision):</p> <p>115.233 (a): The facility PREA policy outlines the requirement for residents to receive PREA education. The facility provides residents with information regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding policies and procedures for responding to such incidents within seventy-two (72) hours of the intake process. The PAQ indicated that 48 residents received information on the zero tolerance policy and how to report at intake. This is equivalent to 100% of residents who received this information at intake. A review of documentation indicated that the PREA brochure included information on the zero tolerance policy and the reporting methods. Both documents are provided to residents at intake. A review of a sample of resident files indicated that 100% of those reviewed had been documented that they received PREA information at intake. During the site review, the auditor observed the intake area and was provided an overview of the intake process. Residents were provided a handout/brochure and were also asked the risk screening questions during this time. A video of the PREA education is played for the resident to view in the intake area. The interview with intake staff indicated that the facility provides residents information related to the zero-tolerance policy and reporting mechanism via the orientation packet. Random residents that were interviewed indicated that they received PREA information at the time of intake.</p> <p>115.233 (b): The facility PREA policy outlines the requirement for residents to receive PREA education, specifically the comprehensive education. The policy indicates that the Sexual Abuse/PREA Awareness video will be shown to all residents within 30 days of arrival into facility. A review of the video transcript indicated that residents were educated on their rights to be free from sexual abuse and sexual harassment and their right to be free from retaliation. The video also goes over the agencies policies and procedures related to prevention, detection and response. The PAQ indicated that 48 residents received comprehensive PREA education within 30 days of intake. This is equivalent to 100%. A review of a sample of resident files indicated that 100% of those reviewed had been documented that they received comprehensive PREA education. Interviews with the intake staff and random residents confirmed that all residents receive comprehensive PREA education via a video.</p> <p>115.233 (c): Resident interviews confirmed that the facility provides resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, disabled, as well as to residents who have limited reading skills. There were no residents at the facility during the on-site audit who were LEP, however, there was one resident who was hearing impaired. She is able to read and stated that she received PREA information and that she was able to understand the information. Staff and resident interviews indicate that the facility provides the PREA education in English and Spanish, to include resident handbooks, pamphlets and posters. Interviews with staff indicated that if residents were not able to read, that staff are available and would assist in reading information to the residents.</p> | |

115.233 (d): Intake Staff documents verification of resident orientation and education on PREA by completing the Resident PREA acknowledgment form. The form is maintained by the PC. All residents, including those transferred from another facility also receive comprehensive PREA information. Intake staff have residents sign and acknowledge the PREA Acknowledgment form informing residents on how to make reports of sexual abuse and sexual harassment along with the PREA brochure with contact numbers to outside counseling services.

115.233 (e): PREA information posters are displayed throughout the facility and information is given to the residents in the resident handbook. The PREA information is continuously and readily available or visible to residents at the facility.

Based on a review of the PAQ, the facility PREA policy, the PREA brochure, the PREA education video, a sample of resident records, observations made during the site review which included the availability of PREA information via signage and documents as well information obtained during interviews with intake staff and random residents, this facility appears to be compliant.

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| 115.234 | <p>Specialized training: Investigations</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. PAQ 2. PREA Policy 3. Investigator Training Certificates <p>Interviews:</p> <ol style="list-style-type: none"> 1. Investigative Staff <p>Findings (by provision):</p> <p>115.234 (a): The facility PREA policy indicates that the PC will attend the “Investigating Sexual Abuse in a Correctional Setting” (Community Confinement Settings) as it is made available by Kentucky Department of Corrections. The Chrysalis House has designated the PC as the facility investigator. The facility provided a copy of the completed specialized training certificate.</p> <p>115.234 (b): The facility investigators specialized training includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.</p> <p>115.235 (c): The facility provided a copy of the specialized training certificate documenting that the investigator at the facility has completed specialized investigation training.</p> <p>115.234 (d): N/A</p> <p>Based on a review of the PAQ, the investigation training curriculum, a review of the investigator training record and certificate, and interviews with investigation staff, this standard is determined to be compliant.</p> |
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| 115.235 | <p>Specialized training: Medical and mental health care</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. PAQ 2. PREA Policy <p>Interviews:</p> <ol style="list-style-type: none"> 1. Medical / Mental Health Staff (none at this facility) 2. Facility Director (acting) <p>Findings (by provision):</p> <p>115.235 (a): The facility PREA policy indicates that medical and mental health care professionals who work regularly in the facility shall receive specialized medical training on a biennial basis. This training includes: how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations of sexual abuse and sexual harassment. There are 15 medical and mental health staff who work at this facility. 100% of all medical and mental health care practitioners who work regularly at this facility have received the training required by agency policy. This training includes all of the required components required under this provision.</p> <p>115.235 (b): Forensic exams are not conducted by facility medical staff. The facility utilizes the local hospital for these exams, which operates twenty-four (24) hours, seven (7) days per week. This hospital provides sexual assault exams by a certified Sexual Assault Nurse Examiner/Forensic Examiner.</p> <p>115.235 (c): The facility maintains documentation showing that medical and mental health staff who work at this facility have completed the required training.</p> <p>115.235 (d): The facility PREA policy indicates that all staff, including medical staff shall be trained on their responsibilities under the zero-tolerance policy for sexual abuse and sexual harassment.</p> <p>Based on the PAQ, the facility PREA policy, and an interview with the facility director and medical and mental health staff at this facility, this standard appears to be compliant.</p> |
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| 115.241 | Screening for risk of victimization and abusiveness |
| Auditor Overall Determination: Meets Standard | |
| Auditor Discussion | |
| <p>Documents:</p> <ol style="list-style-type: none"> 1. PAQ 2. PREA Policy 3. PREA Risk Assessment 4. PREA Risk – Reassessment 5. Resident Records of those Admitted to the Facility within the past 12 months <p>Interviews:</p> <ol style="list-style-type: none"> 1. Staff Who Conduct Risk Screening 2. PREA Coordinator (PC) 3. Random Residents <p>Findings (By Provision):</p> <p>115.241 (a): The facility PREA policy indicates that all residents will be assessed during the intake screening for their risk of being sexual abused by other inmates or risk of sexually abusiveness toward other inmates. During the on-site audit, the auditor observed the intake area, where the initial intake risk screening occurs. The risk screening formal assessment is conducted most often on the day of intake in a private office setting, typically with a case manager. Interviews with random residents confirm that they were asked questions either the same day or the next day. The interview with the staff responsible for the risk screening indicated that residents are screened at intake and that the offender assessment screening form is completed by the case managers.</p> <p>115.241 (b): The facility PREA policy indicates that all residents will be assessed during the intake screening for their risk of being sexual abused by other residents or sexually abusive toward other residents within 72 hours. The PAQ indicated that residents are screened within this timeframe and that 47 residents were received at the facility whose length of stay was for 72 hours or more. The PAQ indicated that 100% of those whose length of stay was for 72 hours or more received the risk screening within 72 hours. A review of a sample of resident files confirmed that this screening takes place within 72 hours.</p> <p>115.241 (c): The PAQ indicated that the risk screening is conducted using an objective screening instrument. A review of the Risk Screening form indicated that residents are asked these questions by staff.</p> <p>115.241 (d): A review of the Risk Screening form indicates that the intake screening considers the following criteria to assess inmates for risk of sexual victimization: whether the resident has a mental, physical or developmental disability; the age of the resident; the physical build of the resident; whether the resident was previously 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 and the resident’s own perception of vulnerability. Residents at the facility are not held solely for civil immigration purposes and as such this portion of the screening is not included.</p> <p>115.241 (e): A review of the Risk Screening form confirms that the intake screening considers the following: prior acts of sexual abuse, prior convictions for violent offenses and prior institutional violence or sexual abuse known to the facility. Interviews with intake staff confirm that these criteria are considered and utilized to determine if the resident is a potential predator and how to house accordingly.</p> <p>115.241 (f): A review of the facility PREA policy indicates that residents would be reassessed for their risk of victimization or abusiveness within 30 days from their arrival at the facility. The PAQ indicated that the facility requires residents to be reassessed and that all residents were reassessed within 30 days. An interview with staff responsible for the risk screening indicated that residents are reassessed between 15 and 30 days. Interview with random residents indicated that they were asked the risk screening questions typically on the first or second day. A review of a sample of resident files who had been housed at this facility for a more extended period of time indicated that residents are being reassessed within the 30-day timeframe.</p> <p>115.241 (g): A review of the facility PREA policy indicates that residents would be reassessed for their risk of victimization or</p> | |

abusiveness when warranted due to referral, request, incident of sexual abuse or receipt of additional information that bears on their risk of sexual victimization or abusiveness. The PAQ indicated that this practice is occurring. An interview with the staff responsible for risk screening indicated that residents are re-assessed by the case managers and also in the event of new information arising or incidents occurring which may indicate a change in the resident's risk need. Interviews with random residents indicated that they were asked the risk screening questions at least twice and a few had been asked more than twice. A review of a sample of resident files indicated that residents are being reassessed.

