

PREA Facility Audit Report: Final

Name of Facility: Ball-Quantrell Jones Recovery Center for Women

Facility Type: Community Confinement

Date Interim Report Submitted: 04/25/2021

Date Final Report Submitted: 08/17/2021

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: William J. Benjamin	Date of Signature: 08/17/2021

AUDITOR INFORMATION	
Auditor name:	Benjamin, William
Email:	wbenjami@aol.com
Start Date of On-Site Audit:	03/10/2021
End Date of On-Site Audit:	03/11/2021

FACILITY INFORMATION	
Facility name:	Ball-Quantrell Jones Recovery Center for Women
Facility physical address:	1524 Versailles Road, Lexington, Kentucky - 40508
Facility Phone	
Facility mailing address:	1524 Versailles Road, P.O. Box 6, Lexington, Kentucky - 40588

Primary Contact	
Name:	Stephanie M Raglin, LCADC
Email Address:	sraglin@hopectr.org
Telephone Number:	8597537752

Facility Director	
Name:	Stephanie M Raglin, LCADC
Email Address:	sraglin@hopectr.org
Telephone Number:	8597537752

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

Facility Health Service Administrator On-Site	
Name:	Danielle Jones
Email Address:	djones@hopectr.org
Telephone Number:	859-252-2002 ext 233

Facility Characteristics	
Designed facility capacity:	114
Current population of facility:	88
Average daily population for the past 12 months:	70
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:	35.46
Facility security levels/resident custody levels:	probation, parole, HIP
Number of staff currently employed at the facility who may have contact with residents:	12
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	2

AGENCY INFORMATION	
Name of agency:	The Hope Center
Governing authority or parent agency (if applicable):	
Physical Address:	360 West Loudon Avenue, Lexington, Kentucky - 40508
Mailing Address:	
Telephone number:	

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

Agency-Wide PREA Coordinator Information			
Name:	Stephanie Raglin	Email Address:	sraglin@hopectr.org

AUDIT FINDINGS

Narrative:

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

PHASE ONE: PRE-ON-SITE

Audit Planning and Logistics:

On January 19, 2021, The Hope Center contracted with William Benjamin, DOJ certified PREA Auditor, from Benjamin Correctional Consulting, LLC, to conduct the Prison Rape Elimination Act (PREA) on-site audit of the Ball Quantrell Jones Hope Center for Women starting on March 10, 2021 and ending on March 11, 2021. The Hope Center for Women (HCW), located in Lexington, Kentucky is a 114-bed recovery program (halfway house for Women) that provides life sustaining/life rebuilding services to Lexington's homeless and at-risk females. The Hope Center for Women is a place where women addicted to drugs and alcohol can find a supportive environment for beginning a clean and sober lifestyle. Services provided are free of charge to clients. The Hope Center for Women receives funding from the Kentucky Department of Corrections, private donations, sponsors, and fundraisers. Referrals are received through the Kentucky Department of Corrections for female paroles/probationers, local county judges and/or Drug Court, Department of Community Based Services (DCBS), and volunteers. Participants average length of stay is up to 120 Days. The facility currently has 97 all female residents of age 18 years and older. The facility employs 12 fulltime female staff.

The scope of the audit was to conduct a PREA audit of the facility's compliance with the Community Confinement Facility Standard Sections 115.211 - 115.403 using the PREA Audit Methodology required by the PREA Audit Handbook. During the course of the audit, the Auditor conducted the documentation review, informal interviews with randomly selected staff and residents, formal interviews with randomly selected staff and specialized staff, and authored this report. The contract stated that during the course of the PREA audit, the Auditor will have unrestricted access to all areas of the facility, staff, residents, facility records, and official reports.

Kick-off meeting:

On January 19, 2021, a kick off phone call was held with the Program Director/ PREA Coordinator (PC) Stephanie Raglin and the facility PREA Compliance Manager (PCM) Ms. Erica Corde. The purpose of the meeting was to brief Hope Center for Women on the PREA audit process, discuss the logistics and planning for the on-site audit, the Auditors requirement of the use of the Online Audit System (OAS) for the audit, and the submission due date of March 1, 2021 for the Pre-Audit Questionnaire (PAQ). Also discussed was the date of January 25, 2021 for the Audit Notice to be posted at the facility and instructions for the posting and resident mail access. Several follow up virtual meetings occurred throughout the Pre-audit phase to answer audit questions and provide technical assistance with the Online Audit System.

Audit Notice instructions:

On January 25, 2021, 45 days prior to the actual on-site portion of the audit, a notification was posted by the facility in all living areas, common areas, education areas, administrative areas, program areas, and medical areas of the Hope Center for Women Ball Quantrell Jones Hope Center for Women announcing the upcoming PREA audit along with the Auditor's contact information. The instructions provided to the facility were as follows:

Please see the attached audit notices in English and Spanish. Please give special attention to the following when posting these PREA Audit Notices:

These notices are required to be abundantly posted at least 6 weeks in advance of the on-site audit, which means they must be posted on or before Monday, January 25, 2021.

The instructions about how these notices are to be posted are as follows:

1. Post the English and Spanish postings side-by-side on brightly colored paper so they are visible among other postings. You will want to enter into the attached word documents the actual date of the posting (top left side of document).
2. They should be posted abundantly and be visible to residents, staff, and visitors. Posting areas, at a minimum, should include: every living unit, student common areas, facility entrances and visitation areas (including where attorneys visit), medical and mental health, cafeteria, staff break rooms, mail room, intake and/or booking, and program areas.
3. We will need confirmation of the postings in the form of time and date stamped photos of the postings with a description of the location. Please include photos of the different areas in which they are posted including all inmate living areas, facility entrance, visitation, and attorney visiting area.
4. The postings shall remain in place at least 6 weeks after the onsite audit review has been completed.

5. Please contact me with any questions, thanks.

The Audit Notice:

NOTICE OF PRISON RAPE ELIMINATION ACT (PREA) AUDIT

The Ball Quantrell Jones Hope Center for Women will be undergoing an audit for compliance with the United States Department of Justice's National PREA Standards to Prevent, Detect, and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) for Prisons and Jail standards during the following period:

March 10-11, 2021, any person with information relevant to this compliance audit may confidentially correspond with the Auditor via the following address:*

Mr. William Benjamin

P.O. Box 1184

Versailles, Kentucky 40383

**CONFIDENTIALITY – All written and verbal correspondence and disclosures provided to the designated Auditor is confidential and will not be disclosed unless required by law. There are exceptions when confidentiality must be legally breached. Exceptions include, but are not limited to the following:*

if the person is an immediate danger to her/himself or others (e.g. suicide or homicide); allegations of suspected child abuse, neglect or maltreatment; In legal proceedings where information has been subpoenaed by a court of appropriate jurisdiction.

The facility's PREA Coordinator provided date stamped digital photos of all of the audit notice postings placement on the morning of January 25th. This ensured that Ball Quantrell Jones Hope Center for Women staff, residents, and visitors had the information and opportunity to contact the Auditor.

The notices were verified to be in those locations during the on-site portion of the audit.

While on site, the Auditor observed the audit notification in various locations throughout the facility, including all resident living units, programming and work areas, visiting room, and staff access areas.

The Auditor did not receive any correspondence prior to the date of the on-site audit, nor were any received while on-site or following the audit up to the date of this report.

Pre-Audit Phase:

On February 25, 2021, the Agency PREA Coordinator provided a completed the Pre-Audit Questionnaire (PAQ) and other supporting documents, via the PREA Resource Center's Online Audit System (OAS), allowing for a full review before the on-site portion of the audit. These documents were reviewed by the Auditor and communication with the Agency PREA Coordinator allowed for clarification as needed, prior to the on-site portion of the audit. The provided documents contained all relevant information pertaining to the PREA standards and the audit. This included, but was not limited to, the PAQ, relevant agency policies, facility procedures, memorandums of understanding and contracts, PREA posters, brochures and handbooks, compliance memorandums for each standard, and training documentation.

Prior to the on-site review, the Auditor reviewed all submitted documentation and exchanged numerous emails with the Facility PREA Compliance Manager (PCM) and the Agency PREA Coordinator related to follow-up questions regarding the submitted documentation. An issue log was developed and provided to the facility requesting clarification of policies and procedures, additional information, and supporting documents. The Auditor also reviewed the Ball Quantrell Jones Hope Center for Women PREA Audit Report from their last 2 PREA audits, the Hope Center for Women public website and related PREA information, and the Hope Center for Women Annual PREA Report.

Also, prior to the on-site portion of the audit, the Auditor conducted phone meetings with the Agency PREA Coordinator and PREA Compliance Manager. A daily audit schedule was provided to the facility and interviews with key staff were prescheduled.

Correspondence Received:

No correspondence was received from residents, employees, or other non-facility persons.

Outreach to Advocacy Organizations and General Search:

The Auditor contacted Just Detention International (JDI) which provides sexual abuse advocacy and tracking services via e-mail to inquire if the organization had any information of concern this facility. JDI reported that they had received no correspondence regarding and they had not been contacted by any Ball Quantrell Jones Hope Center for Women resident in the past 12 months or at any other time. They also stated that, if contacted by any resident from the Hope Center for Woman, they would provide a survivor package containing resources to

various local agencies and services. A web search revealed no information relevant to this audit.

PHASE TWO: ON-SITE AUDIT:

On the morning of March 10, 2021, the Auditor arrived at Ball Quantrell Jones Hope Center for Women and began the on-site portion of the audit. Upon entry in the facility, the Auditor was processed in the front security building (which is located adjacent to the main entrance to the facility and outside of the secure perimeter). He was COVID-19 screened and the Auditor's identification was verified. He was directed to review and sign the Juvenile Justice Center's PREA zero-tolerance policy and training information regarding sexual abuse and sexual harassment. After his clearance, the Auditor was escorted to the Administrative area to begin the initial entrance interview meeting. The meeting was attended by members of the the Facility Executive Management Team. This included:

Janice James, Interim Executive Director

Stephanie Raglin, Program Director/ PREA Coordinator

Erica Corde, Phase II Coordinator/PREA Compliance Manager

After the entrance interview meeting, the Auditor was provided with a work space in the administrative area and given rosters of all staff available at the facility for the two days of the audit, indicating post and shift hours. In addition, rosters were received indicating which individuals filled each specialized staff position. A roster was received detailing all residents housed at the facility on the first day of the audit along with rosters of all specialized categories of residents. These were used to select the staff and residents to participate in the random and specialized interviews.

Facility Site Review:

Shortly after the Auditor reviewed the provided on-site documents and rosters, he started the comprehensive facility site review. A two (2) hour facility site review was led by the Facility PCM and the PREA Coordinator. The Auditor conducted a review of the entire facility which included the administration areas, the main lobby area, the SOS intake office, resident and staff bathrooms, property room, medical offices/exam area, resident visitation and interviews rooms, resident dining hall, kitchen, staff break room, social services and mental health offices, hallways and common areas; laundry rooms, resident living units and rooms and their adjoining multipurpose areas, storage areas, all outside grounds and outdoor exercise area.

The total population the first day on site was 97 residents housed in (8) living units: SOS Dorm (12 - Residents), Dorm A (12 - Residents), Dorm B (12 - Residents), Phase Rooms 301-310 (12 - Residents), Phase Rooms 311-316 (8 - Residents), Phase Rooms 401-410 (19 - Residents), Phase Rooms 411-416 (12 - Residents), and 500 Rooms (10 – Residents).

While conducting the facility site review, the Auditor paid particular attention to staffing/resident ratios, staff/resident interactions, supervision of residents, camera and furniture placement, lines of sight/blind stops, privacy for residents in specified areas, PREA education/reporting/victim advocacy and audit notification posters, access to grievance forms, door and physical security, resident movement, intake/receiving process, and phone/visitation access. The Auditor toured and thoroughly examined all areas of the facility and all areas accessed by those residents. This included informal discussions with residents and the successful testing of the resident phone reporting system.

The Auditor also conducted informational discussions with staff and residents encountered while touring. The Auditor was able to observe cross gender announcements being made by staff. In addition, all staff encounters were extremely professional, friendly and helpful. The Auditor observed positive and productive interactions between staff and residents that exhibited a respectful working and living environment. Staff were observed monitoring residents and conducting quality security checks in work, program, and living areas.

During the facility site review, the Auditor observed some areas of concern. The PC were advised of these issues and some were corrected while the on-site portion of the audit was being conducted, the following deficiencies and recommendations were identified during the site review:

SOS Dorm Living Unit –The Auditor noted a supervision concern regarding the lighting in the dorm at night. The facility had previously used plug-in night lights but residents would break them. The Auditor recommended the facility place a hard-wired LCD night light near the front of the dorm and next to the resident bathroom. This was immediately corrected by the facility's maintenance staff; the night light was procured and installed. This recommendation was verified by the Auditor while still on site on March 11, 2021 and this is now deemed closed.

Dining Hall Bathroom – The Auditor noted that the resident group bathroom in the dining hall area had two outside clear glass windows that overlook the facility parking lot; all other facility bathroom windows are frosted. The clear glass windows allow for unsupervised interaction with staff and students. It is recommended that these windows be frosted or tinted. This was immediately corrected by the facility. Windows were frost painted on the outside by the facility's maintenance staff on March 12, 2021. The PREA Coordinator emailed photos showing the painted windows on March 17, 2021 to the Auditor and this is now deemed closed.

On-Site Interviews:

Following the facility site review tour, interviews began with specialized staff, randomly selected staff, and residents. During this on-site

portion of the audit, a total 12 staff were employed at the facility and a total of 10 staff interviews were conducted with staff covering all three shifts, 5 of which were randomly selected staff and 5 were specialized staff, some who are responsible for more than one protocol. A total of 16 interviews were conducted with residents, 10 of which were randomly selected and 6 were targeted residents. The staff and residents interviewed were selected to ensure a representation from all shifts, all housing units, and different programming and operational areas of the facility. Since no correspondence was received prior to or during the audit, no additional interviews were conducted with staff or residents.

Interview protocols conducted were as follows:

Randomly Selected Staff – 5
Agency Head/Designee – 1
Program Director – 1
Agency PREA Coordinator – 1
Facility PREA Compliance Manager – 1
Intermediate or higher-level Supervisors – 1
Medical Staff -1
Mental Health Staff – 1
Human Resources Staff – 1
Investigative Staff – 2
Staff who perform risk screening – 1
Staff who monitor retaliation – 1
Incident Review Team Members – 1
Intake Staff – 1
First Responders – 1

The number of residents housed at Ball Quantrell Jones Hope Center for Women on the first day of the on-site review was 97. A total of 16 resident interviews were conducted:

Randomly selected residents – 10
Physically disabled, blind, deaf, and/or hard of hearing residents – 0 (No residents housed at Ball Quantrell Jones Hope Center for Women matched this criteria)
Cognitively disabled residents – 1 (One resident housed at Ball Quantrell Jones Hope Center for Women matched this criteria)
Limited English Proficient (LEP) residents – 0 (No residents housed at Ball Quantrell Jones Hope Center for Women matched this criteria)
Gay, lesbian, and/or bisexual residents – 3 (Three residents housed at Ball Quantrell Jones Hope Center for Women matched this criteria)
Transgender or intersex residents - 0 (No residents housed at Ball Quantrell Jones Hope Center for Women matched this criteria)
Residents in segregation for risk of victimization - 0 (No residents housed at Ball Quantrell Jones Hope Center for Women matched this criteria)
Residents who reported sexual abuse – 1 (One resident housed at Ball Quantrell Jones Hope Center for Women matched this criteria)
Residents who disclosed victimization during a risk assessment - 1 (One residents housed at Ball Quantrell Jones Hope Center for Women matched this criteria)

All residents interviewed were consistent in their responses. Residents confirmed the facility's compliance with the standards that requires rules against sexual abuse and sexual harassment, their right to not be sexually harassed or sexually abused, and how to report such incidents. Each resident was able to detail several different ways to report sexual abuse and sexual harassment allegations, including reporting anonymously and via a third party. Residents stated that they are not seen by staff while they are using the toilet, shower, or changing clothes. All residents reported feeling safe and sexually safe. No areas of concern were raised by the interviewed residents.

While on site, the Auditor conducted a test of the PREA reporting hotline. Ball Quantrell Jones Hope Center for Women residents can report sexual abuse or sexual harassment to a public entity that is not part of Ball Quantrell Jones Hope Center for Women via the PREA Hotline, which allows the resident to remain anonymous upon request. The hotline information is received and immediately forwarded to Kentucky Department of Corrections officials. The Auditor found this reporting system acceptable and deemed this test successful.

Throughout the on-site review, staff were observed engaging in positive interactions with the resident population and with other staff. The Auditor was very impressed when every staff member's response to questions regarding the reporting of allegations was to first ensure the safety of the residents.

Record Review:

A facility record review was completed by the Auditor while on site. This included staff and resident PREA-related records and PREA investigative reports.

