

PREA Facility Audit Report: Final

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

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 03/25/2024

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Brian D. Bivens	Date of Signature: 03/25/2024

AUDITOR INFORMATION	
Auditor name:	Bivens, Brian
Email:	briandbivens@gmail.com
Start Date of On-Site Audit:	03/07/2024
End Date of On-Site Audit:	03/08/2024

FACILITY INFORMATION	
Facility name:	Ball-Quantrell Jones Recovery Center for Women
Facility physical address:	1524 Versailles Road, Lexington, Kentucky - 40508
Facility mailing address:	

Primary Contact

Name:	Erica Corde
Email Address:	ecorde@hopectr.org
Telephone Number:	859-252-2002

Facility Director	
Name:	Erica Corde
Email Address:	ecorde@hopectr.org
Telephone Number:	8592522002

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

Facility Health Service Administrator On-Site	
Name:	Jill Patterson
Email Address:	jpatterson@hopectr.org
Telephone Number:	859-252-2002

Facility Characteristics	
Designed facility capacity:	115
Current population of facility:	77
Average daily population for the past 12 months:	65
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Females

Age range of population:	18+
Facility security levels/resident custody levels:	Probationer, Parolees and Home Incarceration Program clients
Number of staff currently employed at the facility who may have contact with residents:	13
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	3

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

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

Agency-Wide PREA Coordinator Information			
Name:	Erica Corde	Email Address:	ecorde@hopectr.org

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:

0

Number of standards met:

41

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2024-03-07
2. End date of the onsite portion of the audit:	2024-03-08

Outreach

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

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	115
15. Average daily population for the past 12 months:	65
16. Number of inmate/resident/detainee housing units:	10
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	73
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	1
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	2

<p>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>3</p>
<p>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>The facility is a non-medical facility with limited medical and mental health services. All Kentucky Department of Corrections clients are pre-screened before being placed in the facility.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>13</p>
<p>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>3</p>

51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	The facility does not have any contract employees.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	10
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None

<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>The facility supplied a list of client names sorted by housing units, and special designations, as well as a list of facility staff names to the auditor. From these lists, the auditor selected, at random, a sampling of residents and staff to be interviewed during the on-site visit. The sampling size for residents included at least three residents from each housing area. This decision was made to ensure all residents throughout the facility were receiving the same information and education related to all aspects of the PREA program instituted at this facility. Clients from all phases of the program were interviewed. The range of stay was from 6 days to 8 and 1/2 months.</p> <p>There were sixteen clients interviewed during the on-site visit. These clients consisted of ten clients selected at random and six targeted clients. Targeted residents included one cognitively impaired, three screened at risk of victimization, and two with LBGTI clients.</p> <p>The facility is an all-female housing facility.</p>
<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>Interviews were conducted in a private setting in the conference room. The general population was oversampled to meet the overall interview requirements due to the fact the facility population was small and there were not enough "targeted" clients to interview.</p> <p>Twenty-one percent of the total population of the facility was interviewed.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>6</p>

As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".

<p>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</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 Site Director stated the facility did not house a client that met the DOJ requirements for this targeted group during the onsite portion of the audit.</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>

<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The Site Director stated the facility did not house a client that met the DOJ requirements for this targeted group during the onsite portion of the audit.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>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 Site Director stated the facility did not house a client that met the DOJ requirements for this targeted group during the onsite portion of the audit.</p>

<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The Site Director stated the facility did not house a client that met the DOJ requirements for this targeted group during the onsite portion of the audit.</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>2</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The Site Director stated the facility did not house a client that met the DOJ requirements for this targeted group during the onsite portion of the audit.</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</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 Site Director stated the facility did not house a client that met the DOJ requirements for this targeted group during the onsite portion of the audit.</p> <p>The facility has not received a PREA allegation in the past twelve months.</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>3</p>

<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The Site Director stated the facility did not house a client that met the DOJ requirements for this targeted group during the onsite portion of the audit.</p>

<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>All client interviews were conducted in a private setting in the conference room. All clients were given disclaimers about confidentiality, retaliation and counseling services.</p> <p>All selected clients were willing participants during the interview process. All sixteen clients interviewed stated they felt safe in the facility. All sixteen clients remembered being screened during orientation and being reassessed within the first month at the facility.</p> <p>Twenty-one percent of the clients at the facility were interviewed.</p> <p>There were sixteen clients interviewed during the on-site visit. These clients consisted of ten clients selected at random and six targeted clients. Targeted residents included one cognitively impaired, three screened at risk of victimization, and two with LGBTI clients.</p>
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Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>10</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>The auditor interviewed a total of ten random staff members and twelve specialized staff during the course of this audit. All staff interviewed were well-versed in their respective areas of responsibility regarding PREA and affirmed compliance with the applicable PREA standards. Staff were well versed in their responsibilities in reporting sexual abuse, sexual harassment, staff negligence, and retaliation for reporting. When questioned about evidence preservation, all staff responses reflected knowledge of agency policies and procedures. The staff interviews were conducted in a private setting in the conference room. There were no barriers to conducting the staff interviews. The audit found that staff were passionate about their job and were well-versed in the facility's PREA policy and how to respond to PREA allegations. The facility has not had a PREA allegation in the past twelve months.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>14</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>a. Explain why it was not possible to interview the Agency Head:</p>	<p>The Site Director was interviewed as the agency's designee.</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

80. 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 checked="" type="checkbox"/> Other
If "Other," provide additional specialized staff roles interviewed:	The compliance manager and PREA screener for the agency were also interviewed.
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input type="checkbox"/> Religious <input type="checkbox"/> Other
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
83. Provide any additional comments regarding selecting or interviewing specialized staff.	<p>The facility is very small, and the Site Director was interviewed under several interview protocols; including, but not limited to, Agency Head, Site Director, PREA Coordinator, Training, Human Resources and Retaliation Monitoring.</p> <p>The facility has a total of three active volunteers and does not utilize the services of contract employees.</p>

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

84. Did you have access to all areas of the facility?

Yes

No

Was the site review an active, inquiring process that included the following:

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

Yes

No

86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?