115.241 (h): A review of the facility PREA policy indicates that residents would not be disciplined for refusing to answer the following questions during the risk screening: whether or not the resident has a mental, physical or developmental disability; whether or not the resident is or is not perceived to be gay, lesbian, bisexual, transgender, intersex or gender nonconforming; whether or not the resident previously experienced sexual victimization and the resident's own perception of vulnerability. The PAQ indicated that residents are not disciplined for refusing to answer. The interview with the staff responsible for risk screening indicated that residents are not disciplined for refusing to answer any of the questions in the risk screening. Interviews with random residents confirmed that they have never been disciplined for not answering any screening questions.

115.241 (i): The facility PREA policy, as well as the PAQ indicated that the agency has implemented appropriate controls on the dissemination of the screening information to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents. Interviews with the PREA Coordinator and staff responsible for the risk screening indicate that the information obtained during the risk screening is only assessable to the PC and the case managers. The residential counselors keep the risk screening in files securely locked and staff only use this information to keep residents safe through assignment of housing, work and programs.

Based on a review of the PAQ, the Risk Screening form, the facility PREA policy, a review of resident files and information from interviews with the PREA Coordinator, staff responsible for conducting the risk screenings and random residents indicate that this standard is determined to be compliant.

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| 115.242 | Use of screening information |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |

Documents:

1. Risk Screening Assessment
2. PREA Policy

Interviews:

1. PREA Coordinator (PC)
2. Staff Responsible for Risk Screening
3. Transgender / Intersex Residents (none at this facility)

Observations:

1. Resident Housing Units
2. Resident Restroom / Showers
3. Location of Resident Records

Findings (By Provision):

115.242 (a): The facility PREA policy indicates that the agency uses the information from the risk screening to inform housing, bed, work, education and program assignments with the goal of keeping separate residents at high risk of being sexual abused from those at high risk of being sexually abusive. Interviews with the PC and staff responsible for the risk screening indicated that the information is used to make housing determinations and job assignment determinations. Interviews confirmed that residents at high risk of victimization would not be authorized work assignments or program/education assignments with residents at high risk of being sexually abusive. A review of resident files and of resident housing and work assignments confirmed that residents at high risk of victimization and residents at high risk of being sexually abusive were not housed together.

115.242 (b): The PAQ indicated that the agency makes individualized determinations about how to ensure the safety of each resident. The interview with the staff responsible for the risk screening indicates that all resident risk assessments are reviewed by the PC to determine the safest housing, work and program assignments and they would not be placed in the same room. The PC is involved with all housing of residents who are at high risk of victimization or high risk of being sexually abusive.

115.242 (c): The facility PREA policy indicates that housing assignments for all residents are considered on a case-by-case basis to ensure the resident's health and safety, and whether the placement would present management or security problems. The PAQ indicated that this practice is taking place. The interview with the PC indicated that these housing determinations are typically made on a case-by-case basis. Safety and security are taken into consideration when assigning housing. Interviews with residents indicated that they were all asked about their safety by staff at the facility. There were no transgender residents at the facility at the time of the onsite audit.

115.242 (d): The facility PREA policy indicates that the inmate's own views with respect to his or her safety is given serious consideration. There were no transgender residents at the facility at the time of the onsite audit. Interviews with the PC, risk screening staff and random residents indicates that inmates are asked about their own perceptions of vulnerability and abusiveness during the risk screening.

115.242 (e): All residents are allowed to shower separately from other residents. Observations from the facility site review showed that each room has a separate bathroom with a door and a shower with a curtain. There is also a door on each room which separates the room from the hallway. The rooms without bathrooms have a communal bathroom in the hallway with multiple showers, each containing shower curtains for privacy. There were no transgender residents at the facility during the onsite phase of the audit. This was confirmed through observations and interviews with both staff and residents.

115.242 (f): The PAQ and a review of the housing assignments for residents indicated that these residents were assigned to various rooms in the facility depending on how they were assessed using the information from the risk screening. Interviews with the PC and random residents indicated that there are no dedicated rooms in the facility for LGBTI residents.

Based on a review of the PAQ, the facility PREA policy, a review of resident housing assignments, a review of resident's assessments and information from interviews with the PC, staff responsible for conducting risk screenings and random residents indicate that this facility meets this standard.

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| 115.251 | Resident reporting |
| Auditor Overall Determination: Meets Standard | |
| Auditor Discussion | |
| <p>Documents:</p> <ol style="list-style-type: none"> 1. PAQ 2. Chrysalis House Human Resource Policies 3. PREA Hotline Poster with reporting information 4. Chrysalis House PREA Brochure 5. PREA Policy 6. PREA Informational Posters 7. Victim Advocacy Contacts <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA Coordinator (PC) 2. Random Staff 3. Random Residents <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observation of PREA posters (English and Spanish) <p>Findings (By Provision):</p> <p>115.251 (a): The facility PREA policy outlines the multiple ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse or sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents. A review of additional documentation to include the resident orientation handbook, the PREA brochure and PREA signage indicated that there are multiple ways for residents to report. These reporting mechanisms include: telling a staff member they are comfortable discussing the issue with; sending a note to the Director; utilizing the grievance process; having a family member or trusted 3rd party call the facility to make a report; or reporting to the Lexington Police Department. During the site review, it was observed that information pertaining to how to report PREA allegations was posted in the housing areas, hallways, education rooms, lobby and throughout the facility. Interviews with a sample of residents confirm that they are aware of the methods to report sexual abuse and sexual harassment and that they were informed on these methods. Most residents indicated that they would ask to speak to the PC, fill out a request form or tell a family member or friend. Interviews with random staff confirm that they take all allegations seriously and that residents have multiple ways (those indicated above) to report sexual abuse and sexual harassment.</p> <p>115.251 (b): The facility PREA policy indicates that the agency has a way for residents to report sexual abuse or sexual harassment to a public or private entity that is not part of the agency, and that the entity can immediately forward the report back to the facility for investigation. A review of additional documentation to include the PREA brochure and PREA signage confirm the agency provides information and phone numbers for the outside entity reporting method. The outside entity is the Lexington Police Department and the Ampersand Sexual Violence Resource Center. During the site review, it was observed that information pertaining to how to report PREA allegations was posted in numerous locations throughout the facility. Residents can also have a third-party call the facility or local law enforcement. The interview with the PC indicated that the outside entity would receive the allegation and would immediately relay the reported information back to the facility. Interviews with a sample of residents confirm that they are aware of the outside reporting mechanism and that the information is posted in their housing area and throughout the facility.</p> <p>115.251 (c): The facility PREA plan notes that staff are required to accept all reports made verbally, in writing, anonymously and from a third party and will promptly document any verbal reports. The PAQ indicates that staff accept all reports and that they immediately document any verbal allegations of sexual abuse or sexual harassment. A review of additional documentation to include the PREA brochure and PREA signage indicated residents could report verbally, in writing, anonymously or through a third party. Interviews with a sample of residents confirm that they are aware of the methods available for reporting. Interviews with a sample of staff indicate they accept all allegations of sexual abuse and sexual harassment, and they immediately report any allegation to their supervisor.</p> | |

115.251 (d): The facility PREA policy states that the agency provides a method for staff to privately report sexual abuse and sexual harassment of residents. The PAQ indicates staff can privately report to the Ombudsman or to local law enforcement. Interviews with a sample of staff indicate that they can privately report sexual abuse and sexual harassment of residents to any supervisor, or to law enforcement directly.

Based on a review of the PAQ, the facility PREA policy, the PREA brochure, PREA signage, observations from the facility tour related to PREA signage and posted information and interviews with the PC, random residents and random staff, this standard is determined to be compliant.