Staff Files:

The Auditor selected and reviewed a variety of documents, files, and records discussed in detail below. Document sample sizes were derived from direction in the PREA Auditor Handbook. The file selections, as with the interview selections, span a variety of job functions

and post assignments, including supervisory, line staff, and specialized jobs.

The Auditor requested the records for employees' background checks, training records, and disciplinary sanctions. The Auditor reviewed 12 personnel records, which included evidence of background checks and discipline. Training records for all staff were also reviewed to confirm all had received initial PREA training.

PREA Investigations:

The Auditor requested and was provided the investigative file for the one (1) investigative report (the only one for the past 12 months). The file was deemed to be complete and objective.

Resident Files:

The Auditor requested the randomly selected and targeted residents' intake records, medical/mental health records, risk assessment, bed assignment, training records, and disciplinary sanctions. The Auditor reviewed 16 resident files for documentation of PREA education, medical and mental health records, screening risk assessment, and appropriate bed and housing assignment. As part of the audit, the Auditor observed a resident intake and viewed the video used for resident PREA education.

Grievance Program:

The Auditor also reviewed the resident grievance program. During an interview, the PC explained the facility's grievance process. There were no PREA-related grievances reported in the past 12 months preceding the PREA Audit.

Exit Briefing:

The Auditor concluded the on-site portion of the audit on evening of March 11, 2021 with an exit interview briefing. The meeting was attended by members of the Facility Executive Management Team and key support staff. This included:

Stephanie Raglin, Director of Programs/ PREA Coordinator
Erica Corde, Administrative Assistant/PREA Compliance Manager

The Auditor thanked the facility for their hospitality and transparency; identified compliance-related strengths and weakness; briefly discussed compliance-related opportunities; and explained the post on-site phase, which may include requests for clarification or additional documentation; a detailed standards analysis; corrective action plan development; report writing; and the issuance of an interim and/or final report.

PHASE THREE: POST-ON-SITE AUDIT:

After the on-site portion of the audit, the Auditor began a systematic review of the evidence utilizing the Auditor Compliance Tool for Community Confinement Facility as a guide to determine compliance with each standard. The Auditor triangulated the information from the PAQ as provided prior to the audit, policies and procedures, information observed from the site review tour, documents collected while on site, and information obtained from both the staff and resident interviews to complete a systematic review and determination of compliance for each provision of every standard and to write a professional and thorough audit report. The Auditor also had several follow-up conversations with the PREA Coordinator during this phase.

At the completion of post on-site audit phase of this PREA Audit, the Auditor identified four (4) standard provisions that requires corrective action, causing an interim report to be issued. The interim report was completed on April 25, 2021 and forwarded to the facility on April 26, 2021. Following this, the facility and the Auditor entered into a 180-day corrective action period.

Throughout the corrective action period, the Auditor had several follow-up conversations with the Program Director/PREA Coordinator regarding the required corrective action. The facility provided supporting documents and other evidence to the Auditor throughout this period to support compliance with the corrective action and recommendations.

On August 2, 2021,(within the 180-day corrective action phase), the final corrective action items were received, reviewed, and accepted by the Auditor from the facility, Now at the completion of all phases of this PREA audit, the final PREA Audit Report was finalized on August 17, 2021 and issued to the facility on August 18, 2021.

AUDIT FINDINGS

Facility Characteristics:

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

Facility:

The Hope Center is a 501c3 non-profit agency that operates the Ball Quantrell Jones Hope Center for Women facility located at 1524 Versailles Road, Lexington, KY is a 114-bed recovery program (halfway house for Women) that provides life sustaining/life rebuilding services to Lexington's homeless and at-risk females. The Hope Center for Women is a place where women addicted to drugs and alcohol can find a supportive environment for beginning a clean and sober lifestyle. Services provided are free of charge to clients. The Hope Center for Women receives funding from the Kentucky Department of Corrections, private donations, sponsors, and fundraisers. Referrals are received through the Kentucky Department of Corrections for female paroles/probationers, local county judges and/or Drug Court, Department of Community Based Services (DCBS), and volunteers. Participants average length of stay is up to 120 Days. The facility currently has 97 all female residents of age 18 years and older and the facility employs 12 fulltime female staff.

Housing Areas:

The facility is comprised of one main H shaped building with two wings, each with two stories, connected at the center of the H. The center area includes a lobby which is adjacent to the medical office, group meeting rooms and administrative area with private offices. The kitchen and dining room area are down the main hall in one of the wings. The facility was modern, extremely clean and well maintained.

There are 4 open bay/dorm housing units with a staff monitor desk in each dorm in view of all residents (used for Safe Off the Street (SOS)). There are bathrooms with showers, sinks, and stall with toilets. All showers have curtains and all stalls have doors to provide residents with privacy. All meeting rooms, offices, and classrooms have hallway doors with a window in them. There are 20 two-bed Semi-Private rooms for residents that have advanced group treatment. The Semi-Private rooms have twin beds and a private bathroom with a shower, toilet, and sink. Each floor has laundry facilities that have hallway doors with a window in them for residents to use on a set schedule. There is also an outdoor recreation area.

The PREA Audit notice and posters containing PREA information, including the PREA hotline number, are prominently posted on bulletin boards, dining area, hallways, classrooms, meeting rooms, and dorms. There are currently 28 cameras that cover common areas both inside and outside the facility, with monitors located in the Central Monitoring Office (CMO). The facility continues to have on-going discussions regarding adequate levels of staffing and/or future possibility of utilizing more video monitoring equipment in order to protect both residents and staff from sexual harassment, sexual abuse, and/or allegations of such. There have been no significant modifications made to this facility since August 20, 2012.

Staffing:

The Hope Center Recovery Program for Woman adheres to the KY DOC policy that requires twenty-four (24) hour awake supervision by staff to protect residents from sexual abuse. The staffing is as follows:

- Director of Programs;
- Administrative Assistant;
- Phase II Coordinator;
- Re-Entry Service Case Worker;
- Health Services Coordinator;
- Motivational Track Coordinator;
- SOS Coordinator;
- SOS Caseworks (4) and
- Social Worker.

Admission Area:

The SOS Intake Area includes two (2) open booking desks, a property/clothing issue room, and an intake bathroom. Off of the Intake area is the main lobby, the main control room, and the Medical Office/Exam Room. The facility has nursing staff onsite 8 hours a day, five days a week. The nurse conducts screening on all new admissions, dispenses medications, and provides medical treatment when necessary.

AUDIT FINDINGS

Summary of Audit Findings:

The OAS will automatically calculate the number of standards exceeded, number of standards met, and the number of standards not met based on the auditor's compliance determinations. If relevant, the auditor should provide the list of standards exceeded and/or the list of standards not met (e.g. Standards Exceeded: 115.xx, 115.xx..., Standards Not Met: 115.yy, 115.yy). Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:	0
Number of standards met:	41
Number of standards not met:	0

On March 10-11, 2021, a two (2) day PREA compliance audit was completed for The Ball Quantrell Jones Hope Center for Women located at 1524 Versailles Road, Lexington, KY. The final results indicate the facility was found to be in substantial compliance with all of the requirements of the Community Confinement Facility Standards, United States Department of Justice Final Rule, National Standards to Prevent, Detect, and Respond to Prison Rape under the Prison Rape Elimination Act (PREA), 28 C.F.R. Part 115, dated May 17, 2012.

Standard Exceeded: N/A

Standards Met: 115.211; 115.212; 115.213; 115.215; 115.216; 115.217 115.218; 115.221; 115.222; 115.231; 115.232; 115.233; 115.244; 115.235; 115.241; 115.242; 115.251; 115.252; 115.253; 115.254; 115.261; 115.262; 115.263; 115.264; 115.265; 115.266; 115.267; 115.271; 115.272; 115.273; 115.276; 115.277; 115.278; 115.282; 115.283; 115.286; 115.287; 115.288; 115.289; 115.401 & 115.403.

Standards Not Met: N/A

Corrective Actions:

115.233 (e): PREA education and reporting posters are placed throughout the facility. The residents are given a PREA tri-fold pamphlet (brochure) at intake. The Auditor noted that the pamphlet had an incorrect phone number for the PREA Hotline, (1-855-700-PREA) and not the correct phone number (1-855-362-PREA). However, the PREA Hotline reporting number was correct on the PREA informational posters that were posted throughout the facility. The pamphlet was corrected by the PREA Coordinator and new pamphlets printed and reissued. This was verified by the Auditor while on-site and this item is deemed closed.

115.287 (b): The Program Director stated that HCW does aggregate the incident-based sexual abuse data annually. The Auditor original reviewed the facility's Annual Report on the agency's website, revealed that it did not contain aggregated sexual abuse data. Corrective action was required and the facility updated its annual report to included aggregated data regarding sexual abuse report investigations from the previous 4 years. The Auditor reviewed the revised annual report on August 2, 2021 and deemed it acceptable. This corrective action is deemed closed.

115.288 (a): HCW claims to review data collected and aggregated pursuant to §115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training. The Auditor original reviewed the facility's Annual Report on the agency's website, revealed that it did not contain a review of the collected aggregated sexual abuse data. Corrective action was required and the facility updated its annual report to included aggregated data review regarding sexual abuse report investigations from the previous 4 years. The Auditor reviewed the revised annual report on August 2, 2021 and deemed it acceptable. This corrective action is deemed closed.

115.288 (b): The facility's Annual Report does not include a comparison of the current year's data and corrective actions with those from prior years. The Auditor original reviewed the facility's Annual Report on the agency's website, revealed that it did not include a comparison of the current year's data and corrective actions with those from prior years. Corrective action was required and the facility updated its annual report to include a comparison of the current year's data and corrective actions with those from prior years from the previous 4 years. The Auditor reviewed the revised annual report on August 2, 2021 and deemed it acceptable. This corrective action is deemed closed.

115.289 (b): The facility's Annual Report does not include a comparison of the current year's data and corrective actions with those from prior years. The Auditor original reviewed the facility's Annual Report on the agency's website, revealed that it did not include a comparison of the current year's data and corrective actions with those from prior years. Corrective action was required and the facility updated its annual report to include a comparison of the current year's data and corrective actions with those from prior years from the previous 4 years. The Auditor reviewed the revised annual report and verified it is available to the public through its website on August 2, 2021 and deemed it acceptable. This corrective action is deemed closed.

Recommendation:

115.231 (c): It is recommended that the facility standardize its staff PREA refresher training to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures and to ensure the standard's two-year requirement for refresher training. The facility accepted this recommendation and it will standardize its staff PREA refresher training.

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire for Ball-Quantrell Jones Recovery Center for Women (The Hope Center Recovery Program for Women). 2. The Hope Center Recovery Program for Women (HCW) Sexual Abuse Prevention and Intervention Program Policy (effective: 2/11/16). 3. The Hope Center Organizational Chart (revised 2/20). <p>Site Review Observations</p> <ol style="list-style-type: none"> 1. Posted information – The Hope Center Recovery Program for Women PREA Information Poster <p>Interviews</p> <ol style="list-style-type: none"> 1. Informal discussion during site tour 2. Administrative Director 3. Program Director (Director of Programs) 4. PREA Coordinator 5. PREA Compliance Manager <p>Findings (by provision)</p> <p>115.211 (a): The Hope Center Recovery Program for Women (HCW) has a comprehensive PREA Policy: Sexual Abuse Prevention and Intervention Program Policy (effective: 2/11/16) that was reviewed by the Auditor. The policy mandates a zero-tolerance towards all forms of sexual abuse and sexual harassment and outlines the agency's strategies on preventing, detecting and responding to such conduct within the RPW facility and the designation of the PREA Coordinator (PC).</p> <p>The PREA policy addresses Prevention Planning of sexual abuse and sexual harassment; Responsive Planning through the following major provisions: Staff hiring and screening processes (which includes the requirements to conduct criminal history background checks and to check child abuse registries); Staff Training (Staff, Volunteers, and Contractors); Staffing Plans: Risk Screening of Sexual Victimization and abusiveness; Resident PREA Education and Staff Training, Reporting Sexual Abuse/Misconduct; "Responding" to allegations of sexual abuse and sexual harassment is addressed through provisions detailing Reporting, Investigations, Victim Services, Medical and Mental Health Care; Discipline; Incident Review; and Data Collections and Analysis.</p> <p>This PREA policy is detailed, comprehensive and consistent with the PREA standards and outlines the agency's overall approach to sexual safety. Compliance with this provision was based upon the Auditor's observations during the tour of the facility and supported by interviews with the Administrative Director and the Program Director.</p> <p>115.211 (b): HCW PREA Policy, Page 7, outlines the roles and responsibilities of the PREA Coordinator (PC). It calls for the position to be allowed sufficient time and authority to develop, implement, and oversee the facility's efforts to comply with the PREA standards in the facility. The agency's organizational chart reflects that the PC position is an upper-level position. The job description confirms the PC's responsibilities. The PREA Coordinator is the Director of Programs.</p> <p>The PC was interviewed and she states that she has sufficient time to focus on the PREA standards and the freedom to divert responsibilities to other staff as needed to focus on implementing and sustaining the PREA efforts. She stated that she has direct access to the Administrative Director and can implement policies and practices as necessary to ensure sexual safety requirements. She oversees the facility's PREA Compliance Manager (PCM).</p> <p>Based on the review of the Pre-Audit questionnaire and related documents submitted, PREA implementation appears to be organized and well-documented under the leadership of the PC. The preparedness for the audit and overall incorporation of institutionalized sexual safety practices demonstrates that the PC has sufficient time and authority to accomplish PREA responsibilities for the agency. Additionally, the PC's ability to delegate other duties, when necessary, further demonstrates she has sufficient time for overseeing PREA and sexual safety practices in the agency.</p>

Compliance with this provision was based upon the Auditor's observations during the tour of the facility and supported by interviews with the Administrative Director and the Program Director/ PREA Coordinator.

Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring a zero-tolerance policy and the designation of a PC and PCM. No corrective action is required.

115.212	Contracting with other entities for the confinement of residents
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire for Ball-Quantrell Jones Recovery Center for Women (The Hope Center Recovery Program for Women). 2. The Hope Center Recovery Program for Women (HCW) Sexual Abuse Prevention and Intervention Program Policy (effective: 2/11/16). 3. The Hope Center Organizational Chart (revised 2/20). 4. The Hope Center Recovery Program for Women (HCW) residents' records. <p>Site Review Observations</p> <ol style="list-style-type: none"> 1. Posted information – RWP PREA Information Poster <p>Interviews</p> <ol style="list-style-type: none"> 1. Administrative Director 2. Program Director 3. PREA Coordinator 4. PREA Compliance Manager. <p>Findings (by provision)</p> <p>115.212 (a): This standard is not applicable. The Hope Center Recovery Program for Women (HCW) has not entered into or renewed a contract for the confinement of residents.</p> <p>Compliance with this provision was confirmed by interviews of the Administrative Director and Program Director and a review of the Agency's Sexual Abuse Prevention and Intervention Program Policy.</p> <p>115.212 (b): This provision is not applicable. The Hope Center Recovery Program for Woman (HCW) does not contract with other entities for the confinement of residents.</p> <p>Compliance with this provision was confirmed by interviews of the Administrative Director and Program Director and a review of the HCW residents' records.</p> <p>115.212 (c): This provision is not applicable. The Hope Center Recovery Program for Woman (HCW) does not contract with other entities for the confinement of residents.</p> <p>Compliance with this provision was confirmed by interviews of the Administrative Director and Program Director and a review of the RPW residents' records.</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined that the agency is fully compliant with this standard regarding contracting with other entities for the confinement of residents. No corrective action is required.</p>

115.213	Supervision and monitoring
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire for Ball-Quantrell Jones Recovery Center for Women (The Hope Center Recovery Program for Women). 2. The Hope Center Recovery Program for Women (HCW) Sexual Abuse Prevention and Intervention Program Policy (effective: 2/11/16). 3. The Hope Center Organizational Chart (revised 2/20). 4. RPW PREA Staffing Plan <p>Site Review Observations</p> <ol style="list-style-type: none"> 1. Living Units staffing deployment <p>Interviews</p> <ol style="list-style-type: none"> 1. Informal discussion during site tour 2. Administrative Director 3. Program Director 4. PREA Coordinator 5. PREA Compliance Manager 6. Case Workers <p>Findings (by provision)</p> <p>115.213 (a): HCW has developed, implemented and documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse. The facility's staffing plan had taken into consideration 5 out of the 5 criteria in calculating adequate staffing levels and determining the need for video monitoring.</p> <p>Compliance with this provision is based upon interviews with the Administrative Director and Program Director/PREA Coordinator and a review of the facility's staffing plan.</p> <p>115.213 (b): RPW complies with the staffing plan at all times. By policy, they would document any time they had to deviate from the staffing plan during limited and discrete exigent circumstances. The facility has not deviated from its staffing plan during this audit period.</p> <p>Compliance with this provision is based upon interviews with the Administrative Director and Program Director/PREA Coordinator and a review of the facility's staffing plan.</p> <p>115.213 (c): The Program Director/PREA Coordinator annually reviews the staffing plan to see whether adjustments are needed has a policy for holding team annual meetings to assess, determine, and document whether adjustments are needed to: (a) the staffing plan; (b) prevailing staffing patterns; (c) the deployment of monitoring technology; or (d) the allocation of agency or facility resources to commit to the staffing plan to ensure compliance with the staffing plan. The PREA Coordinator stated these review meetings happen annually. This was supported by the Auditor's review of an Annual Staffing Plan Review Meeting Report.</p> <p>Compliance with this provision is based upon interviews with the Administrative Director and Program Director/PREA Coordinator and a review of the facility's Staffing Plan.</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring the facility develop and document a staffing plan that provides for adequate levels of staffing and video monitoring to protect residents against sexual abuse. No corrective action is required.</p>

