

PREA Facility Audit Report: Final

Name of Facility: Owensboro Regional Recovery Center

Facility Type: Community Confinement

Date Interim Report Submitted: 07/17/2025

Date Final Report Submitted: 08/10/2025

Auditor Certification

The contents of this report are accurate to the best of my knowledge.



No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.



I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.



Auditor Full Name as Signed: Sharon Ray Shaver

Date of Signature: 08/10/2025

AUDITOR INFORMATION

Auditor name: Shaver, Sharon

Email: sharonrshaver@gmail.com

Start Date of On-Site Audit: 06/03/2025

End Date of On-Site Audit: 06/03/2025

FACILITY INFORMATION

Facility name: Owensboro Regional Recovery Center

Facility physical address: 4301 Veach Road, Owensboro, Kentucky - 42303

Facility mailing address:

Primary Contact

Name:	Christy Probus
Email Address:	cprobus@audubon-area.com
Telephone Number:	2706890905 Ext. 2113

Facility Director	
Name:	Christy Probus
Email Address:	cprobus@audubon-area.com
Telephone Number:	2706890905 ext. 2113

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

Facility Characteristics	
Designed facility capacity:	108
Current population of facility:	67
Average daily population for the past 12 months:	60
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Men/boys
In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For	

definitions of “intersex” and “transgender,” please see https://www.prearesourcecenter.org/standard/115-5)	
Age range of population:	18-67
Facility security levels/resident custody levels:	n/a
Number of staff currently employed at the facility who may have contact with residents:	15
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	20
Number of volunteers who have contact with residents, currently authorized to enter the facility:	1

AGENCY INFORMATION	
Name of agency:	Audubon-Area Community Services, Inc.
Governing authority or parent agency (if applicable):	
Physical Address:	1700 West 5th Street, Owensboro, Kentucky - 42303
Mailing Address:	
Telephone number:	2706861600

Agency Chief Executive Officer Information:	
Name:	Rob Jones
Email Address:	rjones@audubon-area.com
Telephone Number:	2706861600

Agency-Wide PREA Coordinator Information

Name:	Christy Probus	Email Address:	cprobus@audubon-area.com
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Facility AUDIT FINDINGS

Summary of Audit Findings

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

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

Number of standards exceeded:

2

- 115.215 - Limits to cross-gender viewing and searches
- 115.232 - Volunteer and contractor training

Number of standards met:

39

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

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

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-06-03
2. End date of the onsite portion of the audit:	2025-06-03

Outreach

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

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	108
15. Average daily population for the past 12 months:	67
16. Number of inmate/resident/detainee housing units:	40
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	67
25. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	61
26. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	1
27. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
28. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	1
29. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
30. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	1

31. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
32. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	1
33. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	0
34. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
36. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	14
37. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0

38. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	Medical and mental health services are provided by community service providers.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	19
41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<div> <input checked="" type="checkbox"/> Age </div> <div> <input checked="" type="checkbox"/> Race </div> <div> <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) </div> <div> <input checked="" type="checkbox"/> Length of time in the facility </div> <div> <input checked="" type="checkbox"/> Housing assignment </div> <div> <input type="checkbox"/> Gender </div> <div> <input type="checkbox"/> Other </div> <div> <input type="checkbox"/> None </div>

42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	<p>The auditors employed a systematic and independent selection process, choosing individuals from every sector of the facility, encompassing both programming and non-programming roles. This approach was conducted without any involvement or influence from staff or management, thereby upholding strict objectivity. As a result, the sampling ensured a comprehensive and unbiased representation of the client population, enhancing the credibility and integrity of the audit findings.</p>
43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	<p>The Auditor's Handbook requires at least 8 random resident interviews for this population size, but due to not being able to meet the required number of targeted interviews, the auditors oversampled random residents.</p>
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	<p>3</p>
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	

47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	<p>There were not enough of targeted category clients to meet minimum; interviewed all that were available. The auditors conducted a comprehensive review by examining records, cross-referencing client lists, and conducting in-depth interviews with both clients and staff members. Through this thorough process, they verified that no individuals were present or available for participation in this particular section of the category.</p>
48. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	1
49. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	0

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>There were not enough of targeted category clients to meet minimum; interviewed all that were available. The auditors conducted a comprehensive review by examining records, cross-referencing client lists, and conducting in-depth interviews with both clients and staff members. Through this thorough process, they verified that no individuals were present or available for participation in this particular section of the category.</p>
<p>50. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>51. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditors conducted a comprehensive review by examining records, cross-referencing client lists, and conducting in-depth interviews with both clients and staff members. Through this thorough process, they verified that no individuals were present or available for participation in this particular section of the category.</p>
<p>52. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>1</p>
<p>53. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>There were not enough of targeted category clients to meet minimum; interviewed all that were available. The auditors conducted a comprehensive review by examining records, cross-referencing client lists, and conducting in-depth interviews with both clients and staff members. Through this thorough process, they verified that no individuals were present or available for participation in this particular section of the category.</p>

54. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The auditors conducted a comprehensive review by examining records, case files, cross-referencing client lists, and conducting in-depth interviews with both clients and staff members. Through this thorough process, they verified that no individuals were present or available for participation in this particular section of the category.
55. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	1
56. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditors conducted a comprehensive review by examining records, cross-referencing client lists, and conducting in-depth interviews with both clients and staff members. Through this thorough process, they verified that no individuals were present or available for participation in this particular section of the category. This is not a confinement facility and does not use isolation.</p>
<p>57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>There were limited numbers of residents meeting targeted characteristics; as a result, the auditors oversampled random residents.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>58. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>8</p>
<p>59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>

60. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	The auditors interviewed all staff available. Some staff interviews were conducted by phone.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	8
63. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
65. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
66. Were you able to interview the PREA Compliance Manager?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

67. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

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

	<input type="checkbox"/> Other
68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
70. Provide any additional comments regarding selecting or interviewing specialized staff.	The facility currently has no contractors or volunteers.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

71. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Was the site review an active, inquiring process that included the following:	
72. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	<input checked="" type="radio"/> Yes <input type="radio"/> No

73. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
74. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
75. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No

76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).

Owensboro Regional Recovery (ORR) for men is a 108-bed facility located in Daviess County that utilizes the recovery dynamics curriculum and is a peer-driven model of recovery. The program helps men recover from chronic substance use disorder and addiction, and move toward a life of sobriety and productivity. The focus is to help clients change their behavior, skills, and attitudes. The facility's parent agency is Audubon Area Community Services with a mission to create opportunities for individuals and families to reach self-sufficiency through family support services, education, employment, and leadership. ORR uses a substance abuse recovery program modeled after Louisville's Healing Place. The program usually takes between 6 and 9 months to complete. The peer-driven community model is the greatest contribution to client success. Their goal is to simultaneously reduce the state's drug problem and homeless issues. ORR helps people recover from addiction, gain control of their lives, and eventually reside in permanent housing. They have been serving the area since 2010 as a partnership between Audubon Area Community Services, Inc. and Lighthouse Recovery Services, Inc. ORR is a part of the Recovery Kentucky initiative and is funded in part by the Kentucky Housing Corporation, The Department of Local Government, and the Kentucky Department of Corrections. Clients may be referred to the program by the Kentucky Department of Corrections, through the courts, through community mental health service resources, self-admit, or through Casey's Law (which allows the parents, relatives, or friends of an addicted person to lawfully intervene and request involuntary, court-ordered addiction treatment for their addicted loved one). The audit team included a lead auditor and an assistant auditor. The group met with the Facility Director, who serves as the PREA Coordinator, as well as staff members on duty to discuss the audit process and the day's schedule. Upon arrival at the facility the

auditors were welcomed by staff members who provided a detailed orientation, including an overview of the facility's history, mission, and daily operations. The main site review commenced upon arrival and involved a systematic inspection of common areas, resident living quarters, and staff workspaces. The auditors observed facility routines, engaged in conversations with both staff and clients to gather insights, and reviewed relevant documentation to assess compliance with operational standards and protocols. The team received requested documentation such as a housing breakdown, staff roster, shift roster, population list, training records, contractor information, and programming schedules for the facility. During the audit, the team conducted interviews, participated in a site review, observed intake and screening, and monitored key facility functions throughout the process. The facility was clean and well-kept; client rooms and living spaces were orderly and in good repair. Interactions observed by the auditors between staff and clients were friendly and professional. ORR provides an important service to the community and provides a safe, positive, and caring environment for the clients in the program.

Documentation Sampling

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

77. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?

☒ Yes

☐ No

78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

All PREA related policy was found within the Owensboro Operations Manual. Additional documentation was requested and reviewed by the auditors and is identified in each of the individual standard's narratives.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	1	0	1	0
Total	1	0	1	0

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	1	0	1	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	1	0	1	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	1
Total	0	0	0	1

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	1
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	1

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

85. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:

1

86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	1
91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

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

Staff-on-inmate sexual harassment investigation files

98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	There were no criminal investigations conducted during the audit period. There were two allegations reported (1-staff-to-resident abuse/1-resident-to-resident harassment) and both cases were reviewed.