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| 115.252 | Exhaustion of administrative remedies |
| Auditor Overall Determination: Meets Standard | |
| Auditor Discussion | |
| <p>Documents:</p> <ol style="list-style-type: none"> 1. Grievance Policy 2. PREA Policy 3. Third Party Grievances (none in the past 12 months) 4. Emergency Grievances (none in the past 12 months) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Residents Reporting a Sexual Abuse (none in the past 12 months) 2. Random Residents <p>Findings (By Provision):</p> <p>115.252 (a): The facility PREA policy is the policy which specifies the use of inmate grievances. The PAQ indicated that the agency is not exempt from this standard.</p> <p>115.252 (b): The facility PREA policy outlines the grievance process for allegations of sexual abuse and sexual harassment. Specially, that the agency does not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse. It also discusses that the agency does not require a resident to use the informal grievance process, or attempt to resolve with staff, an alleged incident of sexual abuse.</p> <p>115.252 (c): The facility PREA policy outlines the grievance process for allegations of sexual abuse and sexual harassment. Specially, that the resident may submit a grievance without submitting it to the staff member who is the subject of the complaint and grievances will not be referred to staff members who are the subject of the complaint. A review of the resident handbook indicated that it contains the grievance procedures for the facility.</p> <p>115.252 (d): The facility PREA policy outlines the grievance process for allegations of sexual abuse and sexual harassment. Specially, that the agency would issue a final decision on grievances related to sexual abuse within 90 days of the initial filing. The 90 days does not include the time used by the resident to prepare any administrative appeal. The agency may claim an extension up to 70 days if the normal time period for response is insufficient to make an appropriate decision. The resident must be notified in writing of the extension and provide a date by which the decision will be made. The policy also indicates that if the resident does not receive a response within the allotted timeframe, the resident will consider the absence of a response to be a denial. The PAQ indicated that there have been no grievances of sexual abuse filed in the previous twelve months. A review of the resident handbook indicated that it contains the grievance procedures for the facility. There were no allegations of sexual abuse or sexual harassment at the facility in the previous 12 months and no grievances of this nature filed. Interviews with random residents indicated that they are aware of the policy regarding grievances and that it is in the resident handbook to reference, if needed.</p> <p>115.252 (e): The facility PREA policy outlines the grievance process for third party allegations of sexual abuse and sexual harassment. Specially, that third parties are permitted to assist residents in filing request for administrative remedies for sexual abuse and are permitted to file such request on behalf of the resident. In addition, it states that if a third-party files a report on behalf of a resident that the agency may require the alleged victim to agree with the request prior to filing and if the resident declines, the facility will require the agency to document the resident's decision. No grievances were filed via third party in the past 12 months.</p> <p>115.252 (f): The facility PREA policy outlines the grievance process for allegations of sexual abuse and sexual harassment. Specially, that the agency provides residents the opportunity to file an emergency grievance alleging substantial risk of imminent sexual abuse and the grievance will be addressed immediately. The policy indicates that that an initial response will be provided within 48 hours and that a final decision will be provided within five calendar days. The final decision will document the agency's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. The PAQ indicated that there have been no emergency grievances alleging substantial risk of imminent sexual abuse filed in the previous twelve months.</p> <p>115.252 (g): The facility PREA policy indicates that a resident may be disciplined for filing a grievance in bad faith. The PAQ indicated that zero residents had been disciplined for filing a grievance in bad faith in the previous twelve months. A review of the grievances filed in the previous twelve months showed that none resulted in disciplinary action against the inmate for</p> | |

having filed the grievance in bad faith.

Based on a review of the PAQ, the facility PREA policy, the resident handbook, and information obtained from interviews with residents, this standard appears to be compliant.

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| 115.253 | Resident access to outside confidential support services |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. PAQ 2. PREA Policy 3. MOU with Kentucky Association of Sexual Assault Services (KASAS) 4. PREA Reporting Hotline 5. PREA Brochure <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random Residents 2. Residents Who Reported Sexual Abuse (none in the past 12 months) 3. Conversation with Staff at KASAS <p>Findings (By Provision):</p> <p>115.253 (a): The facility PREA policy indicates that the agency provides access to outside victim advocates for emotional support related to sexual abuse by giving residents mailing addresses and telephone numbers to victim advocates or rape crisis organizations and enables reasonable communication in as confidential manner as possible. The PAQ indicated that residents were provided mailing addresses and phone numbers and that they enabled reasonable communication with these services in as confidential a manner as possible. Kentucky Association of Sexual Assault Services (KASAS) is the agency which provides these services to the Chrysalis House. Interviews with random residents indicated that they were familiar with the process of having emotional support services. Contact was made by the auditor with staff at KASAS who verified that they have an MOU with the facility and do provide emotional support services or other mental health services when requested.</p> <p>115.253 (b): The facility PREA policy confirms that prior to giving inmates access to outside support services that they are informed of the extent which communication will be monitored as well as any mandatory reporting rules and limits to confidentially. A review of the resident orientation handbook indicated residents may make calls from the facility on any of the pay phones and for emergencies or for work, they may use other phones indicated as business phones. Residents also have the availability of personal cell phones which are authorized for inside the facility (for work or other personal purposes). Interviews with random residents indicated that they were familiar with the process of having emotional support services. They also stated that there was plenty of availability to use the telephones.</p> <p>115.253 (c): This facility has a MOU with a community provider to provide emotional support services for victims of sexual abuse, which is the Kansas Association of Sexual Assault Services. Residents are allowed to make phone calls to this or any provider by requesting from staff that they be allowed to call or by using the resident phones or their personal cell phones. Contact was made with staff from KASAS who verified the MOU and the services they provide to the residents of the facility.</p> <p>Based on a review of the facility PREA policy, the resident handbook, the MOU with a community provider to provide confidential emotional support services related to sexual abuse, observations from the facility site review related to PREA signage and posted information and interviews with random residents and residents who reported sexual harassment, as well as interviews with staff of the facility and staff at Family Services, this standard is determined to be compliant.</p> |

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| 115.254 | <p>Third party reporting</p> <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. PAQ 2. PREA Policy 3. Chrysalis House Website 4. PREA Informational Posters 5. Victim Advocacy Contacts 6. Offender Reporting Procedure <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random Residents 2. Random Staff 3. PREA Coordinator 4. Facility Director (acting) <p>Findings (By Provision):</p> <p>115.254 (a): The facility PREA policy states that the agency has a method to receive third-party reports of sexual abuse and sexual harassment and publicly distributes that information on how to report sexual abuse and sexual harassment on behalf of a resident. A review of the agency's website confirms that third parties can report on behalf of a resident. Third parties can report directly to the facility director, the PREA Coordinator, the Kentucky Office of the Ombudsman, the Kentucky Department of Corrections, the emotional support agency, KSAS, and the National Sexual Assault Hotline. Reports can also be made to the Lexington Police Department and can do so through written format, verbally and anonymously. Informational posters are visible throughout the facility with reporting information for residents and third parties.</p> <p>Based on a review of the PREA policy and the agency's website, the information in the intake packet for residents and the information posted and visible throughout the facility, this standard is determined to be compliant.</p> |
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| 115.261 | Staff and agency reporting duties |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. PAQ 2. Sexual Abuse / Harassment Reports (none at this facility in the previous 12 months) 3. PP GEN 14E.1, Staff and Department Reporting Duties <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random Staff 2. Facility Director (acting) 3. PREA Coordinator (PC) 4. Medical and Mental Health Staff <p>Findings (By Provision):</p> <p>115.261 (a): The facility PREA policy outlines the staff and agency reporting duties. Specifically, it requires all staff to report immediately any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment, retaliation against any resident or staff that reported such incidents, and any staff neglect or violation of responsibility that may have contributed to an incident. The PAQ along with interviews with random staff confirm that they take all allegations seriously and that they know they are required and would report any knowledge, suspicion or information regarding an incident of sexual abuse and sexual harassment. Interviews also confirmed they would report retaliation, or any staff neglect related to these incident types.</p> <p>115.261 (b): The facility PREA policy describes that staff will not reveal any information related to an incident of sexual abuse other than as necessary for treatment, investigation and other security decisions. The PAQ along with interviews with random staff confirm that they would immediately report the information to their supervisor. Staff indicated this would be the extent of distributing information except for the requirement to complete a written report of the incident.</p> <p>115.261 (c): The facility PREA policy indicates that medical and mental health staff are required to report sexual abuse as described in section (a) and that they are required to inform residents of their duty to report and limits to confidentiality at the initiation of services.</p> <p>115.261 (d): The facility PREA policy indicates that any alleged victims under the age of 18 or considered to be a vulnerable adult would require the agency to report the allegation to the designated State or local service under applicable mandatory reporting laws. The PAQ along with interviews with the PREA Coordinator and the Facility Director (acting) indicated that they had not had any of these reports but if they did, the facility would report the allegation to the designated state or local services agency under applicable mandatory reporting laws. The facility PREA policy indicates that all allegations of sexual abuse and sexual harassment, including third party and anonymous reports would be reported. The PAQ along with the interview with the Facility Director (acting) confirmed that this is the practice.</p> <p>Based on a review of the PAQ, the facility PREA policy and interviews with medical, mental health, the PREA Coordinator and the Facility Director (acting) confirm this standard is compliant.</p> |

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| 115.262 | Agency protection duties |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents:</p> <ol style="list-style-type: none"> 1. PAQ 2. PREA Policy <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency Head 2. Facility Director (acting) 3. Random Staff <p>Findings (By Provision):</p> <p>115.262 (a): The facility PREA policy indicates that when the agency learns that a resident is subject to substantial risk of imminent sexual abuse, it takes immediate action to protect the resident. The PAQ noted that there were no residents who were determined to be at risk of imminent sexual abuse. Interviews with random staff indicated that if a resident is having issues with other residents, that the facility would make appropriate housing changes, if necessary. The interviews with the Agency Head and the Facility Director (acting) indicated that any resident at risk would be removed from the situation immediately and an investigation would commence. The resident's job assignment, housing assignment and programming assignments would be reviewed. The resident may be moved to a different room, or moved to a new facility. Interviews with random staff indicated that they would immediately remove the resident from the situation.</p> <p>Based on a review of the PAQ, the facility PREA policy and interviews with the Agency Head, Facility Head (acting) and random staff indicate that this standard is determined to be compliant.</p> |