115.215	Limits to cross-gender viewing and searches
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire for Ball-Quantrell Jones Recovery Center for Women (The Hope Center Recovery Program for Women). 2. The Hope Center Recovery Program for Women (HCW) Sexual Abuse Prevention and Intervention Program Policy (effective: 2/11/16). 3. HCW Staffing Training Presentation (revised 6/17). 4. HCW Staff Training Records. <p>Site Review Observations</p> <ol style="list-style-type: none"> 1. Auditor Observation <p>Interviews</p> <ol style="list-style-type: none"> 1. Informal discussion during site tour 2. PREA Coordinator 3. PREA Compliance Manager 4. Randomly selected Staff 5. Randomly selected Residents <p>Findings (by provision)</p> <p>115.215 (a) HCW prohibits cross-gender strip searches and cross-gender visual body cavity searches of residents. HCW is a female-only facility. This was supported by resident and staff interviews.</p> <p>Compliance with this provision was based upon the Auditor's review of the facility's policy and supported by interviews with randomly selected residents and staff.</p> <p>115.215 (b): HCW prohibits cross-gender pat-down searches of residents under all circumstances. In the past 12 months, zero (0) cross-gender pat-down searches of residents were conducted.</p> <p>Compliance with this provision was based upon the Auditor's review of the facility's policy and supported by interviews with randomly selected residents and staff.</p> <p>115.215 (c): HCW prohibits cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches under all circumstances. There is no documentation or documented justification for any cross-gender strip searches, cross-gender visual body cavity searches, or cross-gender pat-down searches of residents. This is supported by resident and staff interviews. In the past 12 months, zero (0) cross-gender pat-down searches of residents were conducted.</p> <p>Compliance with this provision was based upon the Auditor's review of the facility's policy and supported by interviews with randomly selected residents and staff.</p> <p>115.215 (d): HCW does require staff of the opposite gender to announce their presence when entering a resident housing unit. This practice was observed by the Auditor and confirmed during resident interviews. All residents shower, perform bodily functions, and change clothing without being viewed by staff in single use lockable bathrooms. Policy and practice verified by interviews of staff and residents and the Auditor's observation.</p> <p>Compliance with this provision was based upon the Auditor's observations during the tour of the facility and supported by interviews with randomly selected residents and staff.</p> <p>115.215 (e): HCW has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status.</p>

Compliance with this provision was based upon the Auditor's observations during the tour of the facility and supported by interviews with randomly selected resident and staff.

115.215 (f): Four (4) HCW staff have received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs. Training records verified that these staff have received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs.

Compliance with this provision was based upon the Auditor's review of the facility staff training records and a review of the lesson plan. Also supported by interviews with randomly selected staff and review of the training material and records.

Based upon the review and analysis of all the available evidence, the Auditor has determined that the agency is fully compliant with this standard. No corrective action is required.

115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1026 297">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 331 360 358">Documents</p> <ol data-bbox="240 387 1477 651" style="list-style-type: none"> <li data-bbox="240 387 1477 450">1. Pre-Audit Questionnaire for Ball-Quantrell Jones Recovery Center for Women (The Hope Center Recovery Program for Women). <li data-bbox="240 477 1437 539">2. The Hope Center Recovery Program for Women (HCW) Sexual Abuse Prevention and Intervention Program Policy (effective: 2/11/16). <li data-bbox="240 566 1171 593">3. HCW Policy Communication with Persons with Limited English Proficiency (revised 5/09) <li data-bbox="240 620 592 647">4. HCW Language Line Contract <p data-bbox="240 680 504 707">Site Review Observations</p> <ol data-bbox="240 736 770 763" style="list-style-type: none"> <li data-bbox="240 736 770 763">1. Posted information – PREA Informational Poster <p data-bbox="240 797 347 824">Interviews</p> <ol data-bbox="240 853 639 1167" style="list-style-type: none"> <li data-bbox="240 853 639 880">1. Informal discussion during site tour <li data-bbox="240 907 475 934">2. PREA Coordinator <li data-bbox="240 960 571 987">3. PREA Compliance Manager <li data-bbox="240 1014 587 1041">4. Randomly selected Residents <li data-bbox="240 1068 515 1095">5. Administrative Director <li data-bbox="240 1122 459 1149">6. Program Director <p data-bbox="240 1200 472 1227">Findings (by provision)</p> <p data-bbox="240 1256 1493 1516">115.216 (a): HCW provides non-English residents with access to interpreters through Language Line Solutions. Non-English PREA Informational Posters and other signage were noted throughout the facility during the tour. HCW takes 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; who are blind or have low vision; who have intellectual disabilities; who have psychiatric disabilities; and who have speech disabilities. The facility ensures that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities, including residents who have intellectual disabilities, have limited reading skills, or are blind or have low vision.</p> <p data-bbox="240 1547 1449 1610">Compliance with this provision was based upon the Auditor's observations during the tour of the facility and supported by interviews with the Program Director and the Administrative Director.</p> <p data-bbox="240 1641 1469 1834">115.216 (b): HCW takes reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient. This includes providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary, through the Language Line Solutions. No residents with disabilities were available to interview at the facility during the time of the audit. Interviews with randomly selected residents support this policy and practice.</p> <p data-bbox="240 1865 1449 1928">Compliance with this provision was based upon the Auditor's observations during the tour of the facility and supported by interviews with the Program Director and the Administrative Director.</p> <p data-bbox="240 1960 1469 2022">115.216 (c): HCW policy prohibits residents from being used as interpreters. There was no documented use of residents as interpreters in the past 12 months.</p> <p data-bbox="240 2054 1449 2116">Compliance with this provision was based upon the Auditor's observations during the tour of the facility and supported by interviews with the Program Director and the Administrative Director.</p> <p data-bbox="240 2148 1425 2175">Evidences used to determine standard compliance includes: a review of case files and interviews of randomly selected</p>

residents, the Program Director and the Administrative Director.

Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) to 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. No corrective action is required.

115.217	Hiring and promotion decisions
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1026 300">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 331 360 358">Documents</p> <ol data-bbox="240 389 1477 595" style="list-style-type: none"> 1. Pre-Audit Questionnaire for Ball-Quantrell Jones Recovery Center for Women (The Hope Center Recovery Program for Women). 2. The Hope Center Recovery Program for Women (HCW) Sexual Abuse Prevention and Intervention Program Policy (effective: 2/11/16). 3. HCW Employee Records <p data-bbox="240 627 504 654">Site Review Observations</p> <ol data-bbox="240 685 751 712" style="list-style-type: none"> 1. Site Observation of HR Office Record Security <p data-bbox="240 743 347 770">Interviews</p> <ol data-bbox="240 801 616 999" style="list-style-type: none"> 1. Human Resources (HR) Director 2. PREA Coordinator 3. PREA Compliance Manager 4. Program Director <p data-bbox="240 1030 472 1057">Findings (by provision)</p> <p data-bbox="240 1088 1485 1348">115.217 (a): HCW prohibits 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 or 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. Personnel files were reviewed for all staff hired or promoted within the past 12 months to determine whether proper criminal record background checks had been conducted and questions regarding past conduct were asked and answered. The facility conducts criminal record checks of all new employees prior to hiring and then annually thereafter. The facility conducts child abuse record checks of all new employees prior to hiring and again every five years thereafter.</p> <p data-bbox="240 1379 1430 1438">Compliance with this provision was based upon a review of the employee records and supported by interviews with the Human Resources (HR) Director.</p> <p data-bbox="240 1469 1449 1527">115.217 (b): HCW considers any incident of sexual harassment or sexual abuse prior to hiring and promoting any staff or enlisting the services of any contractor.</p> <p data-bbox="240 1559 1485 1653">Compliance with this provision was based upon the review of the Hope Center Recovery Program for Women (HCW) Sexual Abuse Prevention and Intervention Program Policy (effective: 2/11/16) and interviews with the HR Director and the Program Director.</p> <p data-bbox="240 1684 1485 1845">115.217 (c): HCW considers any incident of sexual harassment or sexual abuse before hiring new employees who may have contact with residents and promoting any staff or enlisting the services of any contractor. HCW consults any child abuse registry maintained by the State or locality in which the employee had worked or lived and makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.</p> <p data-bbox="240 1877 1461 1935">Compliance with this provision was based upon the review of the PREA policy and interviews with the HR Director and the Program Director.</p> <p data-bbox="240 1966 1461 2092">115.217 (d): HCW conducts a criminal background records check and consults applicable child abuse registries before enlisting the services of any contractor who may have contact with residents. Department of Human Services Child Abuse Clearance, State Criminal Background checks, Federal Bureau of Investigation background checks are completed periodically as required.</p> <p data-bbox="240 2123 1326 2150">Compliance with this provision was verified though interviews with the HR Director and the Program Director.</p>

115.217 (e): HCW conducts criminal background records checks of all current employees and contractors (who may have contact with residents) every five years. The annual criminal record is managed via a spreadsheet tracking system.

Compliance with this provision was verified by a review of employee records and through interviews with the HR Director and the Program Director.

115.217 (f): HCW requires all employees to disclose any previous misconduct and imposes upon them a continuing affirmative duty to disclose any allegations of sexual misconduct or abuse.

Compliance with this provision was verified through interviews with the HR Director and the Program Director.

115.217 (g): HCW policy and practice is that material omissions regarding misconduct or the provision of materially false information by an employee, is grounds for termination.

Compliance with this provision was based upon the review of the PREA policy and interviews with the HR Director and the Program Director.

115.217 (h): HCW provides 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.

Compliance with this provision was based upon interviews with the HR Director and the Program Director.

Evidences used to determine provision compliance include a review of the PREA policy, employee files, and interviews with the Human Resources Director and the Program Director.

Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility meets the requirements of this standard by annually conducting criminal background checks of all employees and meets the standards for all other hiring and promotion decision requirements. No corrective action is required.

115.218	Upgrades to facilities and technology
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1026 300">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 331 360 358">Documents</p> <ol data-bbox="240 389 1477 539" style="list-style-type: none"> <li data-bbox="240 389 1477 450">1. Pre-Audit Questionnaire for Ball-Quantrell Jones Recovery Center for Women (The Hope Center Recovery Program for Women). <li data-bbox="240 479 1437 539">2. The Hope Center Recovery Program for Women (HCW) Sexual Abuse Prevention and Intervention Program Policy (effective: 2/11/16). <p data-bbox="240 571 504 598">Site Review Observations</p> <ol data-bbox="240 629 528 712" style="list-style-type: none"> <li data-bbox="240 629 523 656">1. Tour areas of the facility <li data-bbox="240 685 528 712">2. Video monitoring system <p data-bbox="240 743 347 770">Interviews</p> <ol data-bbox="240 801 639 1055" style="list-style-type: none"> <li data-bbox="240 801 639 828">1. Informal discussion during site tour <li data-bbox="240 857 475 884">2. PREA Coordinator <li data-bbox="240 913 571 940">3. PREA Compliance Manager <li data-bbox="240 969 459 996">4. Program Director <li data-bbox="240 1025 515 1052">5. Administrative Director <p data-bbox="240 1086 472 1113">Findings (by provision)</p> <p data-bbox="240 1144 1469 1272">115.218 (a): N/A, HCW has not acquired a new facility or made a substantial expansion to existing facilities since the last PREA audit. By Policy, HCW would consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse if it designed or acquired any new facility or planned any substantial expansion or modification of existing facilities.</p> <p data-bbox="240 1303 1489 1361">Compliance with this provision was based upon a review of the PREA policy, the Auditor's observations during the tour of the facility, and is supported by interviews with the Administrative Director and the Program Director.</p> <p data-bbox="240 1393 1465 1485">115.218 (b): HCW has updated its video monitoring system within the last few years and it was done with PREA in mind to enhance the facility's ability to protect residents from sexual abuse. The Auditor reviewed the updated video monitoring system and was impressed by its capabilities and clarity.</p> <p data-bbox="240 1516 1489 1574">Compliance with this provision was based upon the Auditor's observations during the tour of the facility, a review of the video monitoring system, and supported by interviews the Administrative Director and the Program Director.</p> <p data-bbox="240 1606 1497 1733">Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring upgrades to facilities and technologies, to consider the protection of residents from sexual abuse if it designed or acquired any new facility or planned any substantial expansion or modification of existing facilities. No corrective action is required.</p>

115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire for Ball-Quantrell Jones Recovery Center for Women (The Hope Center Recovery Program for Women). 2. The Hope Center Recovery Program for Women (HCW) Sexual Abuse Prevention and Intervention Program Policy (effective: 2/11/16). 3. The Hope Center for Women PREA Informational Brochures 4. HCW Bluegrass Rape Crisis Center Memorandum (2/23/21) 5. HCW Sexual Assault Protocol regarding SANE nurse 6. HCW residents' medical files <p>Site Review Observations</p> <ol style="list-style-type: none"> 1. N/A <p>Interviews</p> <ol style="list-style-type: none"> 1. Randomly selected Residents 2. PREA Coordinator 3. PREA Compliance Manager 4. Program Director 5. Medical Staff 6. Administrative Director <p>Findings (by provision)</p> <p>115.221 (a): The agency with the authority to conduct administrative and/or criminal investigations would be contingent on the supervision of the resident. State residents are referred to the Kentucky Department of Corrections (KY DOC) and would include the Kentucky State Police and/or the Lexington Police Department if/when necessary. The Lexington Police Department is responsible for conducting criminal sexual abuse investigations, including resident-on-resident sexual abuse or staff sexual misconduct.</p> <p>Compliance with this provision was based upon the Auditor's review of agency policy, and interviews with the Administrative Director and the Program Director/PREA Coordinator.</p> <p>115.221 (b): By policy, HCW follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings. The protocol is appropriate and adapted from the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication.</p> <p>Compliance with this provision was based upon the Auditor's review of agency policy, and supported by interviews with Medical staff and a review of HCW's Sexual Assault Protocol regarding SANE nurse.</p> <p>115.221 (c): Facility does not conduct SAFE/SANE exams as confirmed by Medical staff. No SAFE or SANE staff are employed at this facility; however, these professionals are provided at the University of Kentucky Emergency Department where forensic examinations would be conducted at no cost to the resident and/or to their family. Mental health services (e.g., meeting with a victim at the hospital as an advocate and providing counseling and support) can be provided locally by the Kentucky Association of Sexual Assault Program, Inc. (KASAP) and/or the Ampersand Sexual Violence Resource Center (formerly known as Bluegrass Rape Crisis Center) if/when needed. Community mental health services can be provided locally by New Vista (formerly known as Bluegrass.org) if/when necessary. The HCW documents its efforts to provide SAFEs or SANEs medical practitioners and files these documents in the resident's medical file.</p>

Compliance with this provision was based upon the Auditor's review of agency policy, and is supported by interviews with Medical staff and a review of HCW's Sexual Assault Protocol regarding SANE nurse.

115.221 (d): HCW attempts to make available to the victim, a victim advocate from a rape crisis center, specifically by the Kentucky Association of Sexual Assault Program, Inc. (KASAP) and/or Ampersand Sexual Violence Resource Center (formerly known as Bluegrass Rape Crisis Center). The Blue Grass Rape Center is a full-service rape crisis center; this was supported by a review of its website and an interview with the PREA Compliance Manager.

Compliance with this provision was based upon the Auditor's review of the facility's documentation to secure services from rape crisis centers and interviews with the Administrative Director and the Program Director/PREA Coordinator.

115.221 (e): By policy, the facility would provide, upon request by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member to accompany and support the victim through the forensic medical examination process and investigatory interviews. No residents at the facility have reported a sexual abuse incident. The PREA Compliance Manager reports that the Kentucky Association of Sexual Assault Program, Inc. (KASAP) would provide emotional support, crisis intervention, information, and referrals.

Compliance with this provision was based upon the Auditor's review of the facility's policy and interviews with the Administrative Director and the Program Director/PREA Coordinator.