SUPPORT STAFF INFORMATION**DOJ-certified PREA Auditors Support Staff**

102. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during this audit:	1

Non-certified Support Staff

103. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

☐ Yes

☒ No

AUDITING ARRANGEMENTS AND COMPENSATION

108. Who paid you to conduct this audit?

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

Standards
Auditor Overall Determination Definitions
<ul style="list-style-type: none"> 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
<p>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.</p>

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Owensboro Regional Recovery (ORR), Compliance with Prison Rape Elimination Act (PREA) Policy; Organizational Chart; Information Obtained from Interviews; Observations During Site Review.</p> <p>115.211(a): ORR enforces a strict zero-tolerance policy for sexual assault and harassment. The center follows the "Compliance with Prison Rape Elimination Act (PREA)" policy to prevent, detect, and address such incidents. Staff who violate ORR, DOC, RKY, or parent agency policies may face disciplinary action, including termination. Criminal acts by staff, contractors, or volunteers are reported to law enforcement, while other ethical violations are reported to relevant licensing boards. The policy outlines strategies to reduce and prevent sexual abuse and harassment of residents.</p> <p>115.211(b): Christy Probus, the Director of ORR, also serves as PREA Coordinator, reporting to the Director of Community Support Services and ultimately the CEO of Audubon Area Community Services Inc. She has adequate time and authority to</p>

	<p>ensure ORR meets PREA standards.</p> <p>Following a thorough review and analysis of the evidence, the auditor has determined that the facility is in full compliance with all aspects of this standard.</p>
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115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Information Obtained from Interviews; Observations During Site Review</p> <p>115.212(a)(b)(c): Interviews with the CEO and Facility Director/PREA Coordinator indicate that ORR has not entered into or renewed a contract for the confinement of residents since the last PREA audit.</p> <p>This standard is not applicable to the facility.</p>

115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: ORR Compliance with Prison Rape Elimination Act Policy; ORR Staffing Plan; Staffing Plan Signed; Facility Staff Schedule; Policy and Procedure Manual Revised 04/29/2024; Information Obtained from Interviews; Observations During Site Review.</p> <p>115.213(a)(b)(c): ORR PREA policy requires centers to create and annually review a staffing plan ensuring resident safety from sexual abuse, with DOC approval during inspections. ORR's plan, dated 10/28/2024 prescribes adequate staffing, based on an average of 108 residents but currently averaging 60. The facility does not use video monitoring; interviews with leadership show its implementation is considered at each review, but current population data and incident rates do not justify it. Interviews with the Facility Director/PREA Coordinator indicated that video monitoring is considered during each staffing plan review; however, based on the incidence data and population type no need is indicated at this time. The Staff Plan is well-developed and thorough and contains all elements required of this standard. The facility indicated that there were no incidents where the staffing plan was not complied with. The auditor reviewed the daily shift roster notebook and conducted interviews with random staff and residents confirming that the facility always maintains the minimum required staff on duty.</p>

	<p>Following a thorough review and analysis of the evidence, the auditor has determined that the facility is in full compliance with all aspects of this standard.</p>
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115.215	Limits to cross-gender viewing and searches
	<p>Auditor Overall Determination: Exceeds Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence Reviewed: ORR PREA Policy; KYDOC CPP 9.8; Information Obtained from Interviews; Observations During Site Review</p> <p>115.215(a)(c): ORR PREA policy prohibits cross-gender strip and visual body cavity searches at its centers. Any necessary cross-gender pat-downs are performed solely by DOC staff following DOC policy CPP 9.8, and only for officer safety. The facility reports no cross-gender strip or visual body cavity searches of residents in the past year. Residents are not incarcerated, and ORR staff do not conduct pat or strip searches.</p> <p>115.215(b): ORR houses no female residents; therefore, the facility meets this standard through non-applicability.</p> <p>115.215(d): ORR policy states that residents shall be provided facilities that enable them to shower, perform bodily functions, and change clothing in a private area. A staff member of the opposite gender is required to announce his or her presence before entering a restroom area or resident's apartment. At ORR, all staff announces his or her presence before entering a restroom or a resident's apartment, regardless of gender which exceeds the requirements of this standard.</p> <p>115.215(e): ORR PREA policy prohibits searching or examining transgender or intersex residents solely to determine genital status; this can only be done through interviews, licensed medical procedures, or record review. ORR staff do not conduct pat or strip searches, and no residents identified as transgender or intersex during the audit period.</p> <p>115.215(f): The facility reports that pat-down searches of residents are not conducted, as confirmed by staff and resident interviews.</p> <p>According to the auditor's review and analysis of the evidence, the facility has met all provisions of this standard. Staff consistently announce themselves when entering a restroom or resident's apartment.</p> <p>In addition to fulfilling all required criteria, the facility has implemented further</p>

	<p>measures to ensure resident privacy and safety by announcing every time they are at a resident's door or bathroom area. Staff receive regular training on respectful communication and protocols, and routine internal audits are conducted to monitor adherence. Feedback from residents is actively solicited and used to refine and enhance these practices, demonstrating a robust commitment to not only meet but exceed compliance expectations.</p>
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115.216	Residents with disabilities and residents who are limited English proficient
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Evidence Reviewed: ORR PREA Policy; Policy and Procedures for Communications with Persons with Limited English Proficiency; PREA poster and brochure English and Spanish; Web Search of Kentucky Corrections Policy CPP 14-7; Information Obtained from Interviews; Observations During Site Review.</p> <p>115.216(a): ORR PREA Policy requires all residents to receive education on zero tolerance for sexual abuse and harassment, reporting methods, behavior expectations, rights, and access to support services upon admission. Information is provided verbally and in writing, with accommodations for limited literacy or sensory or language barriers. Two residents with hearing, visual, or cognitive impairments were present during the audit and interviewed. Staff confirmed whenever anyone with needs was admitted they would be offered assistance and staff could clearly explain appropriate communication procedures for residents with special needs.</p> <p>115.216(b): The facility's policy for limited English proficiency (LEP) addresses identifying LEP offenders, securing interpreters, providing translations, issuing notices, and monitoring needs. No LEP residents were present during the audit, and staff reported that non-English-proficient residents are exceedingly rare. PREA posters were available in both English and Spanish.</p> <p>115.216(c): While the ORR PREA policy does not prohibit resident interpreters, Kentucky Corrections CPP 14-7 bans offender interpreters for education on sexual abuse and harassment prevention, except when delays in finding an interpreter could endanger offender safety. The facility provides audiobooks, resources for the hearing impaired via the Audubon Area Community Care Clinic and has staff fluent in sign language available to assist.</p> <p>According to the information provided in the pre-audit questionnaire, there have been no cases in the past 12 months where residents were utilized for this purpose. Furthermore, interviews with specialized staff confirmed their awareness of the</p>

	<p>agency's prohibition on using residents in this manner.</p> <p>Following a thorough review and analysis of the evidence, the auditor has determined that the facility is in full compliance with all aspects of this standard.</p>
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115.217	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: ORR PREA Policy; Employee File Reviews; Information Obtained from Interviews; Observations During Site Review</p> <p>115.217(a)(b)(e)(f): The ORR PREA policy mandates that all employees must complete an NCIC background check prior to the commencement of their employment and subsequently every five years without exception. These comprehensive checks are designed to identify any history of sex offense convictions, as well as civil or administrative findings involving inappropriate sexual conduct in accordance with PREA standards. In addition to NCIC screening, when applicable, the policy requires contacting former institutional employers to gather information about past professional conduct. Applicants are systematically questioned about any previous allegations or incidents of sexual misconduct during the hiring process. To promote strict adherence, management conducts regular interviews and audits to ensure these protocols are implemented consistently for all staff members. Documented records of background checks and follow-up actions are maintained for verification and compliance purposes.</p> <p>115.217(c): Over the past 12 months, the facility reports that all 8 individuals hired who may have contact with residents underwent criminal background record checks. Additionally, the Auditor reviewed 8 hiring packets, each of which contained documentation of completed criminal background checks.</p> <p>115.217(d): Over the past 12 months, the facility reports that no new service contracts requiring background record checks have been initiated. According to information provided during the auditor's interview with the Facility Director/PREA Coordinator, background checks are planned for any contractors before their services are utilized on site.</p> <p>115.217(g): The facility uses an applicant certification form that inquiries about sexual abuse history, convictions, and adjudications, and includes an ongoing disclosure requirement. All 15 reviewed employee files contained signed acknowledgments, and interviews confirmed staff awareness of their duty to disclose misconduct.</p> <p>115.217(h): The facility reported that there have been no requests from hiring</p>