Yes

No

87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?

Yes

No

88. Informal conversations with staff during the site review (encouraged, not required)?

Yes

No

<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>During the first day of the audit, the auditor toured the entire facility. The tour was led by the Site Director and the Compliance Manager. Areas toured included:</p> <ul style="list-style-type: none"> Administrative Area Lobby Safe Of the Streets Housing (SOS) Motivation Track Housing (MT) Phase I Housing Phase !! Housing Laundry (Multiple) Classroom (Multiple) Kitchen Dining Area Outside Grounds All Common Areas <p>The facility has multiple phone banks on each floor. Clients also have access to house phone throughout the facility. Clients place all outgoing mail in a secured box in the lobby. Each common area has bulletin boards with PREA Reporting information and information concerning victim advocacy services.</p>
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Documentation Sampling

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

<p>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

There were no PREA investigations in the past twelve months.

Ten random client files were reviewed. Each containing an initial PREA assessment that was conducted within 72 hours of admission. Nine of ten has a PREA reassessment that was conducted within 30 days of admission; the tenth was a client that had been housed in the facility for less than 30 days. All ten clients had signed for the agency's PREA guidelines, reporting procedures, and victim advocacy information.

Five staff and one volunteer HR/Training records were reviewed. All training and human resources records were present, including Self-Declaration Forms.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	0
a. Explain why you were unable to review any sexual abuse investigation files:	The facility has not received a PREA allegation in the past twelve months.

<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>a. Explain why you were unable to review any sexual harassment investigation files:</p>	<p>The facility has not received a PREA allegation in the past twelve months.</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>Staff-on-inmate sexual harassment investigation files</p>	
<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>The facility has not received a PREA allegation in the past twelve months.</p> <p>The facility has three PREA Administrative Investigators that have completed specialized PREA investigator training. The agency has an agreement with the Kentucky State Police to complete all criminal PREA investigations.</p>

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

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

Yes

No

Non-certified Support Staff

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

Yes

No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

The audited facility or its parent agency

My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

A third-party auditing entity (e.g., accreditation body, consulting firm)

Other

Standards
<p>Auditor Overall Determination Definitions</p> <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)
<p>Auditor Discussion Instructions</p> <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
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Based on the auditor's observations during the onsite tour, interviews with the Site Director/ PREA Coordinator, interviews with ten random staff, interviews with sixteen clients, interviews with fourteen specialized staff, and organizational chart review; the following delineates compliance for standards 115.211.</p> <p>115.211 (a): The Hope Center PREA Policy 115.211, mandates zero tolerance for all forms of sexual abuse and sexual harassment. The procedures for all staff were clearly outlined in The Ball-Quantrell Jones Recovery Center PREA daily activities. It was clear during the onsite portion of the audit, the zero-tolerance policy has been institutionalized in the facility. All common areas including the lobby have PREA information posted. Sixteen clients were interviewed (21% of the client population); all sixteen had a clear working knowledge of the agency's zero-tolerance policy against sexual abuse and sexual harassment, and how to report sexual abuse and sexual harassment. Ten random staff were interviewed, all ten had a clear working knowledge of the agency's zero-tolerance policy against sexual abuse and sexual harassment, and how to report sexual abuse and sexual harassment. Therefore, the</p>

	<p>facility demonstrated compliance with this part of the standard during this audit.</p> <p>115.211 (B): The agency employs an upper-level, facility PREA Coordinator, Erica Corde. Ms. Corde is also the Site Director, which enables her to have significant input on all matters pertaining to PREA. The agency's organizational chart corroborates her position within the organization. She is very knowledgeable of the PREA standards and actively assists the facility with compliance. Ms. Corde has the authority to develop, implement, and oversee PREA compliance. She is actively updating the facility as new FAQs are published on the PREA Resource Center website. Ms. Corde acknowledged during her interview she had enough time to perform his PREA duties. The facility only has one building and does not have a PREA Manager. Therefore, the facility meets compliance with this part of the standard during this audit.</p>
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115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.212 The Ball-Quantrell Jones Recovery Center is a private provider and does not contract with other agencies for the confinement of its clients. This was confirmed by reviewing information in the Online Audit System (OAS) from the PREA Coordinator and auditor observation during the onsite portion of the audit. The facility does have a contract to house Kentucky Department of Corrections offenders. Therefore, this standard was found to be compliant during this audit cycle.</p>

115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Based on ten staff interviews, a review of documentation provided, reviews of the Ball-Quantrell Jones Recovery Center staffing plan, Annual Review Memorandum, and auditor observations; the following delineates the audit findings regarding this standard:</p> <p>115.213 (a) The Ball-Quantrell Jones Recovery Center has developed, documented, and made its best efforts to comply regularly with a staffing plan that provides for adequate levels of staffing as described and required by this standard. The established staffing plan uses the criteria found in standard 115.213 (a) to include</p>

the physical layout of the facility, the composition of the residents housed, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, and any other relevant factors identified. Video monitoring has also been deployed and upgraded to assist with the protection of residents against sexual abuse. The staffing levels are monitored daily by review of shift rosters. A review of the plan was last completed in January 8, 2024. During the onsite portion of the audit, the auditor did observe:

- the number of staff, contractors, and volunteers present (including security and non-security staff) and staffing patterns during every shift
- staff line of sight in shared spaces
- areas where persons confined in the facility are not allowed to determine whether movement in and out of that space is monitored
- the level of supervision and frequency of room checks in housing areas where confined persons have roommates and in dormitories or other congregate housing settings
- indirect supervision practices, including camera placement

There were no deficiencies noted during the tour. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.213 (b) The Ball-Quantrell Jones Recovery Center has procedures in place to ensure all deviations are covered by:

1. Utilization of on-call administrative staff
2. Paid overtime for Staff

There have been no deviations reported where the staffing plan has not been complied with in the past twelve months, as confirmed by an interview with the Site Director/PREA Coordinator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.213 (c) The staffing plan is reviewed annually by the Site Director/PREA Coordinator and approved by the agency administrator. The Site Director/PREA Coordinator approves any recommendations made which would include changes to