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| 115.263 | Reporting to other confinement facilities |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents:</p> <ol style="list-style-type: none"> 1. PAQ 2. PREA Policy <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency Head 2. Facility Director (acting) <p>Findings (By Provision):</p> <p>115.263 (a). The facility PREA policy describes the requirements for reporting to other confinement facilities. Specifically, it requires that upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility will contact the outside entity where the abuse took place as soon as possible, but no later than seventy-two (72) hours after receiving the allegation. The PAQ indicated that during the previous twelve months, the facility has not had any residents report that they were abused while confined at another facility.</p> <p>115.263 (b): The facility PREA policy describes the requirements for reporting to other confinement facilities. Specifically, it requires that upon receiving an allegation that a resident was sexually abused while confined at another facility, a head of the facility will notify the head of the facility where the alleged abuse occurred within 72 hours. The PAQ indicated that during the previous twelve months, the facility has not had any residents report that they were abused while confined at another facility.</p> <p>115.263 (c): The facility PREA policy describes the requirements for reporting to other confinement facilities. Specifically, it requires that upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility will notify the head of the facility where the alleged abuse occurred, and documentation will be retained that such notification occurred. The PAQ indicated that during the previous twelve months, the facility has had no reports of sexual abuse received from another facility.</p> <p>115.263 (d): The facility PREA policy indicates that if the facility receives information from another agency head that a resident alleged they were sexually abused while housed at the facility, the allegation will be immediately investigated. The PAQ indicated that during the previous twelve months, the facility has had no allegations of sexual abuse received from other facilities.</p> <p>Based on a review of the PAQ, the Safe facility PREA policy and interviews with the Agency Head, the Facility Director (acting) and the PC this standard is determined to be compliant.</p> |

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| 115.264 | Staff first responder duties |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents:</p> <ol style="list-style-type: none"> 1. PAQ 2. PREA Policy <p>Interviews:</p> <ol style="list-style-type: none"> 1. Security and Non-security First Responders 2. Random Staff <p>Findings (By Provision):</p> <p>115.264 (a): The facility PREA policy describes staff first responder duties. Specifically, it requires that upon learning that a resident was sexually abused, the first staff member will: separate the alleged victim and the alleged perpetrator; preserve and protect any crime scene until evidence can be collected and if the abuse occurred within a time period that still allows for the collection of physical evidence request that the alleged victim and ensure that the alleged perpetrator not take any action to destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating. The PAQ indicated that during the previous twelve months, there have been no allegations of sexual abuse. The random staff interviewed were well versed in the specifics of their first responder duties. The staff indicated they would separate the alleged victim and alleged perpetrator, would secure the crime scene and would instruct the residents not to destroy any physical evidence. In the past 12 months there were no allegations in which staff were notified within a time period that still allowed for the collection of physical evidence.</p> <p>115.264 (b): The facility PREA policy describes staff first responder duties. Specifically, it requires that staff first responders advise the alleged victim and ensure the alleged perpetrator not take any action to destroy physical evidence, if it occurred within a time period that still allows for the collection of physical evidence. Staff are to tell the resident not to wash, brush their teeth, change their clothes, urinate, defecate, smoke, drink or eat. The PAQ indicated that during the previous twelve months, there have been no allegations of sexual harassment, but not sexual abuse. There were no instances in the past 12 months in which the first responder was a non-security staff. Interviews with first responders (security and non-security) and random staff confirm that they are aware of their first responder duties. Staff were very well versed on first responder duties.</p> <p>Based on a review of the PAQ, the facility PREA policy and interviews with staff first responders and random residents, this standard is determined to be compliant.</p> |

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| 115.265 | Coordinated response |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents:</p> <ol style="list-style-type: none"> 1. PAQ 2. PREA Policy 3. First Responder Checklist <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Director (acting) <p>Findings (By Provision):</p> <p>115.265 (a): The PAQ indicated that the facility has a written plan which coordinates actions taken in response to incidents of sexual abuse among staff first responders, medical and mental health, investigators and facility leaders. A review of the coordinated response plan shows that all areas are accounted for in the plan. Each section includes the actions that each person and/or department is responsible for and includes information on how all areas work together to respond to allegations. The Facility Director (acting) and PC confirmed that the facility has a plan and that it includes all the required components.</p> <p>Based on a review of the PAQ, the coordinated response plan and the interview with the Facility Director (acting) and the PC, this standard appears to be compliant.</p> |

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| 115.266 | Preservation of ability to protect residents from contact with abusers |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents:</p> <ol style="list-style-type: none"> 1. PAQ 2. PREA Policy <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency Head 2. Facility Director (acting) <p>Findings (By Provision):</p> <p>115.266 (a): The Chrysalis House does not have a collective bargaining agreement. This was verified through the PAQ and the PREA policy as well as through interviews with the Agency Head and Facility Director (acting).</p> <p>Based on a review of the PAQ and the interview with the Agency Head and Facility Director (acting), this standard is determined to be compliant.</p> |

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| 115.267 | Agency protection against retaliation |
| Auditor Overall Determination: Meets Standard | |
| Auditor Discussion | |
| <p>Documents:</p> <ol style="list-style-type: none"> 1. PAQ 2. PREA Policy 3. Log of PREA Incidents (none at this facility) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency Head 2. Facility Director (acting) 3. Staff Member Charged with Monitoring Retaliation 4. Residents Who Reported a Sexual Abuse (none in the past 12 months.) <p>Findings (By Provision):</p> <p>115.267 (a): The facility PREA policy outlines the agency's method for protection against retaliation. It addresses that the agency will protect all residents and staff who report sexual abuse and sexual harassment from retaliation by other residents and staff and has designated staff responsible for monitoring. The PAQ indicated that the facility has a policy and that the PREA Coordinator is responsible for monitoring for retaliation.</p> <p>115.267 (b): The facility PREA policy outlines the agency's protection against retaliation. It addresses the multiple measures that the facility will take to protect residents and staff. These measures include housing changes, facility transfers, removal of the alleged staff abuser from contact with the victim, work changes for residents, and, if necessary, emotional support services. There have been no allegations of retaliation nor any reported fear of retaliation at the facility in the past 12 months. All residents at the facility are reviewed every 30 days and at that time can also indicate if they have any concerns related to retaliation. Interviews with the Agency Head, the Facility Director (acting) and staff responsible for monitoring retaliation all indicated that protective measures would be taken if a resident or staff member expressed fear of retaliation. All staff interviewed indicated they would make any necessary housing changes and/or work changes and would follow up with any administrative action on staff such as shift change, removal or discipline.</p> <p>115.267 (c): The facility PREA policy outlines the agency's protection against retaliation. It addresses that the facility will monitor the residents or staff for at least 90 days following a report of sexual abuse and will monitor the conduct and treatment of the resident or staff to see if there are any changes that may suggest possible retaliation and will act promptly to remedy any retaliation. The policy requires that the process include monitoring any resident's disciplinary reports, housing or program changes or any negative performance reviews or reassignments of staff. The policy indicates that monitoring can extend beyond 90 days if the initial monitoring indicates a need to continue. The PREA Retaliation Monitoring Log is utilized for monitoring staff and residents. The PAQ indicated that the facility monitors for retaliation and that it does so for at least 90 days. The PAQ indicated that there had been no instances of retaliation in the previous twelve months. As previously stated, all residents at the facility are reviewed every 30 days and at that time can also indicate if they have any concerns related to retaliation. Interviews with the Agency Head and staff responsible for monitoring retaliation all indicated that protective measures would be taken if a resident or staff member expressed fear of retaliation. All staff interviewed indicated they would make any necessary housing changes and would follow up with any administrative action on staff such as removal or discipline. Retaliation monitoring staff indicated that they would review the resident for at least 90 days and would check the resident's disciplinary reports, housing change and program changes. Retaliation monitoring staff also indicated they would check performance reviews and post assignment changes of staff.</p> <p>115.267 (d): The facility PREA plan outlines the agency's protection against retaliation. It addresses that the facility will monitor the resident for at least 90 days following a report of sexual abuse and will conduct periodic status checks. The agency has a policy that outlines the procedure and utilizes to ensure all requirements are met and staff and residents are safe from retaliation. Additionally, all residents at the facility are reviewed every 30 days and at that time can also indicate if they have any concerns related to retaliation. Interviews with staff responsible for monitoring indicated that they review the resident for at least 90 days and would perform periodic in person status checks. There have been no allegations of sexual assault or sexual abuse in the previous 12 months and, therefore, no necessity for retaliation monitoring.</p> <p>115.267 (e): The facility PREA policy outlines the agency's protection against retaliation. It addresses that the facility will take</p> | |

appropriate measures to protect any individual who cooperates with an investigation or expresses fear of retaliation. Interviews with the Agency Head and Facility Director (acting) indicated that they would employ the same protective measures as stated previously related to staff and residents to include, housing changes, administrative action, removal of staff and/or disciplinary action.