115.221 (f): The Kentucky Department of Corrections (KY DOC) reviews and investigates all incident reports, referring criminal sexual abuse investigations, including resident-on-resident sexual abuse or staff sexual misconduct, to the Kentucky State Police and/or Lexington Police Department. The facility has maintained a very good working relationship with the KY DOC, KSP and Lexington Police Department regarding following the requirements of the paragraphs in §115.221.

Compliance with this provision was based upon the Auditor's review of the facility's policy and interviews with the Administrative Director and the Program Director/PREA Coordinator.

115.221 (g): The Auditor is not required to audit this provision.

115.221 (h): This provision is not applicable. HCW attempts to make a victim advocate from a rape crisis center available to victims per #115.221(d).

Evidences used to determine standard compliance include a review of residents' medical files and interviews of Medical Staff, randomly selected Residents, the Administrative Director and the Program Director/PREA Coordinator.

Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility has demonstrated compliance with all provisions of this standard. No corrective action is required.

115.222	Policies to ensure referrals of allegations for investigations
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1026 300">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 331 360 358">Documents</p> <ol data-bbox="240 389 1477 654" style="list-style-type: none"> 1. Pre-Audit Questionnaire for Ball-Quantrell Jones Recovery Center for Women (The Hope Center Recovery Program for Women). 2. The Hope Center Recovery Program for Women (HCW) Sexual Abuse Prevention and Intervention Program Policy (effective: 2/11/16). 3. HCW Website (Ball-Quantrell Jones Recovery Center for Women) 4. HCW PREA Investigative Files <p data-bbox="240 685 504 712">Site Review Observations</p> <ol data-bbox="240 743 320 770" style="list-style-type: none"> 1. N/A <p data-bbox="240 801 347 828">Interviews</p> <ol data-bbox="240 860 571 1057" style="list-style-type: none"> 1. Investigative Staff 2. PREA Coordinator 3. PREA Compliance Manager 4. Detention Director <p data-bbox="240 1088 472 1115">Findings (by provision)</p> <p data-bbox="240 1146 1461 1236">115.222 (a): HCW has ensured that all administrative investigations of sexual abuse allegations and sexual harassment allegations were completed. In the past 12 months, there was one (1) allegation resulting in an administrative investigation and zero (0) allegations were referred for criminal investigation.</p> <p data-bbox="240 1267 1409 1330">Compliance with this provision was based upon the Auditor's review of the facility's PREA investigative case files and supported by interviews with the Facility Investigator and the PREA Coordinator.</p> <p data-bbox="240 1361 1473 1487">115.222 (b): The facility has a policy, that states "(a) Allegations of sexual abuse or sexual harassment will be referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The determination of whether an allegation involves potentially criminal behavior will be made by the Director of Programs."</p> <p data-bbox="240 1518 1489 1644">The facility has documented all such referrals. Investigative policies were verified on the facility's website and the referral form for third-party reporting was also verified on-line. Compliance with this provision was based upon the Auditor's review of the facility's policy to ensure allegations were referred for investigation, and is supported by interviews with the Facility Investigator and the PREA Coordinator.</p> <p data-bbox="240 1675 1477 1769">115.222 (c): HCW's website does describe that the Kentucky Department of Corrections (KY DOC), with the Kentucky State Police and/or the Lexington Police Department, would be responsible for conducting criminal sexual abuse investigations, and that they have the legal authority to conduct criminal investigations.</p> <p data-bbox="240 1800 1485 1863">Compliance with this provision was based upon the Auditor's review of the facility's website and supported by interviews with the Facility Investigator and the PREA Coordinator.</p> <p data-bbox="240 1895 866 1921">115.222 (d-e): Auditor is not required to audit these provisions.</p> <p data-bbox="240 1953 1461 2042">Evidences used to determine standard compliance include a review of the facility's policies to ensure allegations were referred for investigation, a review of PREA investigative case files, and interviews with the Facility Investigator, the PREA Compliance Manager, and the PREA Coordinator.</p> <p data-bbox="240 2074 1473 2163">Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is in full compliance with this standard requiring policies to ensure referrals of allegations for investigations. The facilities website does describe that the Kentucky Department of Corrections (KY DOC), with the Kentucky State Police and/or the Lexington</p>

Police Department, would be responsible for conducting criminal sexual abuse investigations and they have the legal authority to conduct criminal investigation. Therefore, no corrective action is required.

115.231	Employee training
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 1026 300">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 329 360 358">Documents</p> <ol data-bbox="240 387 1477 651" style="list-style-type: none"> <li data-bbox="240 387 1477 450">1. Pre-Audit Questionnaire for Ball-Quantrell Jones Recovery Center for Women (The Hope Center Recovery Program for Women). <li data-bbox="240 479 1437 542">2. The Hope Center Recovery Program for Women (HCW) Sexual Abuse Prevention and Intervention Program Policy (effective: 2/11/16). <li data-bbox="240 571 612 600">3. HCW Staff Training Lesson Plan <li data-bbox="240 629 512 658">4. Staff Training Records <p data-bbox="240 687 504 716">Site Review Observations</p> <ol data-bbox="240 745 517 775" style="list-style-type: none"> <li data-bbox="240 745 517 775">1. Staff training classroom <p data-bbox="240 804 347 833">Interviews</p> <ol data-bbox="240 862 571 1055" style="list-style-type: none"> <li data-bbox="240 862 536 891">1. Randomly selected Staff <li data-bbox="240 920 475 949">2. PREA Coordinator <li data-bbox="240 978 571 1008">3. PREA Compliance Manager <li data-bbox="240 1037 405 1066">4. Site Trainer <p data-bbox="240 1095 472 1124">Findings (by provision)</p> <p data-bbox="240 1153 1485 1503">115.231 (a): HCW's employee training program includes all of the required elements for this standard. A review of the facility's lesson plan shows they train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment; How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; The dynamics of sexual abuse and sexual harassment in confinement facilities; The common reactions of confinement victims of sexual abuse and sexual harassment; How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents; How to avoid inappropriate relationships with residents; How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and the relevant laws regarding the applicable age of consent. This was supported by the interview of 6 randomly selected staff.</p> <p data-bbox="240 1532 1398 1594">Compliance with this provision was based upon the Auditor's review of the facility's PREA Training Lesson Plan and supported by interviews of randomly selected staff and the facility's Site Trainer.</p> <p data-bbox="240 1624 1485 1686">115.231 (b): HCW's training lesson plans are tailored to the unique needs and attributes of residents of confinement facilities and to the gender of the residents at HCW, an all female population and staff.</p> <p data-bbox="240 1715 1398 1778">Compliance with this provision was based upon the Auditor's review of the facility's PREA Training Lesson Plan and supported by interviews of randomly selected staff and the facility's Site Trainer.</p> <p data-bbox="240 1807 1461 1966">115.231 (c): HCW provided PREA training to all current employees and all new employees hired within this audit period at the start of their employment. All employees are provided refresher training at an all-staff meeting on the procedures if an allegation has been made. This has happened yearly during this audit period. However, it is recommended that the facility standardize this refresher training to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures to ensure the standard's two-year requirement for refresher training.</p> <p data-bbox="240 1995 1445 2058">Compliance with this provision was based upon the Auditor's review of the facility employees' PREA training records and supported by interviews of randomly selected staff and the facility's Site Trainer.</p> <p data-bbox="240 2087 1414 2150">115.231 (d): HCW maintains training documents in both hard copy and digital versions with all employees' signatures, verifying comprehension of training.</p>

Compliance with this provision was based upon the Auditor's review of the facility employees' PREA training records.

Evidences used to determine standard compliance include a review of the facility's PREA Training Lesson Plans and HCW employees' PREA training records and was supported by interviews of randomly selected staff and the facility's Site Trainer.

Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility meets the standard's requirement for employee training and no corrective action is required. However, a recommendation is made to improve the training program.

Recommendation

115.231 (c): It is recommended that the facility standardize its Staff PREA refresher training to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures and to ensure the standard's two-year requirement for refresher training.

115.232	Volunteer and contractor training
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire for Ball-Quantrell Jones Recovery Center for Women (The Hope Center Recovery Program for Women). 2. The Hope Center Recovery Program for Women (HCW) Sexual Abuse Prevention and Intervention Program Policy (effective: 2/11/16). 3. HCW Training Records <p>Site Review Observations</p> <ol style="list-style-type: none"> 1. Staff training classroom <p>Interviews</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. Program Director <p>Findings (by provision)</p> <p>115.232 (a): N/A, HCW does not employ any volunteers nor contractors, therefor this provision is not applicable.</p> <p>Compliance with this provision was based upon a review of the training records and interviews with the PREA Coordinator/Program Director.</p> <p>115.232 (b): N/A, HCW does not employ any volunteers nor contractors, there for this provision is not applicable.</p> <p>Compliance with this provision was based upon a review of the training records and interviews with the PREA Coordinator/Program Director.</p> <p>115.232 (c): N/A, HCW does not employee any volunteers nor contractors, therefor this provision is not applicable.</p> <p>Compliance with this provision was based upon a review of the training records and interviews with the PREA Coordinator/Program Director.</p> <p>Evidences used to determine standard compliance includes a review of the facility's training records for their volunteers and contractors and interviews with a contractor and the Program Director.</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring volunteer and contractor PREA training. No corrective action is required.</p>

115.233	Resident education
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1026 297">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 331 360 358">Documents</p> <ol data-bbox="240 387 1477 651" style="list-style-type: none"> 1. Pre-Audit Questionnaire for Ball-Quantrell Jones Recovery Center for Women (The Hope Center Recovery Program for Women). 2. The Hope Center Recovery Program for Women (HCW) Sexual Abuse Prevention and Intervention Program Policy (effective: 2/11/16). 3. HCW PREA Statement for Clients 4. HCW Residents' Training Records <p data-bbox="240 685 504 712">Site Review Observations</p> <ol data-bbox="240 741 639 824" style="list-style-type: none"> 1. Tour of common areas of the facility 2. Tour of Living Units <p data-bbox="240 857 347 884">Interviews</p> <ol data-bbox="240 913 970 1171" style="list-style-type: none"> 1. Informal discussion with randomly selected residents during site tour 2. PREA Coordinator 3. PREA Compliance Manager 4. Intake Staff 5. Program Director <p data-bbox="240 1205 472 1232">Findings (by provision)</p> <p data-bbox="240 1261 1485 1384">115.233 (a): HCW provides all PREA required information to residents upon intake. Residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment and this information is presented in an age-appropriate fashion. This was confirmed during resident interviews. All residents sign a PREA acknowledgement training record document.</p> <p data-bbox="240 1417 1449 1473">Compliance with this provision was based upon the Auditor's observations during the tour of the facility and supported by interviews with the Intake Staff, interviews with randomly selected residents, and review of residents' files.</p> <p data-bbox="240 1507 1485 1630">115.233 (b): HCW provides residents with refresher PREA information throughout their stay. The facility does not transfer resident to any different facility. During interviews of randomly selected residents, all confirmed that they had seen the PREA education that was provided at intake and again later during their stay. This was also confirmed by interviews with the Intake Staff.</p> <p data-bbox="240 1664 1449 1720">Compliance with this provision was based upon the Auditor's observations during the tour of the facility and supported by interviews with the Intake Staff, interviews with randomly selected residents, and review of residents' files.</p> <p data-bbox="240 1753 1485 1854">115.233 (c): PREA education is in formats accessible to all residents, including those who have limited reading skills, English proficient, are deaf, visually impaired and otherwise disabled. The facility has access to Language Line Solution, maintains a list of bilingual staff, and has one-on-one access to facility staff explaining the PREA information and rights.</p> <p data-bbox="240 1888 1449 1944">Compliance with this provision is based upon the Auditor's observations during the tour of the facility and is supported by interviews with the PREA Coordinator/Program Director.</p> <p data-bbox="240 1977 1477 2101">115.233 (d): The Auditor's review of (16) residents' files found documentation where each resident had received the training prescribed in section (b). During orientation, the intake staff reads the PREA brochure to each resident. All resident-signed PREA training records were provided to and verified by the Auditor. The Auditor confirmed the training records were also securely maintained.</p> <p data-bbox="240 2134 1477 2157">Compliance with this provision is based upon the Auditor's review of the PREA training records for all residents. The Auditor</p>

verified the initial PREA acknowledgement forms were signed by residents and were securely maintained.

115.233 (e): PREA education and reporting posters are placed throughout the facility. The residents are given a PREA tri-fold pamphlet (brochure) at intake. The Auditor noted that the pamphlet had an incorrect phone number for the PREA Hotline, (1-855-700-PREA) and not the correct phone number (1-855-362-PREA). However, the PREA Hotline reporting number was correct on the PREA informational posters that were posted throughout the facility. The pamphlet was corrected by the PREA Coordinator and new pamphlets printed and reissued. This was verified by the Auditor while on-site and this item is deemed closed.

Compliance with this provision was based upon the Auditor's observations during the tour of the facility and supported by interviews with the Intake Staff, interviews with randomly selected residents, and review of the PREA resident training materials.

Evidences used to determine standard compliance includes a review of case files and interviews of randomly selected residents, the PREA Coordinator, Intake Staff, and the Program Director. The Hope Center for Women's residents are informed about HCW's zero-tolerance policy and how to report incidents or suspicions of sexual abuse and sexual harassment during the intake process. In addition to providing such education, key PREA information is continuously and readily available or visible to residents through posters, the PREA tri-fold pamphlet, or other written formats. Hope Center for Women has access to the Language Line and maintains a list of all bilingual facility staff. The facility never uses other residents as language interpreters.

Based upon the review and analysis of all the available evidence, the Auditor finds the facility is fully compliant with this standard. No corrective action is required.

115.234	Specialized training: Investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire for Ball-Quantrell Jones Recovery Center for Women (The Hope Center Recovery Program for Women). 2. The Hope Center Recovery Program for Women (HCW) Sexual Abuse Prevention and Intervention Program Policy (effective: 2/11/16). 3. Investigators' Training Records and Certificates <p>Site Review Observations</p> <ol style="list-style-type: none"> 1. N/A <p>Interviews</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. PREA Compliance Manager 3. Investigative Staff <p>Findings (by provision)</p> <p>115.234 (a): HCW conducts administrative investigations only and ensures that its investigators have received training in conducting sexual abuse investigations in confinement settings. Training records for the facility's two (2) sexual abuse investigators were reviewed by the Auditor and confirmed that the dates and type of training received was consistent with the requirements of this provision.</p> <p>Compliance with this provision was based upon the Auditor's review of the training records and supported by interviews with the Investigative Staff.</p> <p>115.234 (b): HCW specialized training for investigators includes: Techniques for interviewing confinement sexual abuse victims; Proper use of Miranda and Garrity warnings; Sexual abuse evidence collection in confinement settings; and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The training certificate is the National Institute of Corrections, PREA: Investigating Sexual Abuse in a Confinement Setting Program.</p> <p>Compliance with this provision was based upon the Auditor's review of the training records and supported by interviews with the Investigative Staff.</p> <p>115.234 (c): HCW maintains documentation of its investigators' training certificates. This was verified by the Auditor in a review of the facility's training records. Hope Center for Women has two (2) trained investigators.</p> <p>Compliance with this provision is based upon the Auditor's review of the training records and is supported by interviews with the Investigative Staff.</p> <p>115.234 (d): Auditor is not required to audit this provision</p> <p>Evidences used to determine standard compliance includes a review of training records and interviews with the Investigative Staff.</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring that investigators are trained in conducting sexual abuse investigations in a confinement setting. No corrective action is required.</p>

115.235	Specialized training: Medical and mental health care
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire for Ball-Quantrell Jones Recovery Center for Women (The Hope Center Recovery Program for Women). 2. The Hope Center Recovery Program for Women (HCW) Sexual Abuse Prevention and Intervention Program Policy (effective: 2/11/16). 3. HCW, Division of Corrections Training Lesson Plan, Specialized Mental Health and Medical Professional Training Course (dated: 2/13) 4. Medical and Mental Health Staff Training Certificates and Personnel Records <p>Site Review Observations</p> <ol style="list-style-type: none"> 1. N/A <p>Interviews</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. PREA Compliance Manager 3. Medical Staff 4. Mental Health Staff <p>Findings (by provision)</p> <p>115.235 (a): Training and personnel records were reviewed by the Auditor and verified that all Medical and Mental Health Staff have been PREA trained. The 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 confinement victims of sexual abuse and sexual harassment; and How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.</p> <p>Compliance is based upon the Auditor's review of training and personnel records and verification that Medical and Mental Health Staff have been PREA trained. This is supported by interviews with Medical and Mental Health staff.</p> <p>115.235 (b): N/A, HCW's Medical Staff do not conduct forensic medical exams. Residents are taken to an outside hospital as needed.</p> <p>115.235 (c): Training records and personnel records were reviewed by the Auditor and verified that all Medical and Mental Health Staff have been PREA trained.</p> <p>Compliance is based upon the Auditor's review of training and personnel records and verification that all Medical and Mental Health Staff have been PREA trained.</p> <p>115.235 (d): All Medical and Mental Health Care Practitioners employed and contracted by facility, and those volunteering at the facility, received training mandated for employees.</p> <p>Compliance is based upon the Auditor's review of training and personnel records and verification that all Medical and Mental Health Staff have received PREA training.</p> <p>Evidences used to determine standard compliance includes a review of Medical and Mental Health Staff training records and interviews with the Medical and Mental Health Staff.</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring that Medical and Mental Health Staff employed and contracted by facility, and those volunteering at the facility, received specialized PREA training. No corrective action is required.</p>