	<p>policy and procedures, physical plant, video monitoring, or staffing levels. The last Annual Staffing Plan assessment was completed on January 8, 2024. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p>
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115.215	Limits to cross-gender viewing and searches
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Based on the Ball-Quantrell Jones Recovery Center training curriculums, random staff interviews, sixteen client interviews, training file reviews, and documentation provided; the following delineates the audit findings regarding this standard:</p> <p>115.215 (a) The Ball-Quantrell Jones Recovery Center prohibits all residents' searches, and that staff shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening). The review of training curriculums and staff interviews revealed that cross-gender strip searches are prohibited. There have been no documented cross-gender visual body cavity or strip searches reported in the past twelve months. In the event there is a suspicion of contraband or the need for a body search, the Site Director will be notified. If needed Probation and Parole Officers would come to the facility to complete strip searches. The facility is an all-female facility and has employees only one male staff member. The majority of the clients interviewed stated that they had never been pat searched all sixteen clients stated they had never been strip-searched while housed at the facility. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p>115.215 (b) The Ball-Quantrell Jones Recovery Center prohibits all staff including male employees from frisk/pat searches of female residents without exception. This was confirmed during random staff interviews. The facility is an all-female facility. If needed Probation and Parole Officers would come to the facility to complete strip searches. The facility is an all-female facility and has employees only one male staff member. The majority of the clients interviewed stated that they had never been pat searched all sixteen clients stated they had never been strip-searched while housed at the facility. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p>115.215 (c) The Ball-Quantrell Jones Recovery Center prohibits cross-gender pat searches. Searches consist of the client emptying their pockets. Mental detector wands are also used during pat-down searches. This was confirmed during ten</p>

random staff interviews. If needed Probation and Parole Officers would come to the facility to complete strip searches. The facility is an all-female facility and has employees only one male staff member. The majority of the clients interviewed stated that they had never been pat searched all sixteen clients stated they had never been strip-searched while housed at the facility. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.215 (d) The Hope Center requires that clients shall be permitted to shower, perform bodily functions, and change clothing without a non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia. Clients are not to change clothes in their dorm area as cameras are posted in each dorm. There is no video surveillance in the bathroom areas. Sixteen out of sixteen clients confirmed during interviews they have privacy when showering, using the toilets, and changing their clothes. The Ball-Quantrell Jones Recovery Center also requires staff of the opposite gender to announce their presence before entering the housing units. Client and staff interviews revealed that opposite-gender announcements were common practice at this facility. The majority of the clients interviewed stated they had never seen a male in the housing units. During the onsite portion of the audit, the auditor observed:

- all areas where confined persons may be in a state of undress, such as showering, using the toilet, and/or changing their clothes.
- if any nonmedical staff of the opposite gender are able to view confined persons in a state of undress, including from different angles and via mirror placement.
- electronic surveillance monitoring areas such as control rooms or other spaces where staff monitor live or recorded video feeds of confined persons

The auditor did have informal conversations with clients regarding changing clothes, using the toilet, and showering without staff of the opposite gender being able to view them in a state of undress. The auditor also had informal conversations with staff regarding cross-gender viewing, including staff responsible for monitoring camera feed/electronic monitoring. No deficiencies were noted. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.215 (e) The Ball-Quantrell Jones Recovery Center training curriculum provided and staff interviews in the facility prohibit staff from physically examining transgender or intersex clients for the sole purpose of determining genital status. If the client's genital status is unknown, it is determined during conversations with the 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. There were no transgender or intersex clients housed at the Ball-Quantrell Jones Recovery Center at the time of the onsite review. Staff training records were reviewed. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

	<p>115.215 (f) Based on the Ball-Quantrell Jones Recovery Center training curriculum provided, staff training file reviews, and staff interviews the facility trains staff not to conduct cross-gender pat-down searches, and searches of transgender and intersex clients. In the event there is a suspicion of contraband or the need for a body search, staff will contact the Site Director for guidance. If needed Probation and Parole Officers would come to the facility to complete strip searches. The facility is an all-female facility and has employees only one male staff member. The majority of the clients interviewed stated that they had never been pat searched all sixteen clients stated they had never been strip-searched while housed at the facility. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p>
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<p>115.216</p>	<p>Residents with disabilities and residents who are limited English proficient</p>
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Based on The Ball-Quantrell Jones Recovery Center lesson plans, PREA handouts, training logs, as well as staff and resident interviews; the following delineates the audit findings regarding this standard:</p> <p>115.216 (a) The Ball-Quantrell Jones Recovery Center ensures appropriate steps are taken to provide clients with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of its efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. PREA handouts, PREA posters, and Client Handouts are provided in both English and Spanish. Therefore, the facility demonstrated compliance with this part of the standard during this audit. The agency utilizes the Kentucky Department of Corrections services as a primary resource for communicating with residents with disabilities. There was one client with a disability (cognitive impairment); the client was interviewed, and the client displayed a working knowledge of the agency's zero-tolerance policy on sexual abuse and sexual harassment. Interviews with screening staff also confirmed this statement. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p>

	<p>115.216 (b) The Ball-Quantrell Jones Recovery Center requires that clients with disabilities and residents who are limited English proficient and staff 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, including steps to provide interpreters who can interpret effectively accurately and impartially. The agency utilizes the Kentucky Department of Corrections services as a primary resource for communicating with residents with disabilities. There was one client with a disability (cognitive impairment); the client was interviewed, and the client displayed a working knowledge of the agency’s zero-tolerance policy on sexual abuse and sexual harassment. Interviews with screening staff also confirmed this statement. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p>115.216 (c) The Ball-Quantrell Jones Recovery Center does not rely on client interpreters or client readers. The Kentucky State Police are responsible for all PREA Criminal investigations; the agency has access to multiple translator operations throughout the Commonwealth of Kentucky. The agency utilizes the Kentucky Department of Corrections services as a primary resource for communicating with residents with disabilities. There was one client with a disability (cognitive impairment); the client was interviewed, and the client displayed a working knowledge of the agency’s zero-tolerance policy on sexual abuse and sexual harassment. Interviews with screening staff also confirmed this statement. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p>
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115.217	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Based on The Ball-Quantrell Jones Recovery Center staff interviews, the Ball-Quantrell Jones Recovery records, and personnel file reviews; the following delineates the audit findings regarding this standard:</p> <p>115.217 (a) The Ball-Quantrell Jones Recovery Center does not hire or promote anyone who may have contact with residents, and does not enlist the services of any contractor or volunteer 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, has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied</p>

threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity described above. During the onsite visit background checks had been conducted by the Kentucky Department of Corrections as required on all current staff. Therefore, the facility meets compliance with this part of the standard during this audit.