	<p>agencies concerning former employees. The Facility Director/PREA Coordinator confirmed that relevant information will be furnished if such a request is received in the future.</p> <p>Following a thorough review and analysis of the evidence, the auditor has determined that the facility is in full compliance with all aspects of this standard.</p>
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115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Information Obtained from Interviews; Observations During Site Review.</p> <p>115.218(a)(b): The facility reports that it has not acquired any new facilities, undertaken significant expansions or modifications to existing structures, nor installed or upgraded video monitoring systems, electronic surveillance equipment, or other monitoring technologies. Consequently, the facility is deemed compliant with this standard due to the inapplicability of its provisions. Interviews with the CEO designee and Facility Director confirmed that should any upgrades or facility modifications be planned, PREA considerations would be made.</p> <p>Following a thorough review and analysis of the evidence, the auditor has determined that the facility is in full compliance with all aspects of this standard.</p>

115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: ORR PREA policy; KY DOC CPP 14-7; Letter from executive director of New Beginning Sexual Assault Support Services; Regional Map for KASAP Services; Resources for Sexual Harassment and Abuse; Owensboro Health Regional Hospital Certificate, Letter from the director Of the Cabinet for Health and Family Services, Office of Inspector General; KASAP Emotional Support Services Contract; Kentucky Association of Sexual Assault Programs Map; PREA Zero Tolerance Hotline Poster; Kentucky State Police Forensic Laboratory Physical Evidence Collection Guide; Information Obtained from Interviews; Observations During Site Review.</p> <p>115.221(a)(b): According to ORR PREA Policy, allegations of sexual abuse and sexual</p>

harassment are required to be investigated promptly, thoroughly, and objectively. Investigations involving force, coercion, or potential criminal activity are to be conducted by investigators with specific training from the Kentucky Department of Corrections, Kentucky State Police, or another law enforcement agency. Kentucky DOC policy 14.7 specifies a standard protocol. Additionally, the facility provided for the auditor's review Kentucky State Police Physical Evidence Collections Guide which will be followed by the facility until the external law enforcement entity arrives. These protocols are based on comprehensive and authoritative protocols developed after 2011, A National Protocol for Sexual Assault Medical Forensic Examinations. The facility does not house juveniles.

115.221(c): In accordance with ORR PREA policy and KY DOC CPP 14-7, staff are required to promptly arrange for alleged victims to be transported to an external facility for examination, which may include forensic evidence collection, testing and treatment for sexually transmitted diseases, prophylactic care, follow-up, and mental health assessments. Both current and former victims of sexual abuse are entitled to receive all related medical and mental health services at no cost. The facility reported on the PAQ that no SAFE/SANE examinations were conducted during the audit period. All such services are provided by community service providers rather than on-site at the facility. Additionally, a review of incident data, along with interviews with the Facility Director, PREA Coordinator, and RN, confirmed that no incidents occurred during the audit period that would have necessitated a forensic examination.

115.221(d)(e): The agreement letter between KYDOC and KASAP ensures KASAP provides emotional support for victims of sexual abuse. Facility policy requires that victims be promptly transferred at no cost to a community healthcare facility for treatment and evidence collection, as the facility cannot conduct forensic medical exams (FMEs) onsite. According to the last pre-audit questionnaire, no FMEs were conducted. The Kentucky DOC PREA Coordinator confirmed these services are available to any RKY center resident, regardless of DOC supervision status. A victim advocate or qualified staff supports the victim through the FME and investigation process, offering emotional support, crisis intervention, information, and referrals. Additionally, the facility has an agreement with New Beginnings Sexual Assault Support Services who provides short term and long-term therapy, crisis intervention, and medical advocacy services responding to four hospitals in the region. These services are provided free of charge to any survivor of sexual violence regardless of when the event(s) occurred.

115.21(f): There were two investigations conducted by Kentucky Department of Corrections during the audit period. The Facility Director stated that when an investigation is referred to the Kentucky State Police or Kentucky Department of Corrections for a criminal investigation, the external agency is requested to handle the case following CFR §115.71/§115.21, and the facility seeks to stay informed about the progress of the investigation.

115.221(h): Since a victim advocate is always available through a rape crisis center, this provision does not apply. The auditor found that staff and supervisors

	<p>understood policies regarding evidence collection, reporting sexual abuse, involving law enforcement and the response team, transporting victims for SANE exams, and first responder duties.</p> <p>Following a thorough review and analysis of the evidence, the auditor has determined that the facility is in full compliance with all aspects of this standard.</p>
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115.222	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Evidence Reviewed: ORR PREA Policy; RKY PREA Policy; Kentucky State Police Letter; General Order OM-C-1; ORR Web Document; Investigation File Review; KASAP Emotional Support Services Agreement Letter; Kentucky Association of Sexual Assault Programs Map; PREA Zero Tolerance Hotline Poster; Kentucky State Police Forensic Laboratory Physical Evidence Collection Guide; Information Obtained from Interviews; Observations During Site Review.</p> <p>115.222(a)(b): The ORR and RKY PREA policies require all sexual abuse and harassment allegations to be promptly, thoroughly, and objectively investigated. Allegations involving force, coercion, or potential criminal activity are handled by specially trained investigators from Kentucky DOC, State Police, or other law enforcement. Two administrative investigations were completed and closed; no cases required criminal investigation. Interviews with the Facility Director/PREA Coordinator confirmed that criminal allegations are immediately reported to KSP and Kentucky DOC. The agency's website publishes the PREA investigation policy. Review of case files confirmed the facility had two allegations (1-sexual abuse/ 1-sexual harassment) reported during the audit period. Both allegations were forwarded to the appropriate investigative body.</p> <p>115.222(c): Under the agreement between RKY and Kentucky DOC, ORR coordinates with KSP. The auditor found that Kentucky State Police Policy OM-C-1 clearly defines investigative responsibilities. For criminal allegations, facilities must notify local police for investigation. An administrative review follows after the police investigation, ensuring the criminal process is not compromised.</p> <p>Following a thorough review and analysis of the evidence, the auditor has determined that the facility is in full compliance with all aspects of this standard.</p>

115.231	Employee training
	<p data-bbox="279 185 981 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="279 264 564 297">Auditor Discussion</p> <p data-bbox="279 342 1406 499">Evidence Reviewed: ORR PREA Policy; ORR PREA Training Module; Employee Onboarding and Training Records; Annual PREA Refresher and Procedures; Staff Signature Validations; Code of Ethics; Dual Relationships Employee Conduct; Information Obtained from Interviews; Observations During Site Review.</p> <p data-bbox="279 544 1414 611">Evidence Reviewed During Corrective Action Period: CAP; Staff Training Records; Employee Training PowerPoint; Information Obtained from Interviews.</p> <p data-bbox="279 656 1477 1518">115.231(a)(c)(d): The ORR PREA policy indicates that all new employees, volunteers, interns, and individuals affiliated with the Center who interact regularly with residents receive training on PREA standards, laws, and RKY policies related to the Code of Ethics and Dual Relationships. Annual refresher training is provided. The training is designed to be gender-specific for the facility. Upon completion, participants sign a document confirming receipt and understanding of the training materials. The ORR training module verifies that all staff members who may have contact with residents are trained to fulfill their responsibilities regarding the facility's sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures, addressing topics outlined in provision (a) 1-10 of the standard. The auditor reviewed 18 files, all of which contained signed acknowledgment forms showing that PREA training was received and that relevant laws and guidelines must be followed. The facility did not provide all the requested evidence of this standard as additional files were requested. As a result, the facility was found out of compliance with provision (a) (c) and entered a 180-day corrective action period to remedy this deficiency. To become compliant the facility was required to provide evidence of six additional staff training acknowledgements and provide the refresher procedure or training lesson plan and/or curriculum ensuring that all staff who have contact with residents have been trained on their responsibilities under the facility's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.</p> <p data-bbox="279 1574 1477 2067">Corrective Action Taken: Training records for six additional staff were provided to the auditor for review indicating that all were current with the facility PREA training requirements. A memorandum was provided for the auditor's review from the Facility Director stating, "PREA Standard 115.31a: All staff members employed at Owensboro Regional Recovery who have contact with residents, trainings have been successfully uploaded to the PREA audit system. The individuals remaining for interviews are not based on-site and do not have direct contact with residents." The facility also provided their training PowerPoint and policy which is used for the initial and annual employee training for employees who have contact with residents. Refresher information about current policies regarding sexual abuse and harassment are provided throughout the year during team meetings. The auditor accepts the facility CAP as implemented and institutionalized based on</p>