115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire for Ball-Quantrell Jones Recovery Center for Women (The Hope Center Recovery Program for Women). 2. The Hope Center Recovery Program for Women (HCW) Sexual Abuse Prevention and Intervention Program Policy (effective: 2/11/16). 3. HCW PREA Vulnerability Assessment Instrument 4. Resident case files <p>Site Review Observations</p> <ol style="list-style-type: none"> 1. Site review of living units 2. Intake Office <p>Interviews</p> <ol style="list-style-type: none"> 1. Randomly selected Residents 2. PREA Coordinator 3. PREA Compliance Manager 4. Case Manager 5. Reentry Service Staff (staff responsible for the Risk Screening). <p>Findings (by provision)</p> <p>115.241 (a): HCW has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents. The form includes the resident's sexual ID and preference. The facility also updates the resident's information periodically throughout the resident's stay.</p> <p>Compliance with this provision is based upon the Auditor's assessment of the intake process and the screening instrument used, 14 randomly selected resident case files, and observations during the tour of the facility. This is supported by interviews with randomly selected residents and the Reentry Service staff (staff responsible for Risk Screening).</p> <p>115.241 (b): The policy requires that residents be screened within 72 hours of their intake for risk of sexual victimization or risk of sexually abusing other residents. The facility utilizes the PREA Vulnerability Assessment Instrument and enters the information into the Kentucky Offender Management System (KOMS). Of the resident cases reviewed in KOMS, all cases contained a risk assessment that had been completed within 72 hours or less, and all cases were completed under the time requirement of the standard. 14 randomly selected resident case files were reviewed and verified by the Auditor to have completed forms within 72 hours of the resident's arrival at the facility.</p> <p>Compliance with this provision is based upon the Auditor's assessment of 14 randomly selected resident case files and supported by an interview with the Reentry Service staff (staff responsible for Risk Screening).</p> <p>115.241 (c): All resident PREA screening assessments are conducted using an objective screening instrument, the PREA Vulnerability Assessment Instrument. The PREA Vulnerability Assessment Instrument objectively ascertains gender nonconforming appearance or manner whether the resident may therefore be vulnerable to sexual abuse. The form does ask residents if they identify as lesbian, gay, bisexual, transgender, or intersex. The information is also collected on the Clinic Assessment. Resident case files were reviewed and verified by the Auditor.</p> <p>Compliance with this provision is based upon the Auditor's assessment of the screening instrument used and review of the screening records from the residents' case files. This is supported by an interview with the Reentry Service staff (staff responsible for Risk Screening).</p> <p>115.241 (d): The PREA Vulnerability Assessment Instrument ascertains gender nonconforming appearance or manner</p>

whether the resident may therefore be vulnerable to sexual abuse. The form does ask the residents if they identify as lesbian, gay, bisexual, transgender, or intersex; prior sexual victimization or abusiveness; current charges and offense history; and the resident's age. The information collected at the Clinic Assessment includes the resident's level of emotional and cognitive development; their physical size and stature; any mental illness or mental disabilities; Intellectual or developmental disabilities; the resident's own perception of vulnerability; and other information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

Compliance with this provision is based upon the Auditor's assessment of the intake process and the screening instrument used and review of the screening records from the residents' case files. This is supported by an interview with the Reentry Service staff (staff responsible for Risk Screening).

115.241 (e): During the PREA screening assessment, the facility considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing residents for risk of being sexually abusive. This necessary information is ascertained through conversations with the resident during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's case files.

Compliance with this provision is based upon the Auditor's assessment of the intake process and the screening instrument used and review of the screening records from the residents' case files.

115.241 (f): HCW, by policy, reassesses the placement and programming assignments for each resident at not more than 30 days from the resident's arrival at the facility, to reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening.

Compliance with this provision was based upon the Auditor's review of the residents' case records and supported by interviews with the PREA Coordinator, PREA Compliance Manager, and a Reentry Service staff.

115.241 (g): HCW, by policy, reassess the resident's risk of victimization or abusiveness based upon any referral, request, incident of sexual abuse and or any other additional, relevant information that bears on the resident's risk of sexual safety.

Compliance with this provision was based upon the Auditor's review of the residents' case records and supported by interviews with the PREA Coordinator, PREA Compliance Manager, and a Reentry Service staff.

115.241 (h): HCW does not discipline residents for refusing to any question answer, or for not disclosing complete information in response to questions on the intake assessment, which would include: related questions regarding whether or not the resident has a mental, physical, or developmental disability; whether or not the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; whether or not the resident has previously experienced sexual victimization; and the resident's own perception of vulnerability.

Compliance with this provision is based upon the Auditor's assessment of the intake process and the screening instrument used, review of the screening records from the residents' case files, and observation of the records' storage in both hard copy and electronic forms. This is supported by interviews with randomly selected residents and with the PREA Coordinator, the PREA Compliance Manager, a Case Manager and the Reentry Service staff.

115.241 (i): HCW has implemented appropriate controls on the dissemination of all sensitive information ascertained at intake. Resident files are secured and controlled at all times. This was verified by the Auditor's observations. Only the Reentry Service staff, Case Managers, and Director of Programs have access to the resident's Vulnerability Assessment Instrument.

Compliance with this provision is based upon the Auditor's assessment of the intake process and the screening instrument used, review of the screening records from the residents' case files, and observation of the records' storage in both hard copy and electronic forms. This is supported by interviews with randomly selected residents and with the PREA Coordinator, the PREA Compliance Manager, a Case Manager, and the Reentry Service staff.

Evidences used to determine standard compliance includes The Hope Center Recovery Program for Women (HCW) Sexual Abuse Prevention and Intervention Program Policy (effective: 2/11/16)), review of 14 randomly selected resident case files, completed and comprehensive resident vulnerability assessment instruments, the Auditors notes from observing a resident's intake and interviews with randomly selected residents, the PREA Coordinator, the PREA Compliance Manager, a Case Manager, and the Reentry Service staff.

Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring that residents be screened for risk of sexual victimization or risk of sexually abusing. No corrective action is required.

115.242	Use of screening information
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire for Ball-Quantrell Jones Recovery Center for Women (The Hope Center Recovery Program for Women). 2. The Hope Center Recovery Program for Women (HCW) Sexual Abuse Prevention and Intervention Program Policy (effective: 2/11/16). 3. HCW PREA Vulnerability Assessment Instrument 4. Residents' case files <p>Site Review Observations</p> <ol style="list-style-type: none"> 1. Site review of living units <p>Interviews</p> <ol style="list-style-type: none"> 1. Informal discussion with Residents on site tour 2. Randomly selected Residents 3. PREA Coordinator 4. PREA Compliance Manager 5. Reentry Service staff (staff responsible for the Risk Screening) 6. Program Director 7. Randomly selected Staff <p>Findings (by provision)</p> <p>115.242 (a): HCW uses information from the Vulnerability Assessment Instrument to inform housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse. The living unit bed assignment is made by the resident's Forensic Clinician, based upon the information collected in the risk screening. Currently, only single rooms are being used for resident housing at the facility. The Auditor reviewed 14 of the resident room assignment instruments and they were found to be complete and consistent with the risk assessment screening instrument.</p> <p>Compliance assessment of this provision was based upon the Auditor's review of the screening records and is supported by interviews with the PREA Coordinator, the PREA Compliance Manager, and a Reentry Service staff (staff responsible for Risk Screening).</p> <p>115.242 (b): HCW does make individualized determinations about how to ensure the safety of each resident. Each resident is individually assessed for sexual safety. 14 Resident files were reviewed by the Auditor to verify individual assessment for each resident was completed.</p> <p>Compliance with this provision was based upon the Auditor's review of residents' case files, observations during the tour of the facility, and interviews with the Program Director and randomly selected residents.</p> <p>115.242 (c): HCW prohibits placing lesbian, gay, bisexual, transgender, or intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status. The facility refrains from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive.</p> <p>Compliance with this provision was based upon the Auditor's review of the PREA policy and supported during interviews with the PREA Compliance Manager and a Reentry Service staff.</p> <p>115.242 (d): HCW, by policy, would give serious consideration to each transgender or Intersex resident's own views with respect for their safety. In addition, the facility makes housing, and program assignments for transgender or intersex residents in the facility on a case-by-case basis. Currently and previously, there are no transgender nor intersex residents at</p>

the facility.

Compliance with this provision was based upon the Auditor's review of the residents' records and supported by interviews with the PREA Coordinator, PREA Compliance Manager, and a Reentry Service staff.

115.242 (e): All residents shower separately from other residents. The facility only has private lockable single use bathrooms with showers for all residents to use. The Auditor verified this by observation of the shower areas and interviews with randomly selected staff and residents.

Compliance with this provision was based upon the Auditor's observations during the tour of the facility and interviews with the Program Director and randomly selected staff and residents.

115.242 (f): HCW does not isolate residents for protection from sexual victimization.

Compliance with this provision was based upon the Auditor's review of residents' case files, observations during the tour of the facility, and interviews with the Program Director and randomly selected residents.

Evidences used to determine standard compliance include The Hope Center Recovery Program for Women (HCW) Sexual Abuse Prevention and Intervention Program Policy (effective: 2/11/16), a review of 14 randomly selected residents' case files, bed assignment documents, and interviews with randomly selected staff and residents, the PREA Coordinator, the PREA Compliance Manager, the Program Director, and Reentry Service staff.

Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring the proper placement of residents. No corrective action is required.

115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1026 297">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 331 360 358">Documents</p> <ol data-bbox="240 387 1477 824" style="list-style-type: none"> 1. Pre-Audit Questionnaire for Ball-Quantrell Jones Recovery Center for Women (The Hope Center Recovery Program for Women). 2. The Hope Center Recovery Program for Women (HCW) Sexual Abuse Prevention and Intervention Program Policy (effective: 2/11/16). 3. HCW PREA Brochure 4. HCW PREA Informational Posters 5. PREA Hope Center Employee Handbook 6. HCW PREA investigative case files 7. HCW Website <p data-bbox="240 857 504 884">Site Review Observations</p> <ol data-bbox="240 913 647 996" style="list-style-type: none"> 1. Site review tour of all living units. 2. Site review tour of all common areas <p data-bbox="240 1030 347 1057">Interviews</p> <ol data-bbox="240 1086 855 1400" style="list-style-type: none"> 1. Informal discussion with staff and resident during site tour 2. PREA Coordinator 3. PREA Compliance Manager 4. Randomly selected Staff 5. Randomly selected Residents 6. Resident who reported sexual abuse <p data-bbox="240 1433 472 1460">Findings (by provision)</p> <p data-bbox="240 1489 1489 1682">115.251(a): HCW provides multiple ways for residents to internally report sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect, or violation of responsibilities that may have contributed to such incidents. This could include, but is not limited to, the following: Client Grievance Form; third parties reporting form; direct verbal reporting to any staff member, and/or calling the abuse hotline number. Phones are accessible in the common areas to the residents, or by staff request to use the phone to make a hot line request during times or situations when the common area phone is not accessible.</p> <p data-bbox="240 1715 1414 1771">Compliance with this provision was confirmed by the Auditor's personal observations and by interviews with randomly selected staff and residents.</p> <p data-bbox="240 1805 1489 2029">115.251 (b): HCW residents can report sexual abuse or sexual harassment to a public or private entity or office that is not part of HCW via the PREA Hotline,1-833-362-7732, which allows the resident to remain anonymous upon request. This hotline is monitored by the Kentucky Justice & Public Safety Cabinet's Internal Investigations Branch. Investigative reports reviewed by the Auditor indicate that reports of sexual abuse and harassment were received through a variety of methods, and regardless of the method received, were handled expeditiously. Investigations were initiated on the date staff were made aware. Test calls made by the Auditor through the hotline from the resident phone system were forwarded to the agency's PREA Coordinator within a short time after the call was made.</p> <p data-bbox="240 2063 1414 2119">Compliance with this provision was confirmed by the Auditor's personal observations and by interviews with randomly selected residents.</p>

115.251 (c): HCW staff members are required to accept reports of sexual abuse and sexual harassment that are made verbally, in writing, anonymously, and from third parties, and promptly document any verbal reports. Staff are to report these allegations directly to the Director or designee.

Compliance with this provision was confirmed by interviews with randomly selected staff and residents and a review of the PREA investigative case files.

115.251 (d): Per the employee handbook, Staff are able to report directly to their shift supervisor, the Administrative Director, and the PREA investigators, or privately report a sexual abuse or sexual harassment of residents via the PREA hotline.

Compliance with this standard is supported by a review of the employee handbook and interviews with randomly selected staff.

Evidences used by the Auditor to determine compliance with the standard include review of the facility's PREA policy, the Employee Handbook, and the facility's website; investigative case files; observations of reporting information during the site tour; and interviews with randomly selected staff, randomly selected residents, the PREA Coordinator, and the PREA Compliance Manager.

Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring third-party reports of sexual abuse and sexual harassment. No corrective action is required.

115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire for Ball-Quantrell Jones Recovery Center for Women (The Hope Center Recovery Program for Women). 2. The Hope Center Recovery Program for Women (HCW) Sexual Abuse Prevention and Intervention Program Policy (effective: 2/11/16). 3. HCW Clients Rights Document (revised: 3/31/14). 4. Residents' grievance files <p>Site Review Observations</p> <ol style="list-style-type: none"> 1. Resident Grievance Forms and drop boxes observed throughout the facility <p>Interviews</p> <ol style="list-style-type: none"> 1. Randomly selected Residents 2. Randomly selected Staff 3. PREA Coordinator 4. Program Director <p>Findings (by provision)</p> <p>115.252 (a): HCW has an administrative procedure (HCW Clients Rights document) for dealing with resident grievances regarding sexual abuse. Therefore, the facility is not exempt from this standard for dealing with resident grievances regarding sexual abuse. The administrative procedure is the "Client Grievance Process" and information about how to utilize the grievance process is provided during intake as part of the Client Rights.</p> <p>Compliance with this provision was confirmed by the Auditor's personal observations and by interviews with randomly selected residents and the Program Director/PREA Coordinator.</p> <p>115.252 (b): HCW permits residents to submit a grievance regarding an allegation of sexual abuse without any type of time limit and does not require an informal grievance process to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.</p> <p>Compliance with this provision is supported by interviews with randomly selected residents and the Program Director/PREA Coordinator.</p> <p>115.252 (c): HCW Clients Rights document allows a resident who alleges sexual abuse to submit a grievance without submitting it to a staff member who is the subject of the complaint and such grievance is not referred to a staff member who is the subject of the complaint. Residents have free access to grievance forms in each living unit and can submit it to any member of the management staff.</p> <p>Compliance with this provision is supported by interview with the Program Director/PREA Coordinator.</p> <p>115.252 (d): No time limit is imposed by HCW on when a grievant may submit a grievance of an allegation of sexual abuse. By procedure, the facility would issue a final decision within 6 days.</p> <p>Compliance with this provision is based upon the Auditor's review of the residents' grievance files and is supported by an interview with the Program Director/PREA Coordinator.</p> <p>115.252 (e): HCW Clients Rights document permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing grievances. Residents can decline third-party assistance. There were zero (0) grievances alleging sexual abuse filed by residents or filed with third party assistance in the past 12 months.</p> <p>Compliance with this provision is based upon the Auditor's review of the residents' grievance files and is supported by an</p>

interview with the Program Director/PREA Coordinator.

115.252 (f): HCW Clients Rights document allows for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. The policy requires an initial response within 72 hours and a final agency decision within 6 days. The agency reported that there were zero (0) emergency grievance alleging substantial risk of imminent sexual abuse filed in the past 12 months.

Compliance with this provision is based upon the Auditor's review of the residents' grievance files and is supported by an interview with the Program Director/PREA Coordinator.

115.252 (g): HCW Clients Rights document allows the facility to discipline a resident for filing a grievance alleging sexual abuse where the agency demonstrates that the resident filed the grievance in bad faith. In the past 12 months, no residents' grievances alleging sexual abuse were filed that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith.

Compliance with this provision is based upon the Auditor's review of the residents' grievance files and is supported by an interview with the Program Director/PREA Coordinator.