115.217 (b) The Ball-Quantrell Jones Recovery Center considers any incidents of sexual harassment in determining whether to hire or promote anyone or to enlist the services of any contractor or volunteer, who may have contact with residents. All applicants and employees must sign the agency's "Self-Declaration of Sexual Abuse/Sexual Harassment" form. The PREA Coordinator supplied the auditor with every "Self-Declaration of Sexual Abuse/Sexual Harassment" form that has been completed in the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.217 (c)-1 The Ball-Quantrell Jones Recovery Center requires a criminal background record check to be completed before hiring any new employee. A records review of five human resource files corroborated this process. The Ball-Quantrell Jones Recovery Center requires checks of the following registries before employment for all staff. The Ball-Quantrell Jones Recovery Center completes background checks every five years for employees, volunteers, and contract employees. This was confirmed during a file review and an interview with the Site Director. Therefore, the facility meets compliance with this part of the standard during this audit.

115.217 (c)-2 The Ball-Quantrell Jones Recovery Center makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any pending investigations of allegations of sexual abuse. This request is documented in the Ball-Quantrell Jones Recovery Center's Human Resource file. During file review, the auditor did not find an applicant who had previously been employed at another institution. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.217 (d) The Ball-Quantrell Jones Recovery Center requires a criminal background record check to be completed before enlisting the services of any contractor or volunteer who may have contact with the residents. The Ball-Quantrell Jones Recovery Center completes background checks every 5 years on all employees, volunteers, and contract employees. The last 5-year background check was completed as needed by the Kentucky Department of Corrections. This was confirmed during a file review and an interview with the Site Director. The facility

does not have any contract employees. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.217 (e) The Ball-Quantrell Jones Recovery Center requires a criminal background record check to be completed on all current employees, volunteers, and contractors at least every five years. The Ball-Quantrell Jones Recovery Center completes background checks every 5th year on all employees, volunteers, and contract employees. The last 5-year background check was completed as needed by the Kentucky Department of Corrections. The facility does not have any contract employees. This was confirmed during file review and during an interview with the Site Director. The facility has met compliance with this part of the standard.

115.217 (f) The Ball-Quantrell Jones Recovery Center instills upon all employees a continuing affirmative duty to disclose any sexual misconduct as required by this standard. A "Self-Declaration of Sexual Abuse/Sexual Harassment" form is completed by all applicants, unescorted contractors or volunteers, employees upon being hired, and employees being considered for a promotion to document this requirement. The PREA Coordinator supplied the audit with every "Self-Declaration of Sexual Abuse/Sexual Harassment" form that has been completed in the past twelve months. The facility does not have any contract employees. This was confirmed during file review and interviews with ten random staff. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

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

115.217 (h) The Ball-Quantrell Jones Recovery Center requires that the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a current or former employee upon receiving a request from an institutional employer for whom such employee has applied to work. During an interview with the PREA Coordinator/Site Director, it was noted that there had not been any such occurrence in the past twelve months; Therefore, the facility demonstrated compliance with this part of the standard during this audit.

	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Based upon an interview with the Site Director, staff interviews, review of camera placement, and review of documentation provided; the following delineates the audit findings regarding this standard:</p> <p>115.218 (a) The Ball-Quantrell Jones Recovery Center requires when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect residents from sexual abuse. According to the Site Director, there have not been any significant upgrades to the camera system since the last PREA audit. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p>115.218 (b) The Ball-Quantrell Jones Recovery Center requires when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency’s ability to protect residents from sexual abuse. According to the Site Director, there have not been any significant upgrades to the camera system since the last PREA audit. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p>

115.221	Evidence protocol and forensic medical examinations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Based upon a review of the documentation provided the Site Director's interview with Mental Health Staff, and a review of the Memorandum of Understanding (MOU) with the Kentucky Association Sexual Assault Program (KASAP); the following delineates the audit findings regarding this standard:</p> <p>115.221 (a) and (b) The Ball-Quantrell Jones Recovery Center complies with all elements of this standard. The Kentucky State Police investigates all PREA allegations at the facility. The agency follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings. The Kentucky State Policy investigates all PREA complaints for</p>

potential criminal activity and maintains a close working relationship with the District Attorney's Office and Site Director on each case. The PREA Coordinator stated there has not been an incident of alleged sexual abuse in this audit cycle. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.221 (c) The Ball-Quantrell Jones Recovery Center offers all victims of sexual abuse access to forensic medical examinations at the University of Kentucky Hospital at Lexington without financial cost, where evidentiary or medically appropriate. This was confirmed during an interview with a Mental Health Staff Member. Ball-Quantrell Jones Recovery Center The agency has an MOU with the KASAP, which provides emotional support. The PREA Coordinator stated there has not been an incident of alleged sexual abuse in this audit cycle. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.221 (d) The Ball-Quantrell Jones Recovery Center has entered into a Memorandum of Understanding with the KASAP which agrees to provide outside victim advocacy services to the residents. The services of these victim advocates have not been requested or used by the clients during this audit cycle. This was corroborated during an interview with the Site Director. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.221 (e) The Ball-Quantrell Jones Recovery Center has entered into a Memorandum of Understanding with KASAP which agrees to provide outside victim advocacy services to the residents upon request. According to the Site Director, the facility also makes available a victim advocate, upon request by the victim, who will accompany and support the victim through the forensic medical examination process and investigatory interviews and provide emotional support, crisis intervention, information, and referrals as warranted. The PREA Coordinator/Site Director stated there has not been an incident of alleged sexual abuse in this audit cycle. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.221 (f) The Kentucky Department of Corrections is responsible for criminal investigations.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Based upon the review Memorandum of Understanding with the Kentucky State Police, Agency PREA Policy 115.222, review of the agency's website, staff interviews, and review of documentation provided; the following delineates the audit findings regarding this standard:

115.222 (a) The Ball-Quantrell Jones Recovery Center requires an administrative or criminal investigation to be completed for all allegations of sexual abuse and sexual harassment. The Ball-Quantrell Jones Recovery Center requires that all potential criminal activity is referred to the Kentucky State Police for criminal investigation. The Ball-Quantrell Jones Recovery Center employees do not investigate criminal allegations. During this audit cycle, there had been no PREA complaints reported at this facility. The Ball-Quantrell Jones Recovery Center maintains a Memorandum of Understanding with the Kentucky State Police to investigate all sexual abuse allegations from the facility. This was confirmed during interviews with the Site Director and Administrative PREA Investigator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.222 (b) The Ball-Quantrell Jones Recovery Center requires that all PREA allegations be investigated for potential criminal activity. If it is determined that the allegation involves potential criminal activity, it is referred to the Kentucky State Police for criminal investigation and prosecution as warranted. This policy (115.22) is available on the agency's website. The Site Director that there have not been any investigations in the past twelve months. The Ball-Quantrell Jones Recovery Center maintains a Memorandum of Understanding with the Kentucky State Police to investigate all sexual abuse allegations from the facility. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.222 (c) The Ball-Quantrell Jones Recovery Center maintains a Memorandum of Understanding with the Kentucky State Police to investigate all sexual abuse allegations from the facility. The Site Director stated that there have not been any investigations in the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.222 (d) The Ball-Quantrell Jones Recovery Center and the Kentucky State Police have a Memorandum of Understanding in place to investigate all sexual abuse allegations for the facility. Therefore, this part of the standard is not applicable.

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115.231	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Based upon a review of the Kentucky Department of Corrections PREA Lesson Plan, staff interviews, random staff training file review, and review of documentation provided (lesson plans, certificates, sign-in sheets, signed acknowledgment forms, training curriculums, and employee handouts); the following delineates the audit findings regarding this standard:</p> <p>115.231 (a) The Ball-Quantrell Jones Recovery Center utilizes a ninety-four-page PREA lesson plan provided by the Kentucky Department of Corrections to train all their employees who have contact with residents on:</p> <ol style="list-style-type: none"> (1) Its zero-tolerance policy for sexual abuse and sexual harassment; (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (3) Residents’ right to be free from sexual abuse and sexual harassment; (4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; (5) The dynamics of sexual abuse and sexual harassment in confinement; (6) The common reactions of sexual abuse and sexual harassment victims; (7) How to detect and respond to signs of threatened and actual sexual abuse; (8) How to avoid inappropriate relationships with residents; (9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

Ten out of ten staff were well-versed in the facility's policy and procedure. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.231 (b) The training is tailored to female clients at the Ball-Quantrell Jones Recovery Center. Cross-gender searches are a part of the training curriculum. Cross-gender patdowns are not permitted. The facility only has one male staff member. It is the policy and practice to notify the Office of Probation and Parole to conduct strip searches if necessary. All sixteen clients interviewed stated they had not been strip-searched and the majority stated they had not been subject to a pat down. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.231 (c) The training staff provided a report containing all staff that had been PREA trained which confirmed the requirements needed to meet the standard and proved that all current staff was trained within one year of the effective date of the PREA standards. The PREA Coordinator supplied the auditor with a complete list; that showed all employees have been trained on the facility policy and procedure as it pertains to PREA. All staff received PREA training during in-service each year which meets the requirements of this standard. Ten out of ten staff were well-versed in the facility's policy and procedure. The Ball-Quantrell Jones Recovery Center utilizes a ninety-four-page PREA lesson plan provided by the Kentucky Department of Corrections. Therefore, the facility exceeded this part of the standard during this audit.

115.231 (d) The Ball-Quantrell Jones Recovery Center documents, through employee signature on an acknowledgment form, that all employees understand the training they have received. File review confirmed five out of five files included the acknowledgment documentation. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Recommendation: The auditor recommends adding an additional line on the training acknowledgment form that specifically states the following:

I have received and understand the PREA training provided today, and I was allowed to ask questions on the subject of PREA.

115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>Based upon a review of the Kentucky Department of Corrections Lesson Plan, volunteer interview, random training file review, Volunteer Waiver Forms, and review of documentation provided (lesson plan, certificates, sign-in sheets, signed acknowledgment forms, and handouts), and review of the agency's website: the following delineates the audit findings regarding this standard:</p> <p>115.232 (a) The Ball-Quantrell Jones Recovery Center ensures all volunteers and contractors who have contact with clients have been trained on their responsibilities under the Ball-Quantrell Jones Recovery Center sexual abuse and sexual harassment prevention, detection, and response policies and procedures. A review of a volunteer training file showed compliance. an interview with a volunteer revealed the volunteer was well-versed in the facility's policy and procedure, including the agency's zero-tolerance for sexual abuse and how to report all allegations of sexual abuse and sexual harassment. All volunteers sign a Waiver Form that includes information concerning the agency's PREA policy. Volunteer training can be located on the agency's website. The facility does not utilize the services of contract employees. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p>115.232 (b) The level and type of training provided to volunteers and contractors are based on the services they provide and the level of contact they have with clients, but all volunteers and contractors who have contact with residents are notified of the Ball-Quantrell Jones Recovery Center regarding sexual abuse and sexual harassment and their requirements to report such incidents. A review of a volunteer training file showed compliance. an interview with a volunteer revealed the volunteer was well-versed in the facility's policy and procedure, including the agency's zero-tolerance for sexual abuse and how to report all allegations of sexual abuse and sexual harassment. All volunteers sign a Waiver Form that includes information concerning the agency's PREA policy. The facility does not utilize the services of contract employees. Volunteer training can be located on the agency's website. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p>
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115.233	Resident education
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Based on a review of the Ball-Quantrell Jones Recovery Center Policy 115.233, signed client training receipts, PREA Pamphlets, Facility Orientation, PREA Posters, as well as interviews with random residents and staff; the following delineates the audit findings regarding this standard:</p>