115.267 (f): The facility PREA policy states that if an allegation is determined to be unfounded, retaliation monitoring will no longer be required.

Based on a review of the PAQ, the facility PREA policy and interviews with the Agency Head, Facility Director (acting), staff charged with monitoring for retaliation, this standard is determined to be compliant.

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| 115.271 | Criminal and administrative agency investigations |
| Auditor Overall Determination: Meets Standard | |
| Auditor Discussion | |
| <p>Documents:</p> <ol style="list-style-type: none"> 1. PAQ 2. PREA Policy 3. Investigator Training Certifications 4. Investigative Records for Allegations of Sexual Abuse or Sexual Harassment (none at the facility in the past 12 months) 5. Record Retention Schedule (specified in the PREA Policy) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Investigative Staff 2. Residents Who Reported a Sexual Abuse (none at the facility in the past 12 months) 3. Facility Director (acting) 4. PREA Coordinator (PC) <p>Findings (By Provision):</p> <p>115.271 (a): The facility PREA policy states that all allegations of sexual abuse and sexual harassment will be conducted promptly, thoroughly and objectively. There were no allegations of sexual abuse or harassment at the facility for the previous twelve months. The interview with the facility investigator confirmed that all investigations (administrative and criminal) would be completed promptly, thoroughly and objectively.</p> <p>115.271 (b): The PAQ indicated that currently there a facility is one facility investigator who completes PREA investigations. A review of training documents confirmed that the investigator has received specialized training. The interview with the investigative staff confirmed that the criminal investigations are conducted by a local law enforcement entity. The facility investigators received specialized training through the agency (Kentucky Department of Corrections).</p> <p>115.271 (c): The facility PREA policy discusses evidence collection including physical evidence, DNA, electronic monitoring data and interviews. It also indicates that they will review prior complaints and reports of sexual abuse involving the alleged perpetrator. There were no allegations of sexual abuse at the facility for the previous twelve months. The interview with the facility investigator indicated that in the event of an allegation and subsequent investigation, electronic evidence collection would be done, and interviews completed as well as collection and preservation of any physical evidence for the criminal investigation. The interviews with investigative staff confirmed that in the event of a sexual abuse, that an investigator would respond immediately and would contact the Kentucky Department of Corrections as well as the Lexington Police Department. The Chrysalis House would act in a supporting role and would ensure the crime scene was secured until evidence collection initiated. The crime scene would be photographed and the alleged victim, alleged perpetrator and any witnesses would be interviewed. Cameras would be reviewed, if applicable, and a suspect list would be created, if applicable. Since the local law enforcement handles any criminal investigation, the facility investigator's role would be as initial gatherers of information and preserving and securing the scene. Contact would be made with local law enforcement and support would be given to the investigation as needed.</p> <p>115.271 (d): The facility PREA policy states that the Kentucky Department of Corrections and the Lexington Police Department would conduct any investigation which appeared to be criminal. The interview with the investigative staff confirmed that they would consult with the law enforcement entity conducting the criminal investigation and that the law enforcement entity would consult the prosecutor prior to the interview.</p> <p>115.271 (e): The facility PREA policy describes the criminal and administrative investigation process. Specifically, it states that the credibility of the alleged victim, perpetrator and/or witness will be assessed on an individual basis and will not be determined based on the individual's status as an inmate or staff member. Additionally, it indicates that residents would not be required to submit to a polygraph examination or any other truth-telling device as a condition for proceeding with the investigation. The interview with the investigative staff confirmed that the agency does not utilize polygraph tests or any other truth-telling devices on residents who allege sexual abuse.</p> <p>115.271 (f): The facility PREA policy describes the criminal and administrative investigation process. Specifically, it states</p> | |

that all administrative investigations will include an effort to determine whether staff actions or failure to act contributed to the abuse and shall be documented in a written report that includes a description of the physical and testimonial evidence, the reasoning behind credibility assessments and investigative facts and findings. There were no administrative investigations conducted in the previous twelve months. The PAQ and interviews with investigative staff confirm that administrative investigations would be documented in written reports and include information related to the allegation, victim and suspect interviews, witness interviews, video evidence, if applicable, description of any physical evidence, if applicable, and investigative facts and findings.

115.271 (g): The facility PREA policy states that 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. The interview with the investigative staff confirmed that criminal investigations are completed in a written document and that physical, testimonial and documentary evidence is included in all reports. The local police department investigates any sexual abuse allegations at the facility which are deemed to be criminal.

115.271 (h): The PAQ indicated that substantiated allegations of conduct that appear to be criminal will be referred for prosecution. The PAQ indicated that there have not been any allegations referred for prosecution since the last PREA audit. The interview with investigative staff confirmed if solid evidence was available and the elements were met for prosecution, that the case would be referred, however, this would not be referred by the facility, but by the law enforcement agency conducting the criminal investigation.

115.271 (i): The facility PREA policy describes the criminal and administrative investigation process. Specifically, it indicates that all written investigations are retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

115.271 (j): The facility PREA policy describes the criminal and administrative investigation process. Specifically, it indicates that the departure of the alleged victim or alleged abuser from employment or control of the agency shall not provide a basis for terminating an investigation. The interview with investigative staff confirmed that all investigations are completed regardless of whether staff leave/resign or if residents depart the facility or agency's custody.

115.271 (k): N/A

115.271 (l): The facility PREA policy states the facility shall contact the Lexington Police Department and the Kentucky Department of Corrections as the investigating agency. The policy outlines the roles and responsibilities of both the facility and the investigating entity in performing sexual abuse investigations. 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. Interviews with the Facility Director (acting), PREA Coordinator, and Investigative Staff indicated that the agency and the local law enforcement have a great relationship and that information is shared from them with the PC who is also the facility investigator.

Based on a review of the PAQ, the facility PREA policy, training records and information from interviews with the Agency Head, Facility Director (acting), PREA Coordinator, and investigative staff, this standard is determined to be compliant.

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| 115.272 | Evidentiary standard for administrative investigations |
| | <p data-bbox="293 134 760 163">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="293 195 492 220">Auditor Discussion</p> <p data-bbox="293 252 412 277">Documents:</p> <ol data-bbox="293 306 440 386" style="list-style-type: none"> <li data-bbox="293 306 367 331">1. PAQ <li data-bbox="293 359 440 386">2. PREA Policy <p data-bbox="293 470 399 495">Interviews:</p> <ol data-bbox="293 525 516 550" style="list-style-type: none"> <li data-bbox="293 525 516 550">1. Investigative Staff <p data-bbox="293 579 521 604">Findings (By Provision):</p> <p data-bbox="293 634 1433 814">115.272 (a): The facility PREA policy describes the administrative investigation process. Specifically, it indicates that the agency does not impose a higher standard than a preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. A review of the records indicated that there were no sexual abuse/harassment administrative investigations completed within the previous twelve months. Interviews with investigative staff confirmed that all administrative investigations only require a preponderance of evidence to make a substantiated finding.</p> <p data-bbox="293 844 1393 898">Based on a review of the PAQ, the facility PREA policy, and information from the interviews with investigative staff it is determined that this standard is determined to be compliant.</p> |