Evidences used to determine standard compliance include a review of HCW Clients Rights document (revised: 3/14), the residents' grievance files, and interviews with randomly selected staff, randomly selected residents, and the Program Director/PREA Coordinator.

Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring the exhaustion of administrative remedies. No corrective action is required.

115.253	Resident access to outside confidential support services
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire for Ball-Quantrell Jones Recovery Center for Women (The Hope Center Recovery Program for Women). 2. The Hope Center Recovery Program for Women (HCW) Sexual Abuse Prevention and Intervention Program Policy (effective: 2/11/16). 3. HCW PREA Brochure 4. HCW MOU Attempt with the Bluegrass Rape Crisis Center (dated 3/21) <p>Site Review Observations</p> <ol style="list-style-type: none"> 1. Resident's Video Visitation room <p>Interviews</p> <ol style="list-style-type: none"> 1. Randomly selected Residents 2. PREA Coordinator 3. PREA Compliance Manager 4. Program Director <p>Findings (by provision)</p> <p>115.253 (a): The facility utilizes the Bluegrass Rape Crisis Center for outside advocacy services for resident victims when needed. They have established a contact at the agency who the facility can contact directly when there is a need to access services. Contact information is available to residents in common areas of the facility. The Bluegrass Rape Crisis Center was contacted by the Auditor and found to be acceptable. The facility allows reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible.</p> <p>The compliance determination with these two provisions was based on review of the resident PREA education material and interviews with randomly selected residents and the Program Director/PREA Coordinator.</p> <p>115.253 (b): HCW informs the 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. HCW policy requires all staff to immediately report any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in any facility, retaliation against residents or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Policy was supported by interviews with randomly selected residents, the Program Director/PREA Coordinator, and the PREA Compliance Manager.</p> <p>Compliance with this provision was supported by interviews with randomly selected residents, the Program Director/PREA Coordinator, and the PREA Compliance Manager.</p> <p>115.253 (c): HCW does have an MOU request with a Sexual Assault Response's Advocacy Community service provider, the Bluegrass Rape Crisis Center. The facility has substantial documentation of an attempted Memorandum of Understanding (MOU) with the Bluegrass Rape Crisis Center to provide residents with confidential emotional support services related to sexual abuse. The facility maintains a copy of this documentation showing attempts to enter into such agreements.</p> <p>Compliance determination with this provision was based upon a review of the facility's draft MOU attempt and interview with the Program Director/PREA Coordinator.</p> <p>The final analysis of the evidence indicates that HCW has a policy providing residents with access to outside confidential support services and legal representation that is consistent with the requirements of this PREA standard. HCW does have an MOU request with a Sexual Assault Response's Advocacy Community service provider, Bluegrass Rape Crisis Center.</p>

Based upon this analysis, the Auditor finds the facility is substantially compliant with this standard. No corrective action is required.

115.254	Third party reporting
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1026 300">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="242 329 360 358">Documents</p> <ol data-bbox="242 387 1477 595" style="list-style-type: none"> 1. Pre-Audit Questionnaire for Ball-Quantrell Jones Recovery Center for Women (The Hope Center Recovery Program for Women). 2. The Hope Center Recovery Program for Women (HCW) Sexual Abuse Prevention and Intervention Program Policy (effective: 2/11/16). 3. HCW Website <p data-bbox="242 624 504 654">Site Review Observations</p> <ol data-bbox="242 683 491 712" style="list-style-type: none"> 1. Facility's Main Lobby <p data-bbox="242 741 347 770">Interviews</p> <ol data-bbox="242 799 587 994" style="list-style-type: none"> 1. PREA Coordinator 2. PREA Compliance Manager 3. Program Director 4. Randomly selected Residents <p data-bbox="242 1023 472 1052">Findings (by provision)</p> <p data-bbox="242 1081 1473 1276">115.254 (a): HCW accepts all verbal, written, and anonymous reports of sexual abuse and sexual harassment, from any source including third parties. Documentation, staff interviews, and resident interviews confirmed that the facility provides methods to receive third-party reports of any resident sexual harassment/sexual abuse and publicly distributes the information on how to report sexual harassment/sexual abuse on behalf of others. PREA posters are posted throughout the facility for residents and staff information. Residents have access to family members and probation/parole officers. Third-party reporting forms are available to visitors in the Lobby area of the facility and as a PDF form on the facility's website.</p> <p data-bbox="242 1305 1493 1402">Compliance with this provision was supported by a review of the facility's PREA Policy, the facility's website, observations during the site tour, and interviews with randomly selected residents, the Program Director/PREA Coordinator, and the PREA Compliance Manager.</p> <p data-bbox="242 1431 1497 1491">Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring third-party reports of sexual abuse and sexual harassment. No corrective action is required.</p>

115.261	Staff and agency reporting duties
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire for Ball-Quantrell Jones Recovery Center for Women (The Hope Center Recovery Program for Women). 2. The Hope Center Recovery Program for Women (HCW) Sexual Abuse Prevention and Intervention Program Policy (effective: 2/11/16). 3. HCW Protection Against Retaliation Policy 4. Kentucky Department of Corrections' (KDOC) website Prison Rape Elimination Act (PREA) - Department of Corrections (ky.gov) 5. HCW PREA investigative case files <p>Site Review Observations</p> <ol style="list-style-type: none"> 1. N/A <p>Interviews</p> <ol style="list-style-type: none"> 1. Randomly selected Staff 2. PREA Coordinator 3. PREA Compliance Manager 4. Program Director 5. Medical Staff 6. Mental Health Staff <p>Findings (by provision)</p> <p>115.261 (a): HCW policy requires all staff to immediately report any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in any facility, retaliation against residents or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p>Compliance with this provision was supported by interviews with randomly selected staff and the Program Director/PREA Coordinator.</p> <p>115.261 (b): HCW prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.</p> <p>Compliance with this provision was supported by interviews with the Program Director/PREA Coordinator and randomly selected staff.</p> <p>115.261 (c): HCW policy requires all Medical and Mental Health Staff to immediately report any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in any facility. This policy was supported by Medical and Mental Health staff interviews.</p> <p>Compliance with this provision was supported by interviews with Medical and Mental Health staff and the Program Director/PREA Coordinator.</p> <p>115.261 (d): HCW reports all alleged PREA incidents to the Kentucky Department of Corrections (KDOC). If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute. When the facility receives any allegation of sexual abuse, the Program Director/PREA Coordinator promptly reports the allegation to the alleged victim's parents or legal guardians if the alleged victim is under the guardianship of the child welfare system. The Program Director/PREA Coordinator reports the allegation to the alleged victim's parole officer.</p>

Compliance with this provision is supported by an interview with the Program Director/PREA Coordinator and a review of investigation reports.

115.261 (e): HCW reports all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators who then report it to the Kentucky Department of Corrections (KDOC) via the PREA Hotline.

Compliance for this provision was supported by interviews with the Program Director/PREA Coordinator and the PREA Compliance Manager and a review of investigation reports.

Evidences used to determine standard compliance includes a review of investigative case files and interviews with randomly selected staff, Program Director/PREA Coordinator, and the PREA Compliance Manager.

Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring staff and agency reporting duties. No corrective action is required.

115.262	<p>Agency protection duties</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire for Ball-Quantrell Jones Recovery Center for Women (The Hope Center Recovery Program for Women). 2. The Hope Center Recovery Program for Women (HCW) Sexual Abuse Prevention and Intervention Program Policy (effective: 2/11/16). <p>Site Review Observations</p> <ol style="list-style-type: none"> 1. N/A <p>Interviews</p> <ol style="list-style-type: none"> 1. Randomly selected Staff 2. Case Managers 3. Administrative Director 4. Program Director <p>Findings (by provision)</p> <p>115.262 (a): The Hope Center Recovery Program for Women (HCW) Sexual Abuse Prevention and Intervention Program Policy states that "when it learns that a resident is subject to a substantial risk of imminent sexual abuse, it will take immediate action to protect the resident." There have been no determinations that a resident was subject to a substantial risk of imminent sexual abuse in the past 12 months. The policy is consistent with the standard.</p> <p>Compliance for this provision was supported by interviews with the Administrative Director, Program Director, Case Managers, and randomly selected staff.</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring agency protection duties. No corrective action is required.</p>
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115.263	Reporting to other confinement facilities
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire for Ball-Quantrell Jones Recovery Center for Women (The Hope Center Recovery Program for Women). 2. The Hope Center Recovery Program for Women (HCW) Sexual Abuse Prevention and Intervention Program Policy (effective: 2/11/16). <p>Site Review Observations</p> <ol style="list-style-type: none"> 1. N/A <p>Interview</p> <ol style="list-style-type: none"> 1. Program Director <p>Findings (by provision)</p> <p>115.263 (a): HCW Policy requires that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the Program Director must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. The facility received zero (0) allegations in the past 12 months that a resident was abused while confined at another facility.</p> <p>Compliance with this provision is supported by policy and interview with the Program Director.</p> <p>115.263 (b): By policy, the Program Director would notify the facility where the alleged abuse occurred via an immediate telephone call, following up within 24 hours with an email. None yet needed or recorded.</p> <p>Compliance with this provision is supported by policy and interview with the Program Director.</p> <p>115.263 (c): By policy, the Program Director would document that such notification was provided within 72 hours of receiving the allegation that a resident was abused while confined at another facility. The facility received zero (0) allegations in the past 12 months that a resident was abused while confined at another facility. Therefore, no documentation for such notification exists to verify.</p> <p>Compliance with this provision is supported by policy and interview with the Program Director.</p> <p>115.263 (d): By policy, the Program Director would follow up by email to ensure that the allegations were appropriately investigated.</p> <p>Compliance of this standard was determined by policy review and by interview with the Program Director.</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring facility's official response duties. No corrective action is required.</p>

115.264	<p>Staff first responder duties</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire for Ball-Quantrell Jones Recovery Center for Women (The Hope Center Recovery Program for Women). 2. The Hope Center Recovery Program for Women (HCW) Sexual Abuse Prevention and Intervention Program Policy (effective: 2/11/16). <p>Site Review Observations</p> <ol style="list-style-type: none"> 1. N/A <p>Interviews</p> <ol style="list-style-type: none"> 1. Randomly Selected Staff 2. Staff First Responders 3. PREA Compliance Manager 4. Resident who Reported a Sexual Abuse <p>Findings (by provision)</p> <p>115.264 (a): HCW Policy requires the first responder to an alleged resident sexual abuse incident to: separate the alleged victim from the abuser; preserve and protect the crime scene; and ensure the victim and the abuser don't destroy evidence. This policy and procedure were supported by interviews of staff first responders who all answered the questions consistently with the facility policy.</p> <p>Compliance with this provision was supported by policy review and interviews with a Staff First Responder and a Resident who reported a sexual abuse.</p> <p>115.264 (b): All staff are trained as first responders to ensure that alleged victims do not destroy any physical evidence. This policy was confirmed by the Staff First Responder interviewed, who stated that they would request that the alleged victim not take any actions that could destroy physical evidence, and then notify Security Staff.</p> <p>Compliance with this provision was supported by policy review and interviews with a Staff First Responder and randomly selected staff.</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring staff first responder duties. No corrective action is required.</p>
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115.265	<p>Coordinated response</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire for Ball-Quantrell Jones Recovery Center for Women (The Hope Center Recovery Program for Women). 2. The Hope Center Recovery Program for Women (HCW) Sexual Abuse Prevention and Intervention Program Policy (effective: 2/11/16). 3. Coordinated Response Procedures <p>Site Review Observations</p> <ol style="list-style-type: none"> 1. N/A <p>Interviews</p> <ol style="list-style-type: none"> 1. Shift Supervisors 2. PREA Compliance Manager 3. Program Director <p>Findings (by provision)</p> <p>115.265 (a): HCW has developed a written institutional plan to coordinate actions among staff first responders, Medical and Mental Health Staff, investigators, and facility leadership for response to an incident of sexual abuse.</p> <p>Compliance with this provision was confirmed by interviews with the Program Director and the Shift Supervisors and a review of the Coordinated Response Procedures.</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring coordinated response. No corrective action is required.</p>
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115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire for Ball-Quantrell Jones Recovery Center for Women (The Hope Center Recovery Program for Women). 2. The Hope Center Recovery Program for Women (HCW) Sexual Abuse Prevention and Intervention Program Policy (effective: 2/11/16). 3. Employee Records <p>Site Review Observations</p> <ol style="list-style-type: none"> 1. N/A <p>Interviews</p> <ol style="list-style-type: none"> 1. Administrative Director 2. PREA Coordinator 3. Program Director <p>Findings (by provision)</p> <p>115.266 (a): There is no collective bargaining agreements at Hope Center 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. Nothing in the facility's policies inhibits the facility's ability to protect residents from contact with abusers. This was verified by interviews with the Administrative Director and the Program Director/PREA Coordinator.</p> <p>Compliance with this standard was determined by reviewing the facility's employment records and by interviews with the Administrative Director and the Program Director/PREA Coordinator.</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring preservation of ability to protect residents from contact with abusers. No corrective action is required.</p>

115.267	Agency protection against retaliation
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire for Ball-Quantrell Jones Recovery Center for Women (The Hope Center Recovery Program for Women). 2. The Hope Center Recovery Program for Women (HCW) Sexual Abuse Prevention and Intervention Program Policy (effective: 2/11/16). 3. HCW Employee Handbook 4. Facility's PREA Investigative Files <p>Site Review Observations</p> <ol style="list-style-type: none"> 1. N/A <p>Interviews</p> <ol style="list-style-type: none"> 1. Case Managers 2. Administrative Director 3. PREA Coordinator 4. Program Director 5. Shift Supervisors <p>Findings (by provision)</p> <p>115.267 (a): HCW has 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. The facility has designated its Program Director as the person charged with monitoring retaliation from staff-to-staff and staff-to-residents. Resident-to-resident retaliation is monitored by the Case Managers and the Program Director/PREA Coordinator.</p> <p>Compliance with this standard was determined by a review of the facility's investigative policy and by interviews with the Administrative Director, the Case Manager, and the Program Director/PREA Coordinator.</p> <p>115.267 (b): HCW employs multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. Such measures include housing changes, transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services. No documentation of protective measures exists as there has not been any reported fears of retaliation from residents or staff.</p> <p>Compliance with this standard was determined by a review of the facility's PREA investigative files and by interviews with the Administrative Director, PREA Coordinator, and Shift Supervisors.</p> <p>115.267 (c): HCW monitors 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. The facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need. No incidents of retaliation occurred in the past 12 months.</p> <p>Compliance with this standard was determined by a review of the facility's PREA investigative files and by interviews with the Program Director/PREA Coordinator and Shift Supervisors.</p> <p>115.267 (d): HCW's retaliation monitoring does include periodic status checks of residents based upon policy and according to the Program Director/PREA Coordinator.</p> <p>Compliance with this standard was determined by a review of the facility's PREA investigative files and by interviews with the Program Director/PREA Coordinator and Shift Supervisors.</p> <p>115.267 (e): HCW, by policy, monitors the conduct and treatment of other individuals who cooperate with an investigation for</p>	

expression of a fear of retaliation and take appropriate measures to protect that individual against retaliation to see if there are changes that may suggest possible retaliation by residents or staff. No incidents of retaliation occurred in the past 12 months.

Compliance with this provision was determined by a review of the facility's PREA investigative files and by interviews with the Administrative Director and the Program Director/PREA Coordinator.

Evidences used to determine standard compliance include a review of PREA investigative files and interviews of the Administrative Director, Program Director/PREA Coordinator, Case Managers, and Shift Supervisors.

Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring agency protection against retaliation. No corrective action is required.