115.233 (a) According to the Ball-Quantrell Jones Recovery Center clients receive information explaining the Ball-Quantrell Jones Recovery Center PREA zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and harassment, and to be free from retaliation for reporting such incidents, as well as procedures for responding to these types of incidents. Policy states:

The HOPE Center, Inc. will promptly identify the language and communication needs of the LEP person. If necessary, staff will use a language identification card (or "I speak cards," available online at www.lep.gov) or posters to determine the language. "I speak" posters will be available in each building to assist with identifying the language. In addition, when records are kept of past interactions with clients or family members, the language used to communicate with the LEP person will be included as part of the record. There were no LEP clients housed at the facility during the onsite portion of the audit.

Upon intake, all clients receive orientation/training on the facility's PREA policies. The client handout describes PREA Reporting Information, All residents receive a copy of the PREA handout and are required to sign for it. The PREA Handout covers presentations of sexual abuse: self-protection from being abused; methods of reporting abuse; and receiving treatment and education. Sixteen out of sixteen clients stated they had received PREA information during the admissions process. A review of ten client admission files confirmed compliance. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Recommendation:pan> The auditor recommends adding the phone number and address of KASAP victim advocacy services to the orientation handout.

115.233 (b) The agency only operates this facility. Therefore, this part of the standard is not applicable.

115.233 (c) The Ball-Quantrell Jones Recovery Center provides client education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills. There were no LEP residents housed at the Ball-Quantrell Jones Recovery Center during the onsite review. The facility utilizes the services of the Kentucky Department of Corrections for interpreter services when needed. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

	<p>115.233 (d) There was documentation provided of the client’s participation in PREA educational sessions as required by this part of the standard. PREA information can be found in the PREA Handout provided during admission to the facility. A review of client training files indicated that ten out of ten residents received PREA education. Each resident reviews orientation during intake within hours of admittance. PREA Policy 115.233 states upon intake, all residents will receive orientation/training on the facility’s PREA policies. All clients receive a copy of the PREA Handout, Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p>115.233 (e) The Ball-Quantrell Jones Recovery Center does provide the clients with posters, pamphlets, and PREA Handouts in English and Spanish outlining the zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. PREA information can be found in the PREA Handout. PREA Policy 115.233 states upon intake, all residents will receive orientation/training on the facility’s PREA policies. All clients receive a copy of the handout and are required to sign for it. There was one client with a cognitive disability at the Ball-Quantrell Jones Recovery Center during the onsite review; the client was interviewed and demonstrated knowledge of PREA, the agency’s zero tolerance, and how to report acts of sexual abuse and sexual harassment. There were no other clients housed at the facility during the onsite portion of the audit with any other type of disability. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p>
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115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Based on a review of the KDOC Specialized Investigator Training curriculums provided, Memorandum of Understanding with the Kentucky State Police, investigators training file review, and administrative investigative staff interview; the following delineates the audit findings regarding this standard:</p> <p>115.234 (a) In addition to the general training provided to all employees the Ball-Quantrell Jones Recovery Center ensures that their investigator receives training in conducting investigations in confinement settings. The training is a two-day course, typically taught by the Kentucky Department of Corrections Agency-wide PREA</p>

Coordinator. The facility has three PREA administrative investigators. The agency has an agreement with the Kentucky State Police to investigate all potential PREA criminal allegations. This was confirmed during interviews with the Site Director and a Facility Administrative PREA Investigator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.234 (b) The specialized training included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The training is a two-day course, typically taught by the Kentucky Department of Corrections Agency-wide PREA Coordinator. The facility has three PREA administrative investigators. The agency has an agreement with the Kentucky State Police to investigate all potential PREA criminal allegations. This was confirmed during an interview with the facility's PREA Coordinator. There were no investigations during the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.234 (c) The Kentucky Department of Corrections maintains a Memorandum of Understanding with the Kentucky State Police. The MOU outlines the Kentucky Department of Corrections expectation that all Kentucky State Police investigators investigating PREA allegations in the Community Transitional Service facility have specialized sexual abuse training for a confinement setting. The Captain of the Kentucky State Police Academy Branch provided a memorandum dated January 21, 2020, which stated: All KSP troopers receive training in sexual abuse investigations during basic training at the State Police Academy including techniques for interviewing sexual abuse victims, proper use of Miranda warnings, sexual abuse evidence collection at crime scenes including in confined settings, and the criteria and evidence required to substantiate a case for prosecution referral. There have not been any PREA investigations completed in the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.234 (d) The Kentucky Department of Corrections maintains a Memorandum of Understanding with the Kentucky State Police. The MOU outlines the Kentucky Department of Corrections expectation that all Kentucky State Police investigators investigating PREA allegations in the Community Transitional Service facility have specialized sexual abuse training for a confinement setting. The Captain of the Kentucky State Police Academy Branch provided a memorandum dated January 21, 2020, which stated: All Kentucky State Police receive training in sexual abuse investigations during basic training at the State Police Academy including techniques for interviewing sexual abuse victims, proper use of Miranda warnings, sexual abuse evidence collection at crime scenes including in confined settings, and the criteria any evidence required to substantiate a case for prosecution referral.