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| 115.273 | Reporting to residents |
| | <p data-bbox="293 134 760 163">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="293 195 492 220">Auditor Discussion</p> <p data-bbox="293 252 412 277">Documents:</p> <ol data-bbox="293 306 440 386" style="list-style-type: none"> 1. PAQ 2. PREA Policy <p data-bbox="293 415 399 441">Interviews:</p> <ol data-bbox="293 470 1162 600" style="list-style-type: none"> 1. Facility Director (acting) 2. Investigative Staff 3. Residents Who Reported Sexual Abuse (no reports of sexual abuse in the past 12 months) <p data-bbox="293 630 521 655">Findings (By Provision):</p> <p data-bbox="293 684 1455 865">115.273 (a): The facility PREA policy describes the process for reporting investigative information to residents. Specifically, it states that following an investigation into a resident's sexual abuse allegation, the facility will inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. The PAQ indicated that there were no administrative investigations completed within the previous twelve months. The interviews with the Facility Director (acting) and the Investigative staff confirmed that residents are informed of the outcome of the investigation into their allegation. These notifications would be in written format and signed by the resident.</p> <p data-bbox="293 894 1455 1045">115.273 (b): The facility PREA policy states that if the facility did not conduct the investigation, the relevant information shall be requested from the outside investigating agency or entity in order to inform the resident. A local law enforcement entity is responsible for conducting all criminal and certain administrative investigations for the agency. The law enforcement entity provides the outcome of the investigation to the PREA Coordinator who in turn provides the memo to notify the resident. The PAQ indicated that there were no investigations completed within the previous twelve months by an outside agency.</p> <p data-bbox="293 1075 1455 1285">115.273 (c): The facility PREA policy describes the process for reporting investigative information to residents. Specifically, it states that following an investigation into an resident's sexual abuse allegation against a staff member, the agency will inform the resident as to whether the staff member is no longer posted within the resident's unit, the staff member is no longer employed at the facility, if the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. The PAQ indicated that there have been no substantiated allegations of sexual abuse/sexual harassment committed by a staff member against a resident in the previous twelve months.</p> <p data-bbox="293 1314 1455 1465">115.273 (d): The facility PREA policy describes the process for reporting investigative information to residents. Specifically, it states that following an investigation into a resident's sexual abuse allegation by another resident, the agency will inform the resident as to whether the alleged abuser has been indicted on a charge related to sexual abuse within the facility or if the alleged abuser has been convicted on a charge related to sexual abuse within the facility. The PAQ indicated that there have been no instances in which a staff member was indicted in the previous twelve months.</p> <p data-bbox="293 1495 1455 1612">115.273 (e): The facility PREA policy describes the process for reporting investigative information to residents. Specifically, it states that all notifications or attempted notification would be documented. The PAQ indicated that there were no sexual abuse or sexual harassment allegations, or investigations made during the audit period. Due to this, there were no notifications made to residents.</p> <p data-bbox="293 1642 448 1667">115.273 (f): N/A</p> <p data-bbox="293 1696 1455 1755">Based on a review of the PAQ, the facility PREA policy, and information from interviews with the Facility Director (acting) and investigative staff, this standard is determined to be compliant.</p> |

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| 115.276 | Disciplinary sanctions for staff |
| | <p data-bbox="293 134 760 163">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="293 195 492 220">Auditor Discussion</p> <p data-bbox="293 252 412 277">Documents:</p> <ol data-bbox="293 306 440 386" style="list-style-type: none"> 1. PAQ 2. PREA Policy <p data-bbox="293 468 399 493">Interviews:</p> <ol data-bbox="293 522 540 707" style="list-style-type: none"> 1. Agency Head 2. PREA Coordinator 3. Facility Director (acting) 4. Human Resources staff <p data-bbox="293 737 521 762">Findings (By Provision):</p> <p data-bbox="293 791 1446 879">115.276 (a): The facility PREA policy describes the process for disciplinary sanctions against staff. Specifically, they indicate that staff are subject to disciplinary sanctions up to and including termination for violating the sexual abuse or sexual harassment policies.</p> <p data-bbox="293 909 1446 1026">115.276 (b): The facility PREA policy indicates that termination will be the presumptive disciplinary sanction for staff who engage in the sexual abuse. The PAQ indicated that there were no staff who violated the sexual abuse and sexual harassment policies. Additionally, there have been no staff who were terminated or resigned prior to termination for violating the sexual abuse and sexual harassment policies within the previous twelve months.</p> <p data-bbox="293 1056 1458 1236">115.276 (c): The facility PREA policy describes the process for disciplinary sanctions against staff. Specifically, it illustrates that disciplinary sanctions for violations of the agency's sexual abuse and sexual harassment policies shall be commensurate with the nature and circumstances of the act, the staff member's disciplinary history and the sanctions imposed for comparable offense by other staff members with similar histories. The PAQ indicated that there had been no staff that were disciplined, short of termination, for violating the sexual abuse and sexual harassment policies within the previous twelve months.</p> <p data-bbox="293 1266 1433 1417">115.276 (d): The facility PREA policy indicates that staff who are terminated for violating the sexual abuse or sexual harassment policies, or staff who resign prior to being terminated, will be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The PAQ indicated that there had been no staff that were disciplined for violating the sexual abuse and sexual harassment policies within the previous twelve months. The PAQ indicated that there have not been any staff members reported to law enforcement or relevant licensing bodies.</p> <p data-bbox="293 1446 1421 1501">Based on a review of the PAQ, the PREA policy, and interviews with facility and agency staff indicate that this standard is compliant.</p> |

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| 115.277 | <p>Corrective action for contractors and volunteers</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. PAQ 2. PREA Policy <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Director (acting) 2. PREA Coordinator <p>Findings (By Provision):</p> <p>115.277 (a): The facility PREA policy describes the process for corrective action for volunteers and contractors. Specifically, it states that any contractor or volunteer who engages in sexual abuse is prohibited from contact with residents and will be reported to law enforcement and to relevant licensing bodies. The PAQ indicated that within the previous twelve months there have been no contractors or volunteers who have been reported to law enforcement or relevant licensing bodies and in fact there have been no contractors or volunteers as subjects of investigations of sexual abuse or sexual harassment of inmates.</p> <p>115.277 (b): The facility PREA policy and the PAQ indicated that the agency takes remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of sexual abuse or sexual harassment policies. The interview with the Facility Director (acting) and PC indicated that any violation of the sexual abuse and sexual harassment policies would result in the volunteer or contractor having their access to the facility immediately revoked. Additionally, their supervisor or organization would be contacted to report the misconduct and the allegation would be reported and investigated.</p> <p>Based on a review of the PAQ, the facility PREA policy and information from interviews with the Facility Director (acting) and PC, this standard is determined to be compliant.</p> |
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| 115.278 | Disciplinary sanctions for residents |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |

Documents:

1. PAQ
2. PREA Policy

Interviews:

1. Facility Director (acting)
2. PREA Coordinator
3. Medical / Mental Health Staff

Findings (By Provision):

115.278 (a): The facility PREA policy describes the disciplinary process for residents. Specifically, it states that residents will be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a finding of guilt from a criminal investigation. The PAQ indicated there have been no administrative findings of resident-on-resident sexual abuse nor have there been any criminal findings of guilt for resident-on-resident abuse within the previous twelve months.

115.278 (b): The facility PREA policy describes the disciplinary process for residents. Specifically, it indicates that the sanctions will be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history and sanctions imposed for comparable offenses by residents with similar histories. The PAQ indicated there have been no administrative findings of resident-on-resident sexual abuse nor have there been any criminal findings of guilt for resident-on-resident abuse within the previous twelve months, therefore there has not been any discipline. The interview with the Facility Director (acting) and PC indicated that the resident abuser would be disciplined and would be subject to a loss of privileges as well as subject to criminal charges, if applicable.

115.278 (c): The facility PREA policy describes the disciplinary process for residents. Specifically, it indicates that the disciplinary process will consider whether the resident's mental illness or mental disability contributed to the behavior when determining what sanctions, if any, should be imposed. The PAQ indicated there have been no administrative findings of resident-on-resident sexual abuse nor have there been any criminal findings of guilt for resident-on-resident abuse within the previous twelve months, therefore there has not been any discipline. The interview with the Facility Director (acting) indicated that the resident abuser would be disciplined and would be subject to a loss of privileges as well as subject to criminal charges, if applicable.

115.278 (d): The facility PREA policy describes the disciplinary process for residents. Specifically, it indicates that the agency will offer therapy, counseling and other interventions to correct underlying reasons or motivations for the abuse and will consider whether to require the abuser to participate in these interventions as a condition of access to programming and other benefits. The PAQ indicated there have been no administrative findings of resident-on-resident sexual abuse nor have there been any criminal findings of guilt for resident-on-resident abuse within the previous twelve months, therefore there has not been any discipline.

115.278 (e): The facility PREA policy describes the disciplinary process for residents. Specifically, it indicates that the agency may discipline a resident for sexual contact with staff only upon finding that the staff member did not consent. There have been no instances where residents have been disciplined for sexual contact with staff.

115.278 (f): The facility PREA policy describes the disciplinary process for residents. Specifically, it indicates that residents will not be disciplined for falsely reporting an incident or lying if the sexual abuse allegation is made in good faith based upon reasonable belief that the alleged conduct occurred. There have been no instances where residents have been disciplined for falsely reporting an incident of sexual abuse or sexual harassment.

115.278 (g): The facility PREA policy describes the disciplinary process for inmates. Specifically, it indicates that inmates are prohibited from all sexual activity and as such can be disciplined. Consensual sexual activity does not constitute a PREA allegation.

Based on a review of the PAQ, the facility PREA policy and information from interviews with the Facility Director (acting) and PC this standard is determined to be compliant.