115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire for Ball-Quantrell Jones Recovery Center for Women (The Hope Center Recovery Program for Women). 2. The Hope Center Recovery Program for Women (HCW) Sexual Abuse Prevention and Intervention Program Policy (effective: 2/11/16). 3. HCW PREA Investigative Files 4. KDOC MOU with Kentucky State Police Department 5. Investigative staff's training record <p>Site Review Observations</p> <ol style="list-style-type: none"> 1. N/A <p>Interviews</p> <ol style="list-style-type: none"> 1. Investigative Staff 2. PREA Coordinator 3. PREA Compliance Manager 4. Program Director <p>Findings (by provision)</p> <p>115.271 (a): HCW has a policy for administrative investigations of all allegations of sexual abuse and harassment. Based upon the Auditors review of all the investigations of sexual abuse and harassment reports, they were done promptly, thoroughly, and objectively.</p> <p>Compliance with this provision was verified by interviews with the Investigative Staff and the Program Director and the Auditor's review of PREA investigative reports.</p> <p>115.271 (b): HCW uses two investigators who has received specialized training in sexual abuse investigations involving juvenile victims. The Auditor reviewed the training record of the sexual abuse investigators and the facility's specialized sexual abuse investigator's training program, PREA: Investigating Sexual Abuse in a Confinement Setting, and deemed it acceptable.</p> <p>Compliance with this provision was verified by interviews with the Investigative Staff and the Auditor's review of the Investigative Staff's training record.</p> <p>115.271 (c): HCW conducts administrative investigations only. The facility's investigators do not gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence. However, they would gather and preserve any available electronic monitoring data. They would interview alleged victims, suspected perpetrators, and witnesses and also review prior complaints and reports of sexual abuse involving the suspected perpetrator.</p> <p>Compliance with this provision was verified by interviews with the Investigative Staff and the Program Director and review of the PREA investigative reports.</p> <p>115.271 (d): HCW refers sex abuse cases for criminal investigation when the quality of evidence appears to support criminal prosecution. This was supported by review of investigative reports and interviews of the Investigative Staff. HCW does not conduct compelled interviews; it would be beyond the scope of their authority.</p> <p>Compliance with this provision was verified by interviews with the Investigative Staff and the Program Director and review of the PREA investigative reports.</p> <p>115.271 (e): HCW Investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not</p>

on the basis of that individual's status as a resident or staff. The facility does not use polygraphs in any form for determining a resident's credibility.

Compliance with this provision was verified by interviews with the Investigative Staff and review of the PREA investigative reports.

115.271 (f): HCW administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse. Administrative investigations are 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.

Compliance with this provision was verified by interviews with the Investigative Staff and the Program Director and review of the PREA investigative reports.

115.271 (g): N/A; HCW does not conduct criminal investigations. This was supported by interviews of Investigative Staff, review of the administrative investigative reports, and review of the facility's PREA policy.

115.271 (h): HCW appears to refer all substantiated allegations of sexual misconduct or abuse that appear to be criminal for prosecution. No allegations of conduct that appear to be criminal were referred for prosecution in the last 12 months. Kentucky State Police or the Lexington Police Department would conduct the criminal investigation.

Compliance with this provision was verified by interviews with the Investigative Staff and the Program Director and review of the PREA investigative reports.

115.271 (i): HCW retains all written reports referenced in 115.371 (f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years, unless the abuse was committed by a juvenile resident and applicable law requires a shorter retention period.

Compliance with this provision was verified by interviews with the Investigative Staff and the Program Director and review of the PREA investigative reports.

115.271 (j): HCW appears to 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.

Compliance with this provision was verified by interviews with the Investigative Staff and the Program Director and review of the PREA investigative reports.

115.271 (k): Auditor is not required to audit this provision.

115.271 (l): When an outside entity investigates sexual abuse, HCW appears to provide full cooperation to outside investigators and endeavors to remain informed of the investigation's progress.

Compliance with this provision was verified by interviews with the Program Director, the PREA Compliance Manager, and Investigative Staff.

Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring criminal and administrative agency investigations. No corrective action is required.

115.272	Evidentiary standard for administrative investigations
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1026 300">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="242 329 360 358">Documents</p> <ol data-bbox="242 387 1477 595" style="list-style-type: none"> 1. Pre-Audit Questionnaire for Ball-Quantrell Jones Recovery Center for Women (The Hope Center Recovery Program for Women). 2. The Hope Center Recovery Program for Women (HCW) Sexual Abuse Prevention and Intervention Program Policy (effective: 2/11/16). 3. HCW PREA Investigation Files <p data-bbox="242 624 504 654">Site Review Observations</p> <ol data-bbox="242 683 320 712" style="list-style-type: none"> 1. N/A <p data-bbox="242 741 347 770">Interviews</p> <ol data-bbox="242 799 571 943" style="list-style-type: none"> 1. Investigative Staff 2. PREA Compliance Manager 3. Program Director <p data-bbox="242 972 472 1001">Findings (by provision)</p> <p data-bbox="242 1030 1477 1158">115.272 (a): HCW Center does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. HCW has a comprehensive PREA policy and procedures, that states the facility shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p data-bbox="242 1187 1420 1249">Compliance with this provision was verified by interviews with the Investigative Staff and the Program Director and the Auditor's review of investigative reports.</p> <p data-bbox="242 1279 1497 1375">Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring evidentiary standards of no higher than a preponderance of the evidence for administrative investigations. No corrective action is required.</p>

115.273	Reporting to residents
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1026 300">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 331 360 358">Documents</p> <ol data-bbox="240 389 1477 654" style="list-style-type: none"> 1. Pre-Audit Questionnaire for Ball-Quantrell Jones Recovery Center for Women (The Hope Center Recovery Program for Women). 2. The Hope Center Recovery Program for Women (HCW) Sexual Abuse Prevention and Intervention Program Policy (effective: 2/11/16). 3. HCW PREA Investigative Files 4. Residents' case files <p data-bbox="240 685 504 712">Site Review Observations</p> <ol data-bbox="240 743 320 770" style="list-style-type: none"> 1. N/A <p data-bbox="240 801 347 828">Interviews</p> <ol data-bbox="240 860 780 1115" style="list-style-type: none"> 1. Investigative Staff 2. PREA Coordinator 3. PREA Compliance Manager 4. Program Director 5. Resident who previously reported a sexual abuse <p data-bbox="240 1146 472 1173">Findings (by provision)</p> <p data-bbox="240 1205 1489 1361">115.373 (a): HCW has a comprehensive policy that requires any resident who makes an allegation of having suffered sexual abuse to be informed verbally and in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. There was one (1) alleged sexual harassment investigation completed in the past 12 months and the resident was notified verbally and in writing of the results of the investigation at the completion of the investigation.</p> <p data-bbox="240 1393 1453 1456">Compliance with this provision was verified by interviews with the Program Director, the PREA Compliance Manager, and Investigative Staff and a review of the facility's PREA Policy and the PREA Investigative report.</p> <p data-bbox="240 1487 1469 1550">115.373 (b): The facility only conducts administrative investigations. More information is requested from the Kentucky State Police or the Lexington Police Department as needed to inform the residents.</p> <p data-bbox="240 1581 1469 1644">Compliance with this provision was verified by interviews with the Investigative Staff and the Program Director and a review of the facility's PREA investigative file.</p> <p data-bbox="240 1675 1485 1832">115.373 (c): HCW does subsequently inform a resident, following a substantiated or unsubstantiated resident's allegation that a staff member has committed sexual abuse against the resident, that the staff member is no longer posted within the resident's unit; the staff member is no longer employed at the facility; the agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility; or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.</p> <p data-bbox="240 1863 1477 1926">Compliance with this provision was verified by interview with the PREA Compliance Manager and the Auditor's review of the facility's PREA investigative files and the facility's PREA Policy.</p> <p data-bbox="240 1957 1485 2020">115.373 (d): HCW, by policy, informs the resident victim when it learns that an alleged abuser has been indicted or convicted on a charge related to sexual abuse within the facility.</p> <p data-bbox="240 2051 1445 2114">Compliance with this provision was verified by interviews with a resident who previously reported a sexual abuse and the PREA Compliance Manager and a review of the facility's PREA investigative files and the facility's PREA Policy.</p> <p data-bbox="240 2145 1430 2168">115.373 (e): HCW documents all such notifications or attempted notifications described in this standard. A resident who</p>

previously reported a sexual abuse was notified of the results of the outcome, verbally and in writing.

Compliance with this provision was verified by interview with the PREA Compliance Manager and the Auditor's review of residents' case files and the PREA Investigative report.

Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring reporting to residents. No corrective action is required.

115.276	Disciplinary sanctions for staff
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire for Ball-Quantrell Jones Recovery Center for Women (The Hope Center Recovery Program for Women). 2. The Hope Center Recovery Program for Women (HCW) Sexual Abuse Prevention and Intervention Program Policy (effective: 2/11/16). 3. HCW PREA Investigative Files <p>Site Review Observations</p> <ol style="list-style-type: none"> 1. N/A <p>Interviews</p> <ol style="list-style-type: none"> 1. Investigative Staff 2. PREA Coordinator 3. PREA Compliance Manager 4. Program Director <p>Findings (by provision)</p> <p>115.276 (a): HCW PREA Policy states that staff are subject to disciplinary sanctions up to and including termination for violating HCW's sexual abuse or sexual harassment policies.</p> <p>Compliance with this provision was confirmed by interview with the PREA Compliance Manager and a review of the HCW PREA policy.</p> <p>115.276 (b): By policy, termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse. The facility has not terminated staff, or had staff resign prior to termination, for violating the agency's sexual abuse or sexual harassment policies in the past 12 months.</p> <p>Compliance with this provision was confirmed by interview with the PREA Compliance Manager and the Program Director.</p> <p>115.276 (c): There is no record of discipline against facility staff for violations of the agency sexual abuse or sexual harassment policies in the past 12 months. The facility's disciplinary sanction policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed.</p> <p>Compliance with this provision was confirmed by interview with the PREA Compliance Manager and the Program Director.</p> <p>115.276 (d): No facility staff were terminated or resigned (who would have been terminated if they hadn't resigned) in the past 12 months for violations of agency sexual abuse or sexual harassment policies. By HCW policy, the facility would report sexual abuse or sexual harassment violations to law enforcement (unless clearly not criminal) and any relevant licensing bodies.</p> <p>Compliance with this provision was confirmed by interview with the Program Director and review of PREA Investigative Reports.</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring disciplinary sanctions for staff. No corrective action is required.</p>

115.277	Corrective action for contractors and volunteers
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1026 300">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="242 329 360 358">Documents</p> <ol data-bbox="242 387 1477 595" style="list-style-type: none"> 1. Pre-Audit Questionnaire for Ball-Quantrell Jones Recovery Center for Women (The Hope Center Recovery Program for Women). 2. The Hope Center Recovery Program for Women (HCW) Sexual Abuse Prevention and Intervention Program Policy (effective: 2/11/16). 3. HCW PREA Investigative Files <p data-bbox="242 624 504 654">Site Review Observations</p> <ol data-bbox="242 683 320 712" style="list-style-type: none"> 1. N/A <p data-bbox="242 741 347 770">Interviews</p> <ol data-bbox="242 799 571 943" style="list-style-type: none"> 1. PREA Coordinator 2. PREA Compliance Manager 3. Program Director <p data-bbox="242 972 472 1001">Findings (by provision)</p> <p data-bbox="242 1030 1490 1090">115.277 (a): N/A; HCW does not employ any contractor nor volunteer. There was no documented referral to law enforcement in the past 12 months for any incident of a contractor or volunteer engaging in sexual abuse with residents.</p> <p data-bbox="242 1120 1461 1180">Compliance with this provision was confirmed by interview with the PREA Compliance Manager and a review of the PREA policy.</p> <p data-bbox="242 1209 1484 1270">115.277 (b): N/A; HCW does not employ any contractor nor volunteer. There was no documented case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer in the past 12 months.</p> <p data-bbox="242 1299 1420 1328">Compliance with this provision was confirmed by interview with the Program Director and a review of the PREA policy.</p> <p data-bbox="242 1357 1497 1417">Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring corrective action for contractors and volunteers. No corrective action is required.</p>

115.278	Disciplinary sanctions for residents
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1026 300">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 331 360 358">Documents</p> <ol data-bbox="240 389 1477 654" style="list-style-type: none"> 1. Pre-Audit Questionnaire for Ball-Quantrell Jones Recovery Center for Women (The Hope Center Recovery Program for Women). 2. The Hope Center Recovery Program for Women (HCW) Sexual Abuse Prevention and Intervention Program Policy (effective: 2/11/16). 3. HCW PREA Investigative Files 4. Residents' case files <p data-bbox="240 685 504 712">Site Review Observations</p> <ol data-bbox="240 743 320 770" style="list-style-type: none"> 1. N/A <p data-bbox="240 801 347 828">Interviews</p> <ol data-bbox="240 860 571 999" style="list-style-type: none"> 1. PREA Coordinator 2. PREA Compliance Manager 3. Program Director <p data-bbox="240 1030 472 1057">Findings (by provision)</p> <p data-bbox="240 1088 1469 1214">115.278 (a): HCW residents may be subject to disciplinary sanctions, by policy, 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. The resident may be subject to disciplinary sanctions but only pursuant to a formal disciplinary process. This policy was confirmed by interview with the PREA Compliance Manager.</p> <p data-bbox="240 1245 1461 1308">Compliance with this provision was confirmed by interview with the PREA Compliance Manager and a review of the PREA policy.</p> <p data-bbox="240 1339 1469 1496">115.278 (b): In the past 12 months, there has been no administrative findings nor criminal findings of guilt for resident-on-resident sexual abuse that have occurred at this facility. By policy, sanctions are commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories This was supported by interviews with the Program Director and the PREA Compliance Manager and the Auditor's review of residents' case files.</p> <p data-bbox="240 1527 1469 1590">Compliance with this provision was confirmed by interviews with the Program Director and the PREA Compliance Manager and a review of residents' case files.</p> <p data-bbox="240 1621 1469 1715">115.278 (c): Based upon HCW PREA Policy, the disciplinary process does consider whether a resident's mental disabilities or mental illness contributed to her behavior when determining what type of sanction, if any, should be imposed. This was supported by interviews with the Program Director and the Auditor's review of PREA investigative files.</p> <p data-bbox="240 1747 1445 1809">Compliance with this provision was confirmed by interview with the Program Director and a review of PREA investigative files.</p> <p data-bbox="240 1841 1485 1998">115.278(d): HCW offers therapy, counseling, and other interventions designed to address and correct the underlying reasons or motivations for abuse. The Program Director states they offer Domestic Violence Classes and outside counseling for issues of abuse and does consider whether to offer the offending resident participation in such interventions. The program may require participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, but not as a condition of access to general programming or education.</p> <p data-bbox="240 2029 1453 2056">Compliance with this provision was confirmed by interview with the Program Director and a review of residents' case files.</p> <p data-bbox="240 2087 1485 2150">115.278 (e): HCW PREA Policy states that the facility may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact. There was no record of disciplinary action against residents for</p>

sexual conduct with staff in the last 12 months. This policy and information were confirmed by interview with the PREA Compliance Manager.

Compliance with this provision was confirmed by interview with the PREA Compliance Manager and a review of residents' case files.

115.278 (f): HCW, by policy, prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred. This policy was confirmed by interview with the PREA Compliance Manager.

Compliance with this provision was confirmed by interview with the PREA Compliance Manager and a review of the PREA policy.

115.278 (g): HCW, by policy, prohibits all sexual activity between residents and deems any such activity to constitute sexual abuse only if it determines that the activity is coerced. This policy was confirmed by interview with the PREA Compliance Manager.

Compliance with this provision was confirmed by interview with the PREA Compliance Manager and a review of the PREA policy.

Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring interventions and disciplinary sanctions for residents. No corrective action is required.