	There have not been any PREA investigations completed in the past twelve months. Therefore, this part of the standard is not applicable.
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115.235	Specialized training: Medical and mental health care
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Based on interviews with medical and mental health staff, a review of specialized training records, and the auditor's observations; the following delineates compliance for standard 115.235:</p> <p>115.235 (a) The Ball-Quantrell Jones Recovery Center has full-time medical or mental health care staff. Each has completed the National Institute of Corrections specialized PREA training for medical and mental health professions. The training includes:</p> <ul style="list-style-type: none"> (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. <p>Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p>115.235 (b) The Ball-Quantrell Jones Recovery Center has full-time medical or mental health care staff. Each has completed the National Institute of Corrections specialized PREA training for medical and mental health professions. The training includes:</p> <ul style="list-style-type: none"> (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

	<p>Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p>115.235 (c) The Ball-Quantrell Jones Recovery Center has full-time medical or mental health care staff. Each has completed the National Institute of Corrections specialized PREA training for medical and mental health professions. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p>115.235 (d) The Ball-Quantrell Jones Recovery Center has full-time medical or mental health care staff. Each has completed the National Institute of Corrections specialized PREA training for medical and mental health professions. Records review indicated that medical and mental health staff also completed the training requirements for standard 115.231. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p>
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115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Based on The Ball-Quantrell Jones Recovery Center PREA Policy 115.241, review of the Kentucky Offender Management System (KOMS), the Kentucky Department of Corrections Screening for Risk of Victimization and Abusiveness tool, Resident and staff interviews, Resident file reviews; the following delineates the audit findings regarding this standard:</p> <p>115.241 (a) The Ball-Quantrell Jones Recovery Center PREA Policy 115.241 ensures that all residents are assessed during intake and upon transfer to another facility for risk of being sexually abused by other residents or sexually abusive toward other residents. This was confirmed during interviews with both screening staff/case Coordinators. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p>115.241 (b) The Ball-Quantrell Jones Recovery Center documentation provided mandates that screenings be conducted within 72 hours of arrival at the facility. PREA Risk Assessments are completed in private by a trained CTS staff member. Screenings are completed in KOMS by the Screener/Data Input Specialist. A review of ten records confirmed 100% compliance. Sixteen out of sixteen clients stated they received orientation immediately upon intake at the facility. Screening staff have access to KOMS (Kentucky Offender Management System) to review additional</p>

information including charges and criminal histories. This was confirmed during an interview with the PREA Screener. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.241 (c) Based on the documentation provided and client file reviews the facility utilizes an objective screening instrument (the Kentucky Department of Corrections Screening for Risk of Victimization and Abusiveness) that covers all aspects of this standard. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.241 (d) The intake screening instrument used considers, at a minimum, the following criteria to assess residents for risk of sexual victimization:

- (1) Whether the Resident has a mental, physical, or developmental disability;
- (2) The age of the Resident;
- (3) The physical build of the Resident;
- (4) Whether the Resident has previously been incarcerated;
- (5) Whether the Resident's criminal history is exclusively nonviolent;
- (6) Whether the Resident has prior convictions for sex offenses against an adult or child;
- (7) Whether the Resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
- (8) Whether the Resident has previously experienced sexual victimization;
- (9) The Resident's own perception of vulnerability.

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

115.241 (e) The initial screening considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the Ball-Quantrell Jones Recovery Center, in assessing residents for risk of being sexually abusive. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.241 (f) Within 30 days from the resident's arrival, the Ball-Quantrell Jones Recovery Center reassesses the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the Ball-Quantrell Jones Recovery Center since the intake screening. The PREA Screener/Data Input Specialist will complete a one-on-one interview with each client and discuss if there has been any change to the original PREA Risk Screening that was completed upon Intake. This conversation and 30-day reassessment are documented in KOMS (Kentucky Offender Management System). If clients screen at risk, the PREA Screener/Data Input Specialist will forward an email to all Administrative Staff.

Fifteen out of sixteen clients stated they received reassessment within the first 30 days in the facility. The one client had not been at the facility for thirty days. The PREA Screener/Data Input Specialist maintains an Excel spreadsheet to keep up the 30-day reassessment requirement. Therefore, the facility meets compliance with this part of the standard during this audit.

115.241 (g) The Ball-Quantrell Jones Recovery Center will reassess a resident's risk level when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness. Screening staff stated they had not received any additional information that would warrant a reassessment. The PREA Coordinator stated the facility has not received any additional information on a resident within the past twelve months that would warrant a reassessment. If clients screen at risk, the PREA Screener/Data Input Specialist will forward an email to all Administrative Staff. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.241 (h) The Ball-Quantrell Jones Recovery Center does not discipline clients for refusing to answer screening questions or disclosing complete information. This is mandated by PREA Policy 115.241. This was confirmed during an interview with the Site Director. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.241 (i) The Ball-Quantrell Jones Recovery Center implements appropriate controls on the dissemination of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents. Information is stored in KOMS (Kentucky Offender Management System) and is password protected. Only Administrative Staff have access to screening information in KOMS; these are also the only staff members able to complete housing assignments. Based on policy review, interview with the Faculty Director, and interviews with the staff responsible for completing the screening, all information gathered on the screening instrument is restricted to staff making housing, work, and program assignments. Screenings are kept in KOMS. Information regarding the results of the assessment will be controlled and limited to staff necessary to formulate treatment plans and make security and management decisions regarding housing, beds, work, education, and program assignments. Clients that screened at risk of victimization will be more closely monitored by the Administrative Staff according to the Site Director. During the onsite portion of the audit, the auditor did observe:

- the physical storage area of any information/documentation collected and maintained in hard copy pursuant to the PREA Standards

- electronic safeguards of any information/documentation collected and maintained electronically pursuant to the PREA Standards (e.g., risk screening information) to determine how access to the information is secured

There were no concerns noted. Therefore, the facility exceeds compliance with this part of the standard during this audit.