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| 115.282 | Access to emergency medical and mental health services |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. PAQ 2. PREA Policy <p>Interviews:</p> <ol style="list-style-type: none"> 1. Medical / Mental Health Staff 2. Residents Who Reported Sexual Abuse (no reports of sexual abuse in the past 12 months) 3. Security and Non-Security First Responders 4. Family Resources staff 5. Random staff 6. PREA Coordinator <p>Findings (By Provision):</p> <p>115.282 (a): The facility PREA policy describes the residents' access to emergency medical and mental health treatment. Specifically, it states that resident victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services. Interviews with the facility director confirm that residents receive timely services, typically immediately, based on the nature of the allegation, but ultimately within 24 hours. Residents who have been victims of sexual abuse shall be offered referrals for emergency medical care and advocacy service.</p> <p>115.282 (b): The facility PREA policy and the PAQ indicated that security staff first responders would take the preliminary steps to protect the victim and notify the appropriate medical and mental health services at the local hospital. Policy indicates that the resident would be transported to the nearest hospital emergency room that had medical staff qualified to conduct forensic medical examinations. The interviews with first responders indicated the resident would be immediately separated and would remain with the staff member. The staff member would contact a supervisor and steps would immediately be taken to get the resident the required medical attention. During the past 12 months, there have been two instances in which residents were transported to the local hospital for a forensic exam.</p> <p>115.282 (c): The facility PREA policy describes residents' access to emergency medical and mental health treatment. Specifically, they indicate that resident victims of sexual abuse receive timely access to emergency contraception and sexually transmitted infection prophylaxis. Interviews with medical and mental health care staff confirm that residents receive timely information about access to emergency contraception and sexual transmitted infection prophylaxis.</p> <p>115.282 (d): The facility PREA policy describes residents' access to emergency medical and mental health treatment. Specifically, it states that resident victims of sexual abuse will receive treatment services without financial cost and regardless whether the victim names the alleged abuser or cooperates with any investigation. There were no residents at the facility who had reported a sexual abuse or harassment in the previous 12 months.</p> <p>Based on a review of the PAQ, the facility PREA policy, and information from interviews with facility staff as well as interviews with residents indicated that this standard is determined to be compliant.</p> |

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| 115.283 | Ongoing medical and mental health care for sexual abuse victims and abusers |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |

Documents:

1. PAQ
2. PREA Policy

Interviews:

1. Medical and Mental Health Staff
2. Residents Who Reported a Sexual Abuse (no reports of sexual abuse in the previous 12 months)
3. Random Residents
4. PREA Coordinator

Findings (by Provision):

115.283 (a): The facility PREA policy describes ongoing medical and mental health care for sexual abuse victims and abusers. Specifically, it states that the agency will offer medical and mental health evaluations and, as appropriate, treatment to all residents who have been victimized by sexual abuse.

115.283 (b): The facility PREA policy describes ongoing medical and mental health care for sexual abuse victims and abusers. Specifically, it states that evaluations and treatments of such victims will include follow up services, treatment plans, and when necessary, referrals for continued care following transfer or release from custody. It also describes services for those inmates being released from the agency's custody. Interviews with the Facility Director confirmed that follow up services would be offered through the local hospital. A few of the services include assessment, individual counseling and follow-up counseling. There were no residents who reported sexual abuse at the facility during the onsite phase of the audit nor in the past 12 months. Random resident interviews indicated that some were receiving counseling services through the mental health staff at the facility.

115.283 (c): The facility PREA policy describes ongoing medical and mental health care for sexual abuse victims and abusers. Specifically, it states that medical and mental health services will be consistent with the community level of care. The facility utilizes the local hospital for forensic medical examinations. Interviews with the Facility Director confirm that the services they provide are consistent with the community level of care.

115.283 (d): The agency PREA policy states that female resident victims of sexually abusive vaginal penetration while incarcerated would receive medical services through the local hospital or other referrals and will be offered pregnancy tests.

115.283 (e): The agency PREA policy states that female residents who become pregnant due to sexual victimization while incarcerated will receive timely and comprehensive information and access to all lawful pregnancy related medical services.

115.283 (f): The facility PREA policy describes ongoing medical and mental health care for sexual abuse victims and abusers. Specifically, it states that victims of sexual abuse while incarcerated will be offered tests for sexually transmitted infections as medically appropriate. There were no forensic exams conducted in the past 12 months for this facility.

115.283 (g): The facility PREA policy describes residents' access to emergency medical and mental health treatment. Specifically, it states that resident victims of sexual abuse will receive treatment services without financial cost and regardless whether the victim names the alleged abuser or cooperates with any investigation. There were no residents at the facility during the onsite audit who had reported a sexual abuse and there have not been any reports of sexual abuse at the facility in the past 12 months preceding the audit.

115.283 (h): The facility PREA policy indicates that a mental health evaluation of all known resident-on-resident abusers shall be attempted within 60 days of learning of the abuse and treatment will be offered when deemed appropriate in accordance with policy.

Based on a review of the PAQ, the facility PREA policy and information from interviews with facility staff, this standard is determined to be compliant.

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| 115.286 | Sexual abuse incident reviews |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. PAQ 2. PREA Policy <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Director (acting) 2. PREA Coordinator (PC) 3. Incident Review Team <p>Findings (By Provision):</p> <p>115.286 (a): The facility PREA policy outlines information related to sexual abuse incident reviews. Specifically, it states that the facility will conduct sexual abuse incident reviews of every sexual abuse investigation, except for those allegations that are deemed to be unfounded. The PAQ indicated that there were no sexual abuse or sexual harassment investigations completed at the facility in the past 12 months. There were, therefore, no sexual abuse incident reviews conducted.</p> <p>115.286 (b): The facility PREA policy outlines information related to sexual abuse incident reviews. Specifically, it states that the facility will conduct an administrative incident review of all sexual abuse allegations. The review shall ordinarily occur within 30 days of the conclusion of the investigation. The PAQ indicated that there were no sexual abuse or sexual harassment investigations completed within the previous twelve months. There, therefore, no sexual abuse incident reviews conducted.</p> <p>115.286 (c): The facility PREA policy outlines information related to sexual abuse incident reviews. Specifically, it states that the review team will consists of upper management officials, with input from line supervisors, investigators and medical and mental health. The interview with the Facility Director (acting) and PC confirmed that, in the event of a sexual abuse investigation, these reviews would be completed and they would include upper management officials. There were no incident reviews completed at the facility during the previous 12 months.</p> <p>115.286 (d): The Sexual Abuse Incident Review Form outlines information required to be completed related to sexual abuse incident reviews. Specifically, it includes: consider whether the allegation or investigation indicates a need to change policy or practice; whether the incident or allegation was motivated by race, ethnicity, gender identity or sexual preference (identified or perceived), gang affiliation, or if it was motivated by other group dynamics; examine the area where the incident allegedly occurred to assess whether there were any physical barriers; assess the staffing levels; assess video monitoring technology and prepare a report of its findings to include any recommendations for improvement. The completed incident review will be forwarded to the Facility Director (acting) and the PREA Coordinator. Interviews with the Facility Director (acting) and PC confirmed that these reviews are being completed and they include all the required elements. Interviews indicated that the team will adjust the staffing if necessary and will supplement video monitoring if necessary. Additionally, interviews indicated that any recommendations would be made and implemented that would benefit the facility and would alleviate the incident from occurring again.</p> <p>115.286 (e): The facility PREA policy outlines information related to sexual abuse incident reviews. Specifically, it states that the agency will implement the recommendations for improvement or document the reasons for not doing so. A review of the administrative incident review form indicated that a section exists for recommendations and corrective action.</p> <p>Based on a review of the PAQ, the facility PREA policy, the Sexual Abuse Incident Review Form, and information from interviews with the Facility Director (acting), the PC who is also a member of the sexual abuse incident review team, this standard is determined to be compliant.</p> |

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| 115.287 | Data collection |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents:</p> <ol style="list-style-type: none"> 1. PAQ 2. PREA Policy 3. Facility Aggregated Data <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency Head 2. PREA Coordinator 3. Facility Director (acting) <p>Findings (By Provision):</p> <p>115.287 (a): The facility PREA policy outlines how PREA data is collected. Specifically, it states that the agency will collect accurate uniform data for every allegation of sexual abuse at the facility using a standardized instrument and set of definitions. It also indicates that the data will include at minimum, data to answer questions on the Survey of Sexual Victimization. A review of collected data confirmed that the agency utilizes the definitions set forth in the PREA standards.</p> <p>115.287 (b): The facility PREA policy outlines how PREA data is collected. A review of collected data confirmed that the agency aggregates sexual abuse data at least annually.</p> <p>115.287 (c): The facility PREA policy outlines how PREA data is collected. Specifically, it states that the incident-based data collected shall 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.</p> <p>115.287 (d): The facility PREA policy outlines how PREA data is collected. Specifically, it states that the agency will maintain, review and collect data as needed from available incident-based documents, including reports investigation files and sexual abuse incident reviews.</p> <p>115.287 (e): N/A</p> <p>115.287 (f): N/A</p> <p>Based on a review of the facility PREA policy as well as interviews with the Agency Head, the PC and the Facility Director (acting), this standard is determined to be compliant.</p> |