	<p>documentation provided during this facility's corrective action period.</p> <p>115.231(b): The RKY PREA policy states that training shall be tailored to be gender-specific to the facility. The auditor's review of the training curriculum confirmed that it is appropriate to the gender of the facility.</p> <p>A systematic review and analysis of all evidence, including evidence provided during the corrective action period, concluded that the facility demonstrated compliance with all provisions of this standard.</p>
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115.232	Volunteer and contractor training
	<p>Auditor Overall Determination: Exceeds Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence Reviewed: ORR PREA Policy; ORR PREA training modules for staff and volunteers; Training Records; Information Obtained from Interviews: Observations During Site Review.</p> <p>Evidence Reviewed During Corrective Action Period: Facility's CAP; Contractor Training Records; Statement Regarding Volunteers; Training PowerPoint, Information Obtained from Interviews.</p> <p>115.232(a)(b)(c): ORR PREA policy requires all employees, volunteers, interns, and regular affiliates to receive training on PREA standards, laws, and relevant RKY policies, including the Code of Ethics and Dual Relationships. The facility did not provide evidence of compliance. During Corrective Action they will review their prior practice and provide evidence and/or prepare a memo with an explanation of their process addressing this standard. Information related to the training records provided for contractors was not provided as requested during the Post-Audit Phase. As a result, the facility was found out of compliance with provision (a) and entered a 180-day corrective action period to remedy this deficiency. To become compliant the facility was required to implement a procedure and practice of ensuring that all contractors who have contact with residents have been trained on their responsibilities under the facility's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.</p> <p>Corrective Action Taken: Training records for all twenty-contract staff had been provided yet the signatures were unclear and there was no roster of contract staff to compare the signatures. The facility provided a contract roster, and the signatures</p>

	<p>were compared showing that all were current with PREA training requirements. The facility also provided the training PowerPoint for the auditor. It was also determined during the corrective action period that these contract staff are community service providers and technically not subject to 115.232 requirements. As a result, the facility exceeds the requirements of this standard by delivering training to these offsite, health service providers. A memorandum from the Facility Director confirmed the facility does not currently engage volunteers. The auditor accepts the facility CAP as implemented and institutionalized based on documentation provided during this facility's corrective action period.</p> <p>A systematic review and analysis of all evidence, including evidence provided during the corrective action period, concluded that the facility demonstrated compliance with all provisions of this standard. The facility exceeds the requirements of this standard by delivering training to offsite community health service providers.</p>
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115.233	Resident education
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Evidence Reviewed: ORR PREA Policy; PREA poster English & Spanish; PREA Brochure English & Spanish; Resident PREA Acknowledgement Forms; Information Obtained from Interviews; Observations During Site Review.</p> <p>Evidence Reviewed During Corrective Action Period: Facility's CAP; Memo; PREA Poster and Zero Tolerance Brochures English and Spanish; Training Curriculum; Information Obtained from Interviews.</p> <p>115.233(a)(b)(c)(d)(e): Based on ORR PREA policy review, interviews with staff and residents, and documentation review, upon admission residents are educated on ORR zero tolerance policy; their rights to feel safe from predators; how to report an instance of sexual harassment and provided with contact information to make a report and access to make calls at no charge. Residents are provided with a brochure "Understanding the Prison Rape Elimination Act (PREA) for Offenders." Residents are provided information to receive services from New Beginnings, assault services. Within 30 days after admission additional education is provided through a PREA reviewed with residents. Education will be provided to residents in formats accessible to all residents, including those who are LEP, deaf/hard of hearing, visually impaired, otherwise disabled, or have limited reading skills as reviewed for compliance and discussed in Standard 115.216. Residents transferred to ORR from another RKY facility are processed new intakes and receive all information as required. The facility ensures that key information about the facility's PREA policies is continuously and readily available or visible through posters, client handbooks, or other written formats. During the site visit and interviews with staff and residents, the auditor confirmed that education is available through the required formats and</p>

accessible if needed.

Based on the facility's Census Report, on the first day of the audit the facility had 61 residents admitted. Facility staff identified the following categories for the auditor to select interviewees: 1-disclosed prior victimization during screening; 1-identified as lesbian/gay/bisexual; 1-cognitive; 1-hearing disability. There were no residents who reported sexual abuse at the facility, no transgender/intersex residents, with visual or physical disabilities, and no residents who were LEP. For this population, the PREA Auditor Handbook requires interviews with sixteen residents (8-random/8-targeted). The auditors interviewed 22 residents, 19 random and 3 from targeted categories including: 1-LGB; 1-disclosed prior sexual victimization; 1-hearing disability; 1-cognitive disability. One resident qualified for two targeted categories. These residents were at various stages of the program, SOS, MT, Phase 1, and Phase 2. These resident interviews confirmed that they received training on PREA during intake on their first day of arrival. Additionally, they explained that staff periodically provide refresher information on PREA during house meetings. The residents were able to explain to the zero-tolerance policy regarding sexual abuse and sexual harassment; how to report incidents or suspicions of sexual abuse or sexual harassment; their rights to be free from sexual abuse and sexual harassment; their rights to be free from retaliation for reporting such incidents; the facility's policies and procedures for responding to PREA incidents; and how to access victim services. All residents interviewed said they feel safe at the facility and that staff are responsive to their needs.

During the 12 months preceding the audit, the facility admitted 172 residents who were given the PREA education at intake. The auditor reviewed 15 resident files during the Pre-Audit Phase and found that all had signed acknowledgment forms confirming their understanding of PREA education. The auditor also reviewed resident files for the 22 residents interviewed while onsite and found that all had signed acknowledgment forms confirming their understanding of PREA education. Based on interviews all residents received the required PREA information at intake. There were no new intakes during the site visit to observe; however, the staff on duty provided a simulation of the intake and explained the process for delivering the PREA information to new residents. The facility did not provide all documents requested during the Post-Audit Phase. As a result, the facility was found out of compliance with provision (a)(d) and entered a 180-day corrective action period to remedy this deficiency. To become compliant the facility was required to provide the resident PREA education curriculum and electronic copies of the signage, resident handbooks, and other written documents observed while onsite.

Corrective Action Taken: The facility provided their training curriculum which includes all the following topics: zero-tolerance policy, how to report incidents or suspicions of sexual abuse or harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding facility policies and procedures for responding to such incidents. The facility provided copies of Kentucky DOC PREA posters with the free hotline reporting number in English and Spanish, Kentucky DOC brochures on how to protect from sexual abuse, what to do, definitions, description of the federal laws in

	<p>both English and Spanish. The auditor accepts the facility CAP as implemented and institutionalized based on documentation provided during this facility's corrective action period.</p> <p>A systematic review and analysis of all evidence, including evidence provided during the corrective action period, concluded that the facility demonstrated compliance with all provisions of this standard.</p>
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115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: ORR PREA Policy; Specialized Training: Investigating Sexual Abuse in Confinement Settings Curricula; PREA Investigator Status Letter; Information Obtained from Interviews; Observations During Site Review.</p> <p>115.234(a): According to ORR PREA policy, investigations of sexual abuse involving force, coercion, or possible criminal behavior are handled by specially trained investigators from the Kentucky Department of Corrections, Kentucky State Police, or other law enforcement agencies. Interviews with facility leadership confirmed that administrative investigations are conducted internally, while criminal allegations are referred to appropriate law enforcement. With the recent departure of the facility's primary investigator, all investigations are currently being forwarded to the Kentucky Department of Corrections. The Facility Director plans to complete NIC or PREA Resource Center training within 30 days and is awaiting further training opportunities in fall 2025.</p> <p>115.234(b)(c): The auditor's review of the Specialized Training Curricula offered by DOC indicates that the training covers topics such as PREA Updates and Standards Overview, Legal Issues and Liability, Culture, Trauma and Victim Response, Medical and Mental Health Care, First Response and Evidence Collection, Adult Interviewing Techniques, Report Writing, and Prosecutorial Collaboration. ORR had one investigator who was trained to conduct administrative investigations at the facility, and documentation of the required training, along with general training records, was provided. The investigator no longer works at the facility. The Facility Director/PREA Coordinator is scheduled to complete investigation training in the next 30 days.</p> <p>Following a thorough review and analysis of the evidence, the auditor has determined that the facility is in full compliance with all aspects of this standard.</p>

115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard

	Auditor Discussion
	<p>Evidence Reviewed: Organizational Chart; Information Obtained from Interviews; Observations During Site Review.</p> <p>115.235: The facility does not employ medical or mental health practitioners. All medical and mental health services are provided by community service providers off-site, so this standard is considered not applicable to the facility.</p>