115.282	Access to emergency medical and mental health services
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire for Ball-Quantrell Jones Recovery Center for Women (The Hope Center Recovery Program for Women). 2. The Hope Center Recovery Program for Women (HCW) Sexual Abuse Prevention and Intervention Program Policy (effective: 2/11/16). <p>Site Review Observations</p> <ol style="list-style-type: none"> 1. N/A <p>Interviews</p> <ol style="list-style-type: none"> 1. Medical and Mental Health Staff 2. Resident who reported a sexual abuse 3. PREA Compliance Manager 4. Program Director 5. Security Staff <p>Findings (by provision)</p> <p>115.282 (a): HCW, by policy, provides resident victims of sexual abuse timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by Medical and Mental Health Staff according to their professional judgment.</p> <p>Compliance with this provision was supported by interviews with the Medical and Mental Health Staff and a resident who reported a sexual abuse.</p> <p>115.282 (b): When Medical and Mental Health Staff are not on duty and a facility learns that a resident is subject to a substantial risk of imminent sexual abuse, first responders take preliminary steps to protect the victim and the appropriate Medical and Mental Health Staff are immediately notified.</p> <p>Compliance with this provision was supported by interview with Security Staff and the Medical and Mental Health Staff.</p> <p>115.282 (c): By policy, HCW offers resident victims of sexual abuse timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care and where medically appropriate.</p> <p>Compliance with this provision was supported by interviews with the Medical and Mental Health Staff.</p> <p>115.282 (d): HCW provides treatment services to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>Compliance with this provision was supported by interviews with the Medical and Mental Health staff and the Program Director.</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring access to emergency medical and mental health services. No corrective action is required.</p>

115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1026 297">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 331 360 358">Documents</p> <ol data-bbox="240 387 1477 595" style="list-style-type: none"> <li data-bbox="240 387 1477 450">1. Pre-Audit Questionnaire for Ball-Quantrell Jones Recovery Center for Women (The Hope Center Recovery Program for Women). <li data-bbox="240 479 1437 542">2. The Hope Center Recovery Program for Women (HCW) Sexual Abuse Prevention and Intervention Program Policy (effective: 2/11/16). <li data-bbox="240 571 560 598">3. Residents' medical records <p data-bbox="240 627 504 654">Site Review Observations</p> <ol data-bbox="240 683 320 710" style="list-style-type: none"> <li data-bbox="240 683 320 710">1. N/A <p data-bbox="240 739 347 766">Interviews</p> <ol data-bbox="240 795 608 884" style="list-style-type: none"> <li data-bbox="240 795 608 822">1. Medical and Mental Health Staff <li data-bbox="240 851 571 878">2. PREA Compliance Manager <p data-bbox="240 913 472 940">Findings (by provision)</p> <p data-bbox="240 969 1481 1032">115.283 (a): HCW, by policy, offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.</p> <p data-bbox="240 1061 1401 1088">Compliance for this provision was determined and supported by interviews with the Medical and Mental Health Staff.</p> <p data-bbox="240 1120 1473 1209">115.283 (b): HCW's evaluation and treatment of victims does 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.</p> <p data-bbox="240 1240 1238 1267">Compliance for this provision was supported by interviews with the Medical and Mental Health Staff.</p> <p data-bbox="240 1299 1465 1361">115.283 (c): HCW, by policy, provides such victims with medical and mental health services consistent with the community level of care.</p> <p data-bbox="240 1391 1465 1453">Compliance for this this provision was determined by the Auditor's review of residents' medical records and interviews with the Medical and Mental Health Staff.</p> <p data-bbox="240 1482 1398 1545">115.283 (d): HCW, by policy, offers pregnancy tests to resident victims of sexually abusive vaginal penetration while incarcerated.</p> <p data-bbox="240 1574 1465 1637">Compliance for this this provision was determined by the Auditor's review of residents' medical records and interviews with the Medical and Mental Health Staff.</p> <p data-bbox="240 1666 1430 1756">115.283 (e): HCW, by policy, provides such victims with pregnancy results from the conduct described in paragraph § 115.383(d). HCW also provides timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.</p> <p data-bbox="240 1787 1465 1850">Compliance for this this provision was determined by the Auditor's review of residents' medical records and interviews with the Medical and Mental Health Staff.</p> <p data-bbox="240 1879 1457 1942">115.283 (f): By policy, HCW offers tests for sexually transmitted infections, as medically appropriate, to resident victims of sexual abuse while incarcerated.</p> <p data-bbox="240 1971 1414 2033">Compliance determination of this provision was supported by interviews with Medical and Mental Health Staff and the Auditor's review of the PREA policy.</p> <p data-bbox="240 2063 1417 2125">115.283 (g): HCW provides treatment services to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p>

Compliance determination of this provision was supported by interviews with Medical and Mental Health Staff and the Auditor's review of the PREA policy.

115.283 (h): HCW does attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment, when deemed appropriate by Medical and Mental Health Staff.

Compliance determination of this provision was supported by the Auditor's review of residents' medical records and interviews with Medical and Mental Health Staff.

Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring ongoing medical and mental health care for sexual abuse victims and abusers. No corrective action is required.

115.286	Sexual abuse incident reviews
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire for Ball-Quantrell Jones Recovery Center for Women (The Hope Center Recovery Program for Women). 2. The Hope Center Recovery Program for Women (HCW) Sexual Abuse Prevention and Intervention Program Policy (effective: 2/11/16). 3. The Hope Center Recovery Program for Women (HCW) Sexual Abuse Incident Review Report. 4. HCW PREA Investigation Files <p>Site Review Observations</p> <ol style="list-style-type: none"> 1. N/A <p>Interviews</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. PREA Compliance Manager 3. Program Director <p>Findings (by provision)</p> <p>115.286 (a): HCW conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. In 2020, there was one (1) allegation of sexual abuse which was determined to be unsubstantiated. The PREA Coordinator states that sexual abuse incident reviews were conducted. There is supported by documentation of a review team meeting with a Sexual Abuse Incident Review Report.</p> <p>Compliance was determined by a review of the Post PREA Investigation Sexual Abuse Incident Review Report and an interview with the Program Director/PREA Coordinator.</p> <p>115.286 (b): The facility conducts a sexual abuse incident review within 30 days of the conclusion of a sexual abuse investigation.</p> <p>Compliance was confirmed by interview with the PREA Compliance Manager and a review of the PREA investigation files.</p> <p>115.286 (c): The Sexual Abuse Incident Review Team includes the Program Director/PREA Coordinator and the PREA Compliance Manager. The Sexual Abuse Incident Review Team reviews all sexual abuse incidents and allows for input from line supervisors, investigators, and Medical and Mental Health Staff.</p> <p>Compliance was confirmed by interviews with the PREA Compliance Manager and review of PREA investigation files.</p> <p>115.286 (d): The facility prepares a report of its findings from sexual abuse incident reviews and submits a completed Sexual Abuse Incident Review Report to the Administrative Director within 30 days of the conclusion of an investigation.</p> <p>Compliance was confirmed by interviews with the PREA Compliance Manager and review of PREA investigation files.</p> <p>115.286 (e): HCW implements recommendations for improvement or documents its reasons for not doing so. The Facility prepares a report of its findings, including but not necessarily limited to, determinations made and any recommendations for improvement. The report is submitted to the HCW Executive Director.</p> <p>Compliance was confirmed by interviews with the PREA Compliance Manager and review of PREA investigation files.</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring sexual abuse incident reviews. No corrective action is required.</p>

115.287	Data collection
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1026 300">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="242 329 360 358">Documents</p> <ol data-bbox="242 387 1477 707" style="list-style-type: none"> 1. Pre-Audit Questionnaire for Ball-Quantrell Jones Recovery Center for Women (The Hope Center Recovery Program for Women). 2. The Hope Center Recovery Program for Women (HCW) Sexual Abuse Prevention and Intervention Program Policy (effective: 2/11/16). 3. HCW Annual PREA Report 4. The Hope Center Recovery Program for Women (HCW) Sexual Abuse Incident 5. HCW PREA Investigative Case Files <p data-bbox="242 739 400 768">Review Report.</p> <p data-bbox="242 797 504 826">Site Review Observations</p> <ol data-bbox="242 855 320 884" style="list-style-type: none"> 1. N/A <p data-bbox="242 913 347 943">Interviews</p> <ol data-bbox="242 972 571 1113" style="list-style-type: none"> 1. PREA Coordinator 2. PREA Compliance Manager 3. Program Director <p data-bbox="242 1142 472 1171">Findings (by provision)</p> <p data-bbox="242 1200 1458 1258">115.287 (a): HCW collects accurate, uniform data for every allegation of sexual abuse at the facility under its direct control using a standardized instrument and set of definitions.</p> <p data-bbox="242 1288 1414 1346">Compliance with this provision was determined based upon review of all PREA incident reports for the prior 12-month reporting period and an interview with the PREA Compliance Manager.</p> <p data-bbox="242 1375 1468 1541">115.287 (b): The Program Director stated that HCW does aggregate the incident-based sexual abuse data annually. The Auditor original reviewed the facility's Annual Report on the agency's website, revealed that it did not contain aggregated sexual abuse data. Corrective action was required and the facility updated its annual report to included aggregated data regarding sexual abuse report investigations from the previous 4 years. The Auditor reviewed the revised annual report on August 2, 2021 and deemed it acceptable. This corrective action is deemed closed.</p> <p data-bbox="242 1570 1490 1628">Compliance with this provision was determined based upon review of the Annual Report as published on the facility's website and an interview with the Program Director.</p> <p data-bbox="242 1657 1490 1715">115.287 (c): HCW's incident-based data in PREA Investigative case files includes 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 data-bbox="242 1744 1445 1803">Compliance with this provision was determined based upon the Auditor's review of a PREA Investigative case file and an interview with the Program Director.</p> <p data-bbox="242 1832 1445 1890">115.287 (d): HCW maintains and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.</p> <p data-bbox="242 1919 1453 1977">Compliance with this provision was determined based upon review of the completed HCW PREA Investigative Case Files and an interview with the Program Director.</p> <p data-bbox="242 2007 1011 2036">115.287 (e): N/A; HCW does not contract for the confinement of its residents.</p> <p data-bbox="242 2065 783 2094">115.287 (f): N/A; DOJ has not requested agency data.</p> <p data-bbox="242 2123 1495 2152">Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant</p>

with this standard requiring data collection of sexual abuse incidents for corrective action. No corrective action is required.

115.288	Data review for corrective action
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire for Ball-Quantrell Jones Recovery Center for Women (The Hope Center Recovery Program for Women). 2. The Hope Center Recovery Program for Women (HCW) Sexual Abuse Prevention and Intervention Program Policy (effective: 2/11/16). 3. HCW PREA Annual Report 4. The Hope Center Recovery Program for Women website: www.hopectr.org <p>Site Review Observations</p> <ol style="list-style-type: none"> 1. N/A <p>Interviews</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. PREA Compliance Manager 3. Administrative Director 4. Program Director <p>Findings (by provision)</p> <p>115.288 (a): HCW claims to review data collected and aggregated pursuant to §115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training. The Auditor original reviewed the facility's Annual Report on the agency's website, revealed that it did not contain a review of the collected aggregated sexual abuse data. Corrective action was required and the facility updated its annual report to included aggregated data review regarding sexual abuse report investigations from the previous 4 years. The Auditor reviewed the revised annual report on August 2, 2021 and deemed it acceptable. This corrective action is deemed closed.</p> <p>Compliance with this provision was determined based upon review of the Annual Report as published on the facility's website and an interview with the Program Director.</p> <p>115.288 (b): The facility's Annual Report does not include a comparison of the current year's data and corrective actions with those from prior years. The Auditor original reviewed the facility's Annual Report on the agency's website, revealed that it did not include a comparison of the current year's data and corrective actions with those from prior years. Corrective action was required and the facility updated its annual report to include a comparison of the current year's data and corrective actions with those from prior years from the previous 4 years. The Auditor reviewed the revised annual report on August 2, 2021 and deemed it acceptable. This corrective action is deemed closed.</p> <p>Compliance with this provision was determined based upon review of the Annual Report as published on the facility's website and an interview with the Program Director.</p> <p>115.288 (c): HCW makes its Annual Report readily available to the public, at least annually, through its website (www.hopectr.org) and the Annual Report is approved by the Administrative Director.</p> <p>Compliance for this provision was supported by interviews with the Program Director/PREA Coordinator and a review of the PREA Annual Report.</p> <p>115.288 (d): HCW policy allows for redacting material from the Annual Report for publication. The redactions are limited to specific material where publication would present a clear and specific threat to the safety and security of the facility. No redactions appear in the current Annual Report.</p> <p>Compliance for this provision was supported by interviews with the Program Director/PREA Coordinator and a review of the PREA Annual Report.</p>

Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring data review of sexual abuse for corrective action. No corrective action is required.

115.289	Data storage, publication, and destruction
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire for Ball-Quantrell Jones Recovery Center for Women (The Hope Center Recovery Program for Women). 2. The Hope Center Recovery Program for Women (HCW) Sexual Abuse Prevention and Intervention Program Policy (effective: 2/11/16). 3. HCW PREA Annual Report 4. The Hope Center Recovery Program for Women website: www.hopectr.org 5. HCW Facility Records <p>Site Review Observations</p> <ol style="list-style-type: none"> 1. N/A <p>Interviews</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. PREA Compliance Manager <p>Findings (by provision)</p> <p>115.289 (a): HCW ensures that data collected pursuant to §115.287 are securely retained. Incident reports are retained by the PREA Coordinator in a secure location.</p> <p>Compliance with this provision was verified by an interview with the PREA Coordinator.</p> <p>115.289 (b): The facility's Annual Report does not include a comparison of the current year's data and corrective actions with those from prior years. The Auditor original reviewed the facility's Annual Report on the agency's website, revealed that it did not include a comparison of the current year's data and corrective actions with those from prior years. Corrective action was required and the facility updated its annual report to include a comparison of the current year's data and corrective actions with those from prior years from the previous 4 years. The Auditor reviewed the revised annual report and verified it is available to the public through its website on August 2, 2021 and deemed it acceptable. This corrective action is deemed closed.</p> <p>Compliance with this provision was determined based upon review of the Annual Report as published on the facility's website and an interview with the Program Director.</p> <p>115.289 (c): HCW has removed all personal identifiers from reports containing aggregated sexual abuse data published on its website.</p> <p>Compliance with this provision was verified by the Auditor's review of the facility's PREA Annual Report, which contained no personal identifiers.</p> <p>115.289 (d): HCW policy, requires that it maintains sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection. The Auditor reviewed facility records and verified that the facility has maintained 10 years of all sexual abuse incident data after the date of its initial collection.</p> <p>Compliance with this provision was verified by the Auditor's review of facility records.</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined that the agency is fully compliant with all of the requirements of this standard requiring data storage, publication, and destruction. No corrective action is required.</p>

115.401	Frequency and scope of audits
	<p data-bbox="242 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 273 1026 300">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="242 331 360 358">Documents</p> <ol data-bbox="242 389 1477 654" style="list-style-type: none"> 1. Pre-Audit Questionnaire for Ball-Quantrell Jones Recovery Center for Women (The Hope Center Recovery Program for Women). 2. The Hope Center Recovery Program for Women (HCW) Sexual Abuse Prevention and Intervention Program Policy (effective: 2/11/16). 3. HCW PREA Annual Report 2020 4. The Hope Center Recovery Program for Women website: www.hopectr.org <p data-bbox="242 685 504 712">Site Review Observations</p> <ol data-bbox="242 743 552 770" style="list-style-type: none"> 1. Tour all areas of the facility <p data-bbox="242 801 347 828">Interviews</p> <ol data-bbox="242 860 635 1115" style="list-style-type: none"> 1. Informal discussion during site tour 2. PREA Coordinator 3. PREA Compliance Manager 4. Program Director 5. Executive Director (Agency Head) <p data-bbox="242 1146 472 1173">Findings (by provision)</p> <p data-bbox="242 1205 1114 1232">115.401 (a): This is the Hope Center Recovery Program for Women's third PREA Audit.</p> <p data-bbox="242 1263 1471 1321">115.401 (b): This is the first year of the current audit cycle. The Hope Center has ensured that the HCW facility was audited during the first year of the current audit cycle.</p> <p data-bbox="242 1352 1449 1411">115.401 (h): The Auditor had access to, and the ability to observe, all areas of the audited facility without restrictions, and during all shifts.</p> <p data-bbox="242 1442 1490 1500">115.401 (i): HCW provided the Auditor with copies of all requested documents and information, including electronically stored information and videos.</p> <p data-bbox="242 1532 1477 1590">115.401 (m): The Auditor was allowed to conduct private interviews with staff and residents, selected at random and without restrictions.</p> <p data-bbox="242 1621 1468 1747">115.401 (n): PREA Notice of Audit postings were provided by the Auditor and contained all of the required information. The Notices of Audit were reported posted in all living units on January 21, 2021. This was observed during the facility tour and the posting date was confirmed by interviews with residents. Residents were permitted to send confidential information or correspondence to the Auditor in the same manner as if they were communicating with legal counsel.</p> <p data-bbox="242 1778 1401 1836">Based upon the review and analysis of all the available evidence, the Auditor has determined that the agency is fully compliant with this standard requiring frequency and scope of audits. No corrective action is required.</p>

115.403	Audit contents and findings
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire for Ball-Quantrell Jones Recovery Center for Women (The Hope Center Recovery Program for Women). 2. The Hope Center Recovery Program for Women (HCW) Sexual Abuse Prevention and Intervention Program Policy (effective: 2/11/16). 3. HCW PREA Audit Report 2018 4. The Hope Center Recovery Program for Women website: www.hopectr.org <p>Site Review Observations</p> <ol style="list-style-type: none"> 1. N/A <p>Interviews</p> <ol style="list-style-type: none"> 1. PREA Coordinator <p>Findings (by provision)</p> <p>115.403 (f): HCW has published on its agency website, all Final Audit Reports. The review period is for prior audits completed during the past three years preceding this audit. This is the Hope Center Recovery Program for Women's third PREA Audit.</p> <p>Compliance was verified by a review of the HCW website and confirmed by an interview with the PREA Coordinator.</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined that the agency is fully compliant with this standard requiring publishing audit contents and findings. No corrective action is required.</p>

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

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

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	
	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

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

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

115.221 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.221 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these 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).	na
115.222 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.222 (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?	yes

115.231 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.231 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.232 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.232 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.232 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	no
115.233 (a)	Resident education	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
115.233 (b)	Resident education	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes

115.233 (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

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

115.241 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	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

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

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

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.	yes
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

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

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

115.264 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.264 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any 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?	no
115.267 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.267 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

115.267 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report 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

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?	no
115.271 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.271 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.271 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
115.271 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
115.272 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes

115.273 (a)	Reporting to residents	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.273 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.273 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the 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

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

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

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

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

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