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| 115.288 | Data review for corrective action |
| | <p data-bbox="293 134 760 163">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="293 195 492 220">Auditor Discussion</p> <p data-bbox="293 252 412 277">Documents:</p> <ol data-bbox="293 304 698 493" style="list-style-type: none"> 1. PAQ 2. PREA Policy 3. Corrective Action Form 4. Annual Reports on Website (2017-2021) <p data-bbox="293 520 399 546">Interviews:</p> <ol data-bbox="293 573 542 709" style="list-style-type: none"> 1. Agency Head 2. PREA Coordinator 3. Facility Director (acting) <p data-bbox="293 789 521 814">Findings (By Provision):</p> <p data-bbox="293 842 1461 1213">115.288 (a): The PAQ indicated that the agency reviews data annually in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies and training. The Chrysalis House has had no incidents reported of sexual abuse or harassment, therefore, there is no breakdown of the type of incidents nor the outcomes. In the event that there were reports of sexual abuse or sexual harassment, the reports would include identifying problem areas, taking corrective action on an ongoing basis and preparing an annual report of its findings and any corrective action. The policy requires that annual reports would break down the collected data by types of cases, location of incidents, outcome of the investigations as well as compares the data from the current year with prior years. Additionally, the reports would include problem areas and corrective action. Interviews with the Agency Head, Facility Head (acting) and PC confirmed that the report is done annually, that leadership meets to discuss the data and all allegations to determine if any improvements are needed. The Agency Head indicated that the data is used to determine appropriate interventions, such as enhanced training, policy updates, infrastructure modifications etc. The data is also utilized to compile the annual report and to ensure that appropriate action is taken at every level of the organization.</p> <p data-bbox="293 1241 1461 1392">115.288 (b): The PAQ indicated that the agency's annual report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the progress. A review of annual reports indicates that reports break down the collected data by types of cases, location of incidents, outcome of the investigations as well as compares the data from the current year with prior years. Additionally, it includes problem areas and corrective action, if necessary.</p> <p data-bbox="293 1419 1461 1509">115.288 (c): The PAQ indicated that the agency's annual report is approved by the Agency Head and made available to the public through its website. The interview with the Agency Head confirmed that after it is approved, it is distributed as required. A review of the website confirmed that the current annual report as well as previous reports are available to the public online.</p> <p data-bbox="293 1537 1417 1596">115.288 (d): The agency does not include any identifiable information or sensitive information on its annual report and as such does not require any information to be redacted.</p> <p data-bbox="293 1623 1393 1682">Based on a review of the PAQ, the annual report and the website, as well as interviews with the Agency Head, Facility Director (acting), and the PC, this standard is determined to be compliant.</p> |

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| 115.289 | <p>Data storage, publication, and destruction</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. PAQ 2. PREA Policy 3. Sample of Publicly Available Sexual Abuse Data 4. Sample of Historical Sexual Abuse Data since August 20, 2012 <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA Coordinator <p>Findings (By Provision):</p> <p>115.289 (a): The facility PREA policy states that the facility PREA Team shall ensure that data collected is securely retained. PAQ as well as the interview with the PREA Coordinator confirmed that data is securely retained by password protected technology.</p> <p>115.289 (b): The facility PREA policy states that the agency will make all aggregated sexual abuse data readily available to the public annually through its website. A review of the website confirmed that the current annual report, which includes aggregated data, is available to the public online.</p> <p>115.289 (c): The agency does not include any identifiable information or sensitive information on its annual report and as such does not require any information to be redacted. A review of the annual report confirmed that no personal identifiers were publicly available.</p> <p>115.289 (d): The PAQ indicates that the agency maintains sexual abuse data that is collected for at least ten years after the date of initial collection. The records retention schedule confirmed the PREA Program Annual Report is retained ten years from the end of the calendar year it was submitted.</p> <p>Based on a review of the PAQ, the facility PREA policy, the records retention schedule, annual reports, the website and information obtained from the interview with the PREA Coordinator, this standard is determined to be compliant.</p> |
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| 115.401 | Frequency and scope of audits |
| | <p data-bbox="293 134 760 163">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="293 195 492 220">Auditor Discussion</p> <p data-bbox="293 252 412 277">Documents:</p> <ol data-bbox="293 306 1206 441" style="list-style-type: none"> <li data-bbox="293 306 643 331">1. The Chrysalis House PREA Policy <li data-bbox="293 359 1206 384">2. The Chrysalis House PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities) <li data-bbox="293 411 805 436">3. The Chrysalis House Final PREA Audit Report 2019 <p data-bbox="293 468 399 493">Interviews:</p> <ol data-bbox="293 522 540 600" style="list-style-type: none"> <li data-bbox="293 522 540 548">1. Facility Director (acting) <li data-bbox="293 575 496 600">2. PREA Coordinator <p data-bbox="293 630 383 655">Findings:</p> <p data-bbox="293 684 1455 865">This is the facility's second PREA audit. The first audit was conducted in Year 1 of the 3rd Audit Cycle. This auditor had access to, and the ability to observe all areas of the audited facility. The auditor was permitted to request and receive copies of any relevant documents including electronically stored information. The auditor was able to conduct private interviews with residents. Residents were permitted to send confidential correspondence to the auditor in the same manner as if they were communicating with legal counsel. The auditor, however, did not receive any confidential correspondence from residents or staff.</p> |

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| 115.403 | Audit contents and findings |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents:</p> <ol style="list-style-type: none"> 1. The Chrysalis House PREA Policy 2. The Chrysalis House PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities) 3. Final PREA Audit Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Director (acting) 2. PREA Coordinator <p>Findings:</p> <p>115.403 (f): The facility was previously audited on August 20, 2019. The final report dated September 28, 2019 is posted and available for public review on the facility website.</p> |

| Appendix: Provision Findings | | |
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| 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 emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) | na |
| | In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) | na |
| 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 |

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

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

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

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

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| 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.) | yes |
| 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.) | na |
| 115.221 (a) | Evidence protocol and forensic medical examinations | |
| | If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.) | na |
| 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 |

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| 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? | no |
| 115.221 (d) | Evidence protocol and forensic medical examinations | |
| | Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? | yes |
| | If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? | yes |
| | Has the agency documented its efforts to secure services from rape crisis centers? | yes |
| 115.221 (e) | Evidence protocol and forensic medical examinations | |
| | As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? | yes |
| | As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? | yes |
| 115.221 (f) | Evidence protocol and forensic medical examinations | |
| | If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) | yes |
| 115.221 (h) | Evidence protocol and forensic medical examinations | |
| | If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above). | 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 |

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| 115.222 (b) | Policies to ensure referrals of allegations for investigations | |
| | Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? | yes |
| | Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? | yes |
| | Does the agency document all such referrals? | yes |
| 115.222 (c) | Policies to ensure referrals of allegations for investigations | |
| | If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).) | yes |
| 115.231 (a) | Employee training | |
| | Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? | yes |
| | Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? | yes |
| | Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment? | yes |
| | Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? | yes |
| | Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement? | yes |
| | Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims? | yes |
| | Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse? | yes |
| | Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? | yes |
| | Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? | yes |
| | Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? | yes |
| 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? | no |

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| 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 |

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

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| 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.) | na |
| 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 |

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

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

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

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| 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.) | yes |
| 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 (d) | Exhaustion of administrative remedies | |
| | Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) | 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 |

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

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| 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 |

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| 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 actions that could destroy physical evidence, and then notify security staff? | yes |
| 115.265 (a) | Coordinated response | |
| | Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? | yes |
| 115.266 (a) | Preservation of ability to protect residents from contact with abusers | |
| | Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? | yes |
| 115.267 (a) | Agency protection against retaliation | |
| | Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? | yes |
| | Has the agency designated which staff members or departments are charged with monitoring retaliation? | yes |
| 115.267 (b) | Agency protection against retaliation | |
| | Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? | yes |

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

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| 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? | no |
| 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 |

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| 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 resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? | yes |
| | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? | yes |
| | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? | yes |
| 115.273 (d) | Reporting to residents | |
| | Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? | yes |
| | Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform 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 (b) | Disciplinary sanctions for staff | |
| | Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? | yes |

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| 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? | yes |
| 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 |

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| 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 facility? | yes |
| 115.283 (b) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? | yes |
| 115.283 (c) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the facility provide such victims with medical and mental health services consistent with the community level of care? | yes |
| 115.283 (d) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. Note: in "all-male" facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) | yes |

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

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| 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 and security of a facility? | yes |
| 115.289 (a) | Data storage, publication, and destruction | |
| | Does the agency ensure that data collected pursuant to § 115.287 are securely retained? | yes |

| | | |
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| 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 |