115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: ORR PREA Policy; Blank Screening Instrument; Completed Risk Screening Assessments: Information Obtained from Interviews; Observations During Site Review.</p> <p>Evidence Reviewed During Corrective Action Period: Facility's CAP; Resident Initial and 30-Day Follow Up Risk Screening Assessments; Evidence of KOMS Screenshots of Screening Records; Information Obtained from Interviews.</p> <p>115.241(a)(b)(c)(d)(e)(f): ORR PREA policy requires residents to be assessed for risk of sexual victimization or predatory behavior within 72 hours of admission using a validated tool. The facility reported that all 172 residents were screened within 72 hours. The auditor found the assessment method objective and aligned with best practices. The screening includes the first nine considerations from provision (d); the tenth is omitted as ORR does not detain individuals solely for civil immigration purposes. The tool considers prior sexual abuse, violent offenses, and facility violence history. Assessments use direct interviews and review of records, and both staff and resident interviews confirmed compliance with policy and standards. The policy requires that, in addition to the initial screening within 72 hours, residents may be reassessed within 30 days if new relevant information arises. Facility records indicate that all 172 residents were rescreened within 30 days of arrival.</p> <p>The auditor reviewed risk screening instruments for 18 residents who were admitted between July 10, 2024-May 25, 2025. Few of the risk screening instruments were dated so the auditor was unable to determine if the assessment was completed within 72 hours. Additionally, the facility did not provide evidence that the 30-day reassessment had been completed for these 18 residents.</p> <p>As a result, the facility is out of compliance with provisions (b)(f) and entered a 180-day corrective action period. To become compliant, the facility must implement a process that ensures a risk assessment is completed on all residents within 72 hours of arrival and that a reassessment is conducted within 30 days of arrival and</p>

	<p>that these actions are documented properly.</p> <p>Corrective Action Taken: An additional 18 resident records were provided to the auditor for review indicating that all had received their initial screening. An additional seven 30-day screening forms were also provided and compared to the intake dates which were provided by the facility through their KOMs records system. All screenings were completed in a timely manner according to policy and the standards. The facility developed a Corrective Action Plan (CAP) to address the statewide systemic issue with the screening forms and intake dates being complete. The CAP provided is effective facility wide and monitored by the PREA Coordinator. The auditor accepts the facility CAP as implemented and institutionalized based on documentation provided during this facility's corrective action period.</p> <p>115.241(h): Policy states residents cannot be disciplined for refusing the screening process. No interviewed residents reported discipline for refusal. During intake, staff explained confidentiality and residents' right to decline without penalty.</p> <p>115.241(i): Interview with the Facility Director/PREA Coordinator confirmed that sensitive information, such as medical history and screening results, is stored separately by the SOS Coordinator and only accessible to staff who need it. Access to assessment information is restricted to staff responsible for program and housing placement decisions. The auditor observed that general resident information is in one file, while sensitive data is kept in a locked cabinet in the SOS Coordinator's office.</p> <p>A systematic review and analysis of all evidence, including evidence provided during the corrective action period, concluded that the facility demonstrated compliance with all provisions of this standard.</p>
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115.242	Use of screening information
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence Reviewed: ORR PREA Policy; Screening Instrument; Information Obtained from Interviews; Observations During Site Review.</p> <p>115.242(a)(b): According to ORR's PREA policy, information gathered from risk assessments is utilized to guide appropriate housing or bed assignments, as well as determine suitability for the RKY program. Interviews with the Director/PREA Coordinator, SOS Coordinator, and Housing Specialist confirmed that data from the risk screening instrument directly informs housing decisions. If the risk screening indicates that a resident may be highly vulnerable to sexual victimization or pose a risk of abusiveness, this information is promptly relayed by the SOS Monitor conducting the initial screening to the SOS Coordinator. All residents are initially accommodated in an open dormitory setting under direct supervision throughout</p>

	<p>the first two phases of the program. The facility operates as a peer support housing model, where resident behavior is observed by both staff and peer monitors. Room assignments are managed by the Housing Coordinator, who assesses compatibility in consultation with the SOS Coordinator and Facility Director. Residents' safety concerns and preferences regarding roommates are taken into account, and any incompatibility issues are addressed by facilitating roommate changes through the Housing Coordinator. Regarding work placements, residents identified as being at high risk for sexual victimization or abusiveness are not assigned to positions that are isolated or involve non-traditional hours with minimal staff oversight. All programming is supervised in some capacity, and educational programming is not offered within the program.</p> <p>115.242(c)(d): No transgender residents have been housed at the facility. Interviews with staff and leadership confirmed that if needed, housing decisions would be coordinated between the Facility Director and the referring agency to ensure all residents' needs are met.</p> <p>115.242(e): ORR ensures all residents have access to private, individual showers.</p> <p>115.242(f): ORR does not have designated housing units, and residents are not assigned accommodation based on their sexual orientation or gender identity.</p> <p>A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard</p>
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115.251	Resident reporting
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Evidence Reviewed: ORR PREA Policy; PREA Reporting Hotline Poster English & Spanish; PREA Brochure English and Spanish; Information Obtained from Interviews; Observations During Site Review.</p> <p>115.251(a)(b): ORR PREA Policy ensures residents have several confidential ways to report sexual abuse, including at least one method involving an external agency. Reports by residents or third parties can be verbal, written, or anonymous. Retaliation and staff neglect to report incidents must also be reported. The PREA Brochure informs residents about these reporting options, and the Kentucky DOC hotline provides anonymous, external reporting for ORR residents. Resident interviews confirmed their awareness of these reporting methods. The auditor's observed signage throughout the facility posted in common areas, legible, and unobstructed. Interviews with residents also confirmed that there are no communication restrictions for outside contact, and whenever they are permitted to use the phone when they ask. The auditor placed a test call to the Kentucky DOC</p>

	<p>hotline and spoke with an investigator who confirmed that callers could remain anonymous and that allegations of sexual abuse or harassment reported through this line would be forwarded to the facility's PREA Coordinator and the DOC PREA Coordinator's Office.</p> <p>115.251(c): ORR PREA Policy requires staff to promptly report any knowledge or suspicion of sexual offenses, retaliation, or failure to report such incidents in correctional facilities to their supervisor or the PREA hotline. Staff must accept and document reports in any form, including verbal, written, anonymous, and third-party sources. Interviews confirmed that staff are aware of these reporting requirements.</p> <p>115.251(d): Through interviews conducted staff explained how they can use the Kentucky DOC PREA hotline or any resident reporting method for private reports but must immediately report suspected sexual abuse or harassment to the supervisor on duty.</p> <p>Following a thorough review and analysis of the evidence, the auditor has determined that the facility is in full compliance with all aspects of this standard.</p>
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115.252	Exhaustion of administrative remedies
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence Reviewed: Information Obtained from Interviews; Observations During Site Review.</p> <p>115.252: The facility does not have an administrative procedure for dealing with resident grievances regarding sexual abuse. Therefore, the facility meets this standard through non-applicability.</p>

115.253	Resident access to outside confidential support services
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence Reviewed: Kentucky DOC Understanding PREA Brochure; Kentucky Association of Sexual Assault Programs (KASAP) Agreement Letter with KYDOC; KASAP Regional Map; New Beginnings Rape Victim Services Inc. Poster; Resident Education; Acknowledgement Form; Information Obtained from Interviews; Observations During Site Review.</p>

	<p>115.253 (a)(b)(c): The facility makes available access to outside victim advocates for emotional support services related to sexual abuse through an agreement with the Kentucky Association of Sexual Assault Programs (KASAP) and the Kentucky Department of Corrections. An interview with the Kentucky DOC PREA Coordinator confirmed that these services are available for any client of an RKY center, regardless of whether they are under DOC supervision. Access to the KASAP agreement is particularly important to secure continuing services for prior victims of sexual abuse during discharge planning. Services for ORR are provided by New Beginnings, with notifications posted throughout the facility that include mailing addresses and telephone numbers. A contact method is also provided for hearing-impaired residents. A phone call to New Beginnings confirmed these services are available for residents of ORR. Signed acknowledgment forms indicate residents have been informed of these resources. The facility reports that communications are not monitored and that residents receive information about confidentiality limits regarding reports of sexual abuse. Resident interviews indicated awareness of these services, knowledge of how to access them, and understanding of their confidential nature.</p> <p>Following a thorough review and analysis of the evidence, the auditor has determined that the facility is in full compliance with all aspects of this standard.</p>
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115.254	Third party reporting
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Evidence Reviewed: ORR PREA Policy; PREA Hotline Posters; PREA Brochure; Audubon Area Web Search; Information Obtained from Interviews; Observations During Site Review.</p> <p>115.254(a): ORR PREA policy indicates that residents or third parties can report a sexual offense either verbally or in writing, including anonymous submissions. The PREA Brochure, hotline posters, and policy are available on the agency's website at https:// www.audubon-area.com/docs.html.</p> <p>Following a thorough review and analysis of the evidence, the auditor has determined that the facility is in full compliance with all aspects of this standard.</p>

115.261	Staff and agency reporting duties
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>

	<p>Evidence Reviewed: ORR PREA Policy; Employee Training Curriculum; Case Files; Information Obtained from Interviews; Observations During Site Review.</p> <p>115.261(a): ORR PREA Policy requires all staff to immediately report to supervisors any knowledge or suspicion of sexual offenses, retaliation against reporters, or staff failures to report such incidents in correctional facilities. Reports can also be made to the PREA hotline. The auditor reviewed the employee training curriculum and confirmed that staff are trained to immediately report any suspicion or knowledge of sexual abuse or sexual harassment. Staff interviews confirmed their understanding of these reporting duties.</p> <p>115.261(b)(c): RKY PREA Policy requires all sexual offense reports and investigations to remain confidential except when sharing is necessary for supervision, investigation, treatment, or security decisions. Interviewees are warned to keep information confidential, and breaches may result in disciplinary action. Resident acknowledgment forms clarify confidentiality limits and mandatory reporting by staff. No medical or mental health services are provided at the facility.</p> <p>115.261(d): ORR does not house residents under 18 and reported no vulnerable adults during the audit period. According to the Facility Director/PREA Coordinator, crimes against vulnerable adults would be investigated by KSP with DHS notification per the Adult Protection Act. The facility meets this standard by non-applicability.</p> <p>115.261(e): RKY PREA policy states that notifications for the purpose of an investigation shall be immediately made to the designated facility investigator. In addition, all allegations of sexual assaults that involve potentially criminal behavior shall be referred for a criminal investigation by the Kentucky State Police. The auditor's review of two case files confirmed that upon becoming aware of the allegation, staff immediately notified the investigator and Facility Director and then the case was forwarded to the proper investigative authority.</p> <p>Following a thorough review and analysis of the evidence, the auditor has determined that the facility is in full compliance with all aspects of this standard.</p>
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115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: ORR PREA Policy; Case Files; Information Obtained from Interviews; Observations During Site Review; Investigations.</p> <p>115.262 (a): ORR PREA Policy requires immediate action to protect any resident at</p>

	<p>substantial risk of imminent sexual assault. In the past year, two incidents were identified and actions taken according to standard. Staff confirmed that any suspicion or knowledge of such risk is promptly addressed, with notification to the Facility Director/PREA Coordinator. If a resident cannot be safely housed, alternative placement is arranged through the referring agency.</p> <p>Following a thorough review and analysis of the evidence, the auditor has determined that the facility is in full compliance with all aspects of this standard.</p>
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115.263	Reporting to other confinement facilities
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence Reviewed: ORR PREA policy; Information Obtained from Interviews; Observations During Site Review.</p> <p>115.263(a)(b)(c)(d): Policy requires that within 72 hours of learning a resident was sexually abused at another facility, the RKY Center Director must notify that facility's Head and document the notification. All such allegations must be investigated. In the past year, no such allegations were reported to this facility. The administrative staff understand the provisions of this standard and can articulate the process they would follow to meet the provisions.</p> <p>Following a thorough review and analysis of the evidence, the auditor has determined that the facility is in full compliance with all aspects of this standard.</p>

115.264	Staff first responder duties
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence Reviewed: ORR PREA Policy; KYDOC CPP 14-7; Employee PREA Training Curriculum; Information Obtained from Interviews; Observations During Site Review.</p> <p>115.264(a)(b): ORR PREA policy establishes that if a sexual abuse incident is reported the alleged victim will be asked and alleged perpetrator will be instructed to not take any action that could destroy physical evidence which includes: washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating. The auditor's review of the ORR employee training curriculum confirmed that it provides staff with first responder instructions. Based on an interview with the Facility Director, the facility PREA policy section regarding first responders is</p>

	<p>applicable to any staff member. Facility staff are responsible for preserving the crime scene until investigators arrive. There are no security staff members employed at the facility, but all staff have a role in security in addition to their primary treatment or administrative duties. Interviews with random staff confirmed they have received training in their first responder duties and understand their responsibilities. There were two incidents reported during the 12 months preceding the audit; however, neither required physical evidence collection.</p> <p>Following a thorough review and analysis of the evidence, the auditor has determined that the facility fully complies with all requirements of this standard.</p>
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115.265	Coordinated response
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence Reviewed: ORR PREA Policy; ORR Coordinated Response Plan; Information Obtained from Interviews; Observations During Site Review.</p> <p>115.265 (a): ORR has developed a written plan coordinating staff, medical providers, investigators, and leadership. Staff interviews confirmed awareness of their roles in responding to sexual abuse allegations.</p> <p>Following a thorough review and analysis of the evidence, the auditor has determined that the facility is in full compliance with all aspects of this standard.</p>

115.266	Preservation of ability to protect residents from contact with abusers
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence Reviewed: Information Obtained from Interviews; Observations During Site Review</p> <p>115.266(a): According to interviews with the CEO designee, the Facility Director/ PREA Coordinator, the agency has neither entered into nor renewed any collective bargaining or other agreements that would restrict its authority to remove staff members accused of sexual abuse from contact with residents when appropriate.</p> <p>Following a thorough review and analysis of the evidence, the auditor has determined that the facility is in full compliance with all aspects of this standard.</p>

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115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: ORR PREA Policy; Retaliation Monitoring Form; Information Obtained from Interviews; Observations During Site Review.</p> <p>Evidence Reviewed During Corrective Action Period: Facility's CAP; Memo Regarding 115.267; Information Obtained from Interviews.</p> <p>115.267(a)(b)(c)(d)(e): ORR PREA policy ensures residents and staff who report sexual abuse or harassment are protected from retaliation, with monitoring for at least 90 days by facility management. Housing or work adjustments may be made as needed. Monitoring can end if retaliation is found to be unfounded. The SOS Coordinator serves as the retaliation monitor for ORR. During the audit period, there were two incidents that required retaliation monitoring, and the facility was unable to provide the required documentation during the Post-Audit Phase. Staff changes occurred which resulted in the file being unavailable during the onsite portion. As a result, the facility entered a 180-day corrective action period to remedy this deficiency. To become compliant, the facility must provide the necessary evidence that retaliation monitoring was completed for the two investigations or develop a corrective action plan that adequately addresses future requirements to monitor retaliation.</p> <p>Corrective Action Taken: The facility provided a memorandum from the Facility Director for the auditor's review regarding retaliation monitoring for residents involved in the two cases that were investigated during the audit period. In one case, the resident had already been discharged from the facility prior to the report being made. In the second case, the resident perpetrator self-discharged three days after the allegation was reported and no retaliation monitoring was documented. The prior PREA Coordinator was the designated monitor for retaliation and was no longer employed by the facility to interview. A follow-up interview with the Facility Director/PREA Coordinator confirmed that she is aware of the requirements to provide retaliation monitoring in accordance with all provisions of this standard, for up to 90 days and will ensure that this monitoring will occur for any future cases. The auditor accepts the facility CAP as implemented and the facility is found in substantial compliance with the requirements of this standard.</p> <p>A systematic review and analysis of all evidence, including evidence provided during the corrective action period, concluded that the facility demonstrated compliance with all provisions of this standard.</p>

115.271	Criminal and administrative agency investigations
	<p data-bbox="280 185 981 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 564 297">Auditor Discussion</p> <p data-bbox="280 342 1369 421">Evidence Reviewed: ORR PREA Policy; KSP Letter; Investigations; Information Obtained from Interviews; Observations During Site Review.</p> <p data-bbox="280 499 1469 1081">115.271(a)(b): RKY PREA Policy requires that all allegations of sexual abuse or harassment are investigated promptly, thoroughly, and objectively. Cases involving force, coercion, or criminal behavior are handled by specially trained investigators from the Kentucky Department of Corrections, State Police, or other law enforcement, with center staff also receiving required training. Training records for the prior ORR investigator were reviewed by the auditor. Due to recent staffing changes, the Facility Director/PREA Coordinator, as well as the SOS Coordinator, are awaiting training. Meanwhile, investigations will be managed by the Kentucky Department of Corrections if needed. Interview with the Facility Director confirmed her understanding of thorough, prompt, and objective investigation requirements. Any potential criminal allegation is immediately referred to the Kentucky State Police. The auditor reviewed two investigations that were reported and completed during the audit period and found they met policy standards. No third-party or anonymous allegations arose, but all such reports would be investigated.</p> <p data-bbox="280 1126 1458 1451">115.271 (c)(d)(f)(h): Facility investigators, limited to administrative actions, adhere to KY DOC CPP 14-7 for evidence gathering. The auditor's review of two investigations showed that investigators interviewed all relevant parties, checked for prior complaints against alleged perpetrators, and documented findings in detailed reports, including evidence and credibility assessments. No compelled interviews were conducted; such cases would be referred to law enforcement. Interviews confirmed that investigations assess whether staff actions or inactions contributed to incidents.</p> <p data-bbox="280 1496 1458 1709">115.271(e): Through interviews and case file reviews, it has been determined that investigators evaluate the credibility of alleged victims, suspects, or witnesses individually, rather than based on their status as a resident or staff member. Residents who make allegations are not required to undergo a polygraph examination or other truth-verification procedures as a prerequisite for proceeding.</p> <p data-bbox="280 1753 1477 1955">115.271(g)(l): Facility staff do not conduct criminal investigations; these are handled by the KSP. A memorandum from the Kentucky State Police confirmed all State Troopers receive sexual abuse investigation training per §115.34. The Facility Director stated that when an external agency investigates, the facility stays in contact to remain informed about the case.</p> <p data-bbox="280 2000 1469 2123">115.271(i): ORR PREA policy requires all records related to sexual offense claims to be kept according to the retention schedule, with resident records maintained for at least 5 years. The Records Request policy aligns with PREA standard 115.271, as</p>

	<p>confirmed by interviews with facility leadership.</p> <p>115.271(j): ORR PREA policy requires that investigations continue even if the alleged perpetrator or victim leaves the facility or department. This means that the facility's responsibility to investigate allegations of sexual abuse or harassment does not end when either party is no longer at the location where the incident was reported. Whether the accused staff member or incarcerated individual has transferred, been released, or left for any other reason, the investigation must still be conducted with the same level of diligence. This ongoing investigative process ensures accountability and upholds the standards set by the Prison Rape Elimination Act (PREA), with the goal of protecting the rights of all individuals involved and maintaining institutional integrity.</p> <p>Following a thorough review and analysis of the evidence, the auditor has determined that the facility is in full compliance with all aspects of this standard.</p>
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115.272	Evidentiary standard for administrative investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence Reviewed: ORR PREA Policy; KSP Letter; Investigations; Information Obtained from Interviews; Observations During Site Review.</p> <p>115.272(a): A review of the two investigations conducted during the audit period confirmed that no standard higher than a preponderance of the evidence was used to determine whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>Following a thorough review and analysis of the evidence, the auditor has determined that the facility is in full compliance with all aspects of this standard.</p>

115.273	Reporting to residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence Reviewed: ORR PREA Policy; KSP Letter; Investigation; Information Obtained from Interviews; Observations During Site Review.</p>

	<p>115.273(a)(b)(c)(d)(e): ORR PREA Policy requires informing alleged victims about the outcome of reports (substantiated, unsubstantiated, or unfounded), changes in the alleged perpetrator's status (no longer at the facility, employed, or affiliated), and any indictment or conviction. This duty ends when the victim leaves the program. The Facility Director stated that if an external agency investigates an allegation, the facility stays in contact with the investigator and notifies the alleged victim after case closure. There was one sexual abuse investigation conducted during the audit period and the victim was discharged prior to the completion of the investigation. If needed, the Kentucky DOC notification to victim form would be used to document notifications.</p> <p>Following a thorough review and analysis of the evidence, the auditor has determined that the facility fully complies with all requirements of this standard.</p>
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115.276	Disciplinary sanctions for staff
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence Reviewed: RKY PREA Policy; Case Files; Letter from Human Resources; Information Obtained from Interviews; Observations During Site Review.</p> <p>115.276(a)(b)(c)(d): RKY PREA Policy requires disciplinary action, including termination, for staff violating sexual harassment or abuse rules. Criminal acts are reported to law enforcement and as needed, to licensing boards. Termination is standard for confirmed sexual abuse, with penalties proportional to the incident. Suspected crimes are reported even if staff resign, and relevant boards are notified. ORR reported one PREA policy violation by staff during the audit period, and the staff was terminated.</p> <p>Following a thorough review and analysis of the evidence, the auditor has determined that the facility fully complies with all requirements of this standard.</p>

115.277	Corrective action for contractors and volunteers
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence Reviewed: ORR PREA Policy; Information Obtained from Interviews; Observations During Site Review</p>

	<p>115.277(a)(b): ORR PREA policy mandates disciplinary action, including termination, for staff who violate sexual harassment or abuse policies. Criminal acts by staff, contractors, or volunteers are reported to law enforcement; other code of ethics violations are reported to relevant boards. Interviews confirmed that termination is standard for contractors or volunteers involved in sexual abuse or policy violations, with any suspected criminal acts reported to the KSP and licensing bodies notified as needed. ORR reports no contractor or volunteer violations in the past year.</p> <p>Following a thorough review and analysis of the evidence, the auditor has determined that the facility is in full compliance with all aspects of this standard.</p>
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115.278	Disciplinary sanctions for residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence Reviewed: ORR PREA Policy; KYDOC CPP 14-7; Case File; Information Obtained from Interviews; Observations During Site Review.</p> <p>115.278(a)(b)(c): According to interviews with the Facility Director/PREA Coordinator, ORR adheres to KYDOC CPP 14-7 when handling residents who have been referred by the Kentucky Department of Corrections. This means that disciplinary processes are governed by established state protocols rather than solely by institutional discretion. Residents determined to be responsible for sexual abuse are immediately terminated from the program, since they do not fall under the classification of incarcerated individuals and therefore are not eligible for traditional custodial sanctions. Additionally, the policy specifies that when evaluating appropriate sanctions, any mental disabilities or illnesses of the resident must be taken into account; such consideration may result in referrals to relevant community support services or mental health resources instead of or in addition to disciplinary measures. Furthermore, ORR routinely consults with referring agencies or law enforcement entities to determine whether further disciplinary action is warranted, ensuring that decisions align with broader legal requirements and agency standards. The policy thus emphasizes a collaborative approach between the facility, external authorities, and supportive services to address incidents comprehensively. There was one allegation of sexual harassment reported and investigated during the audit period. The alleged perpetrator self-discharged three days after the report and before the investigation concluded.</p> <p>115.278(d): The facility does not provide therapy or interventions for addressing causes of sexual abuse. Residents are referred to the referring agency or a community resource if needed.</p> <p>115.278(f): ORR PREA policy allows discharge for knowingly false reports of sexual abuse or harassment if made in bad faith, but protects those who report in good</p>

	<p>faith, even if unsubstantiated. Facility leadership confirmed that false reporting is treated as a serious breach of conduct.</p> <p>115.278(g): The resident PREA acknowledgment form informs residents about the zero-tolerance policy regarding sexual contact during the program.</p> <p>Following a thorough review and analysis of the evidence, the auditor has determined that the facility is in full compliance with all aspects of this standard.</p>
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115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: ORR PREA policy; KYDOC CPP 14-7; Case Files; Information Obtained from Interviews; Observations During Site Review.</p> <p>115.282(a)(b)(c)(d): ORR PREA policy states that residents who have experienced sexual abuse are to be offered referrals for emergency medical and mental health evaluations, and as appropriate, any necessary treatment related to the abuse. This includes timely and comprehensive information about lawful pregnancy-related medical services and the option to be tested for sexually transmitted infections upon request. Medical and mental health services are available through the Audubon Area Community Care Clinic on an ongoing basis. Interviews with the Facility Director/PREA Coordinator indicated that residents who are victims of sexual abuse are referred to as medical and mental health services with a community provider at no cost. The director of Audubon Area Community Care Clinic, the designated healthcare provider for ORR residents, also stated that residents receive medical care, mental health assessments, and therapy as needed and without charge. Routine referrals are addressed within 7 days and urgent cases within 24 hours. No incidents during the audit period required emergency medical or mental health evaluations or treatment. The auditor's review of the two case files investigated during the audit period concluded that emergency medical treatment and crisis intervention services were not necessary due to the nature of the allegations; although, the victim who remained at the facility was offered advocacy services in accordance with 115.253.</p> <p>Following a thorough review and analysis of the evidence, the auditor has determined that the facility is in compliance with all aspects of this standard.</p>

115.283	Ongoing medical and mental health care for sexual abuse victims
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	and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: ORR PREA Policy; KYDOC CPP 14-7; Information Obtained from Interviews, Observations During Site Review.</p> <p>115.283(a)(b): ORR PREA policy provides that residents who have been victims of sexual abuse are to be offered referrals for emergency medical and mental health evaluations, as appropriate. Medical and mental health services are available on an ongoing basis. ORR residents access these services through the Audubon Area Community Care Clinic, Inc. According to the interview with the Director, these services are accessible to ORR residents. Residents at ORR are not classified as incarcerated individuals. The facility supports residents with follow-up services and connects them to community resources as part of after-care release planning.</p> <p>115.283(c): ORR does not have medical services at their facility. Residents receive care at the Audubon Area Community Care Clinic or other outside medical facilities as deemed necessary. Service providers deliver according to community-level standards of care.</p> <p>115.283(d)(e): ORR houses only male residents; therefore, the facility meets this provision through non-applicability.</p> <p>115.283(f): ORR PREA policy ensures that victims of sexual abuse are offered referrals for emergency medical and mental health evaluations, necessary treatment, pregnancy-related services, and STI testing if requested. According to the Director of Audubon Area Community Care Clinic, STI testing is part of initial intake and readily available to victims, though no incidents occurred during the audit period.</p> <p>115.283(h): The facility does not provide mental health evaluations or treatment but refers individuals to a community service provider, as necessary. According to an interview with the Facility Director/PREA Coordinator, confirmed cases of resident-on-resident abuse would result in termination from the program after consultation with the referring agency.</p> <p>Following a thorough review and analysis of the evidence, the auditor has determined that the facility is in full compliance with all aspects of this standard.</p>

115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>Evidence Reviewed: ORR PREA Policy; Investigations; Incident Review Team; Case Files; Information Obtained from Interviews; Observations During Site Review.</p> <p>Evidence Reviewed During Corrective Action Period: CAP; Memo; Owensboro Regional Recovery Incident Review Team; Information Obtained from Interviews.</p> <p>115.286 (a)(b)(c)(d)(e): ORR PREA policy requires the management team to review investigations within 30 days, assessing the need for policy updates, staffing changes, facility adjustments, or new monitoring technology. The review team submits recommendations in a written report to agency leadership. Interviews confirmed management’s understanding of incident review protocols and their role in supporting zero-tolerance and abuse prevention, yet the facility was unable to provide evidence that incident reviews were conducted for the two investigations reviewed by the auditor. As a result, the facility is out of compliance with this standard and will enter a 180-day corrective action period to remedy the deficiency. To become compliant, the facility was required to provide an incident review of the sexual abuse investigation and provide a documented corrective action to ensure that future investigations are reviewed promptly and in accordance with the requirements of this standard. Additionally, the facility was required to provide an incident review of any new sexual abuse cases reported during the corrective action period.</p> <p>Corrective Action Taken: A memorandum from the Facility Director was provided for the auditor’s review indicating that due to the prior PREA Coordinator and Facility Director no longer being employed at the facility, documentation of an incident review could not be found. The Facility Director further acknowledged the importance of incident reviews and will ensure that it is appropriately conducted moving forward. In addition, the Director provided a list including Owensboro Regional Recovery Incident Review Team members including the PREA Investigator, PREA Compliance Officer, Chief Operating Officer, Community Services Director and the ORR Director. No new sexual abuse allegations were reported during the corrective action period. In consideration of the evidence provided, the auditor finds the facility in substantial compliance with the requirements of this standard. accepts the facility CAP as implemented and institutionalized based on documentation provided during this facility’s corrective action period.</p> <p>A systematic review and analysis of all evidence, including evidence provided during the corrective action period, concluded that the facility demonstrated compliance with all provisions of this standard.</p>
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115.287	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed: ORR PREA Policy; KY DOC Web Search; 2024 KYDOC Annual

	<p>Report; Owensboro Regional Recovery PREA 2024 Annual Report; ORR Web Search; Information Obtained from Interviews; Observations During Site Review.</p> <p>115.287(a)(b)(c)(d): ORR PREA Policy requires that all case records related to sexual offense claims—including incident reports, investigation reports, resident information, case dispositions, medical and counseling evaluation findings, and recommendations for aftercare or counseling—be retained according to the records retention schedule. This information is reviewed regularly to identify any issues and implement corrective measures. Annual reports are made public on the facility website.</p> <p>115.287(e): This provision does not apply because the facility does not have contracts with private agencies to confine residents.</p> <p>115.287(f): ORR posts its annual report on its public website at https://audubon-area.com/owensbororegionalrecovery.html. Additionally, the Kentucky Department of Corrections incorporates ORR data into its annual report and data collection, which are published on the agency's website at https://corrections.ky.gov/About/Pages/Prison-Rape-Elimination-Act-(PREA).aspx.</p> <p>Following a thorough review and analysis of the evidence, the auditor has determined that the facility is in full compliance with all aspects of this standard.</p>
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115.288	Data review for corrective action
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Evidence Reviewed: ORR PREA Policy; KYDOC CPP 14-7; Website Search; Information Obtained from Interviews; Observations During Site Review.</p> <p>115.288(a): Interviews confirmed that ORR annually reviews facility data to assess and improve its sexual abuse prevention policies and training. ORR also submits this data to the Kentucky DOC for evaluation. The Facility Director/PREA Coordinator regularly identify and address issues. An annual report is approved by the CEO and published online.</p> <p>115.288(b)(c)(d): The auditor confirmed that the ORR Annual Reports and the 2023–2024 KYDOC PREA Reports compare data for 2016–2024. No personal identifiers are included in these reports.</p> <p>Following a thorough review and analysis of the evidence, the auditor has determined that the facility is in full compliance with all aspects of this standard.</p>

115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: ORR PREA Policy; Website Search; Information Obtained from Interviews; Observations During Site Review.</p> <p>115.289(a)(b)(c)(d): ORR PREA policy requires that all case records related to sexual offense claims, including incident reports, investigation documents, resident information, case outcomes, and medical or counseling evaluations and recommendations for aftercare, be kept according to the mandated records retention schedule for 10 years. Interview with the Facility Director/PREA Coordinator indicated that records will be retained for at least 10 years. The auditor noted that case files are stored in a locked filing cabinet within a secure office, with access limited to authorized personnel. Sexual abuse data is also shared with the Kentucky DOC as required by contract. The Kentucky DOC publishes aggregated sexual abuse data from its own and contracted facilities online. The PREA Coordinator compiles these annual reports, in line with §115.88, with the latest available from 2024. All reports are public and do not include personally identifying information.</p> <p>Following a thorough review and analysis of the evidence, the auditor has determined that the facility is in full compliance with all aspects of this standard.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Public Website Search; Information Obtained from Interviews; Observations During Site Review.</p> <p>115.401(a): Owensboro Regional Recovery, an independent facility affiliated with Recovery Kentucky Centers, has operated since 2010. The Kentucky Department of Corrections contracts with ORR for offender bed space, requiring compliance with PREA standards. ORR has implemented a rotating auditing schedule for every three years since August 2019. Final reports from these audits are available on the public website. This audit was originally scheduled for July 14-15, 2025, but was rescheduled to ensure completion within the fourth audit cycle.</p> <p>115.401(h): The auditors were granted unrestricted access to all areas of the facility during all shifts.</p>

	<p>115.401(i): All requested documents were supplied promptly in both electronic and paper formats. Documentation as noted in the report that was not provided during the POST-Audit Phase was due to departure of previous staff and employee absence. Information was promptly provided as soon as the Facility Director was able to provide.</p> <p>115.401(m): The auditors used a private office for interviews and randomly selected residents and staff for interviews and records reviews.</p> <p>115.401(n): Residents can correspond freely by phone or mail. Interviews verified that PREA audit information was posted in all common areas for at least two months before the audit. Residents also confirmed they knew how to contact the auditor confidentially.</p> <p>Following a thorough review and analysis of the evidence, the auditor has determined that the facility is in full compliance with all aspects of this standard.</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Public Website Search; Information Obtained from Interviews; Observations During Site Review.</p> <p>115.403(f): The auditor found ORR's most recent audit posted at https://audubon-area.com/owensbororegionalrecovery.html. The Kentucky Department of Corrections also publishes final reports for contracted facilities, including ORR, at https://corrections.ky.gov.</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	na

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

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

	perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes
115.215 (e)	Limits to cross-gender viewing and searches	
	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	yes

	force, or coercion, or if the victim did not consent or was unable to consent or refuse?	
	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	Hiring and promotion decisions	

(f)		
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	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	na

	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.)	
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).	yes

115.222 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.222 (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).)	na
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	yes

	residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	
	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,	yes

	does the agency provide refresher information on current sexual abuse and sexual harassment policies?	
115.231 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.232 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.232 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.232 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.233 (a)	Resident education	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes

	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
115.233 (b)	Resident education	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	no
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?	no
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	yes

	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)).	
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.)	na

	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
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.)	na
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.)	na
	Do medical and mental health care practitioners contracted by	na

	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.)	
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?	no
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:	yes

	Whether the resident's criminal history is exclusively nonviolent?	
	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	Use of screening information	

(f)		
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	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.)	na
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve	na

	with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	
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.)	no
	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.)	no
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	yes

	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.)	
	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	na

	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.)	
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	yes

	information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	
	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,	yes

	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?	
	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?	no
115.265 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.266 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.267 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes

	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.267 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
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	yes

	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.271 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.271 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.271 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.271 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.271	Criminal and administrative agency investigations	

(h)		
	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	na

	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.)	
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	yes

	the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
115.273 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	no
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	yes

	condition of access to programming and other benefits?	
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	yes

	about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	
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.)	na
115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive	na

	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.)	
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?	no
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	Data collection	

(c)		
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
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.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
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	yes

	same manner as if they were communicating with legal counsel?	
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