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115.242	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Based on the Ball-Quantrell Jones Recovery Center PREA Policy 115.242, Kentucky Department of Corrections Objective Screening Tool, resident and staff interviews, and file review; the following delineates the audit findings regarding this standard:</p> <p>115.242 (a) The Ball-Quantrell Jones Recovery Center PREA Policy 115.242, states that Ball-Quantrell Jones Recovery Center uses information from the risk screening to decide housing, bed, work, education, and program assignments to keep separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive. The PREA Coordinator stated those that who are screened as potential victims are never housed in the same room as those who are screened as potential predators. Residents who screen as a possible victim will have a “1” assigned to them in KOMS; those who screen as a risk of abusiveness will have a “2” assigned to them in KOMS. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p>115.242 (b) The Ball-Quantrell Jones Recovery Center makes individualized determinations about how to ensure the safety of each client. The PREA Screener/ Date Input Specialist sends an email to all administrative staff if someone screens at risk of victimization or abuse. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p>115.242 (c) The Ball-Quantrell Jones Recovery Center outlines the procedures to be followed in deciding whether to assign a transgender resident to a facility for female clients and the process for making housing and programming assignments, on a case-by-case basis as required by this standard. The Ball-Quantrell Jones Recovery Center facility <u>has</u> not housed a transgender or intersex resident in the past twelve months according to the PREA Coordinator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p>115.242 (d) The Ball-Quantrell Jones Recovery Center requires that a transgender and intersex Resident’s own views regarding their own safety be given serious consideration. The Ball-Quantrell Jones Recovery Center facility has not housed a transgender or intersex resident in the past twelve months according to the PREA</p>

	<p>Coordinator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p>115.242 (e) The Ball-Quantrell Jones Recovery Center requires that transgender and intersex residents be allowed to shower separately from other residents. The Ball-Quantrell Jones Recovery Center facility has not housed a transgender or intersex resident in the past twelve months. Showers are separated in each housing unit. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p>115.242 (f) The Ball-Quantrell Jones Recovery Center does not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated facilities, units, or wings solely based on such identification or status unless such placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment to protect such residents. This was confirmed by the PREA Coordinator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p>
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115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Based on The Ball-Quantrell Jones Recovery Center PREA policy 115.251, the Client PREA Handout, and posters provided to residents were utilized to verify compliance with this standard. Staff and Resident interviews verified the residents have multiple internal ways to report incidents of abuse or harassment.</p> <p>115.251 (a) The Ball-Quantrell Jones Recovery Center PREA Policy 115.251 outlines multiple internal ways for residents to report incidents of sexual abuse, sexual harassment, and retaliation by other residents or staff for reporting sexual abuse, sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Residents can report by:</p> <p>Inform a Staff Member verbally, in writing or anonymously</p> <p>Tell a Family Member or Friend (Third Party)</p> <p>File a Grievance</p> <p>Call KASAP Ampersand Sexual Violence Resource Center at 502-226-2704</p>

Write to Ampersand Sexual Violence Resource Center at 83 C Michael Davenport Blvd Ste B, Frankfort, KY 40601

Communications between victims and sexual assault programs are confidential according to KRS 211.608

Notify the PREA Hotline at 1-833-362-7732

Notify the Kentucky Department of Corrections by letter or phone

During the onsite portion of the audit, the auditor observed:

- whether signage throughout the facility can be easily read/accessed by persons in the facility, specifically
- Signage is provided in English and translated for the other languages most commonly spoken in the facility.
- The signage text size, formatting, and physical placement accommodate most readers, including those of average height, low vision/visually impaired, or those physically disabled/in a wheelchair, etc.
- The information provided by the signage is not obscured, unreadable by graffiti, or missing due to damage
- whether the information on the signage is accurate and consistent throughout the facility
- where signage is placed in the facility to assess whether the signage is accessible to staff and/or those confined in the facility and other persons who may need the information or services provided

There were no deficiencies noted. Therefore, the facility meets compliance with this part of the standard.

115.251 (b) The Ball-Quantrell Jones Recovery Center provides multiple ways for residents to report abuse or harassment client reports of sexual abuse and sexual harassment to agency officials, allowing the client to remain anonymous upon request. The Ball-Quantrell Jones Recovery Center has by Memorandum of Understanding provided the address and phone number for the KASAP for clients satisfying the requirements of this standard.

Each number is located in all housing units and common areas, accessible by all residents. The auditor successfully tested each external pre-programmed reporting number.

	<p>Inform a Staff Member verbally, in writing or anonymously</p> <p>Tell a Family Member or Friend (Third Party)</p> <p>File a Grievance</p> <p>Call Ampersand Sexual Violence Resource Center at 502-226-2704</p> <p>Write to Ampersand Sexual Violence Resource Center at 83 C Michael Davenport Blvd Ste B, Frankfort, KY 40601</p> <p>Communications between victims and sexual assault programs are confidential according to KRS 211.608</p> <p>Notify the PREA Hotline at 1-833-362-7732</p> <p>Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p>115.251 (c) The Ball-Quantrell Jones Recovery Center PREA Policy 115.251 requires all staff to accept reports made verbally, in writing, anonymously, and from third parties. All allegations shall be promptly documented in an incident report and reported to the Site Director. Ten out of ten random staff confirmed this practice. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p>115.251 (d) The Ball-Quantrell Jones Recovery Center staff may privately report sexual abuse and sexual harassment to the PREA Hotline, the Site Director, or the facility PREA Administrative Investigators (3). Ten out of ten random staff confirmed this practice. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p>
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115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Based on the Ball-Quantrell Jones Recovery Center PREA Policy 115.252, staff interviews, PREA Coordinator interview, Client Grievance Form, and documentation review; the following delineates the audit findings regarding this standard:

115.252 (a) According to the agency's PREA Policy 115.252, the agency investigates any report of sexual abuse and takes appropriate actions whether or not such information is received in the form of a grievance. During this audit cycle, Ball-Quantrell Jones Recovery Center has not received a grievance concerning sexual abuse. An interview with the PREA Coordinator confirms this process. The agency complies with this section of the standard.

115.252 (b) The agency does not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse. During this audit cycle, Ball-Quantrell Jones Recovery Center has not received a grievance concerning sexual abuse. An interview with the PREA Coordinator confirms this practice. Therefore, the agency complies with this section of the standard.

115.252 (c) According to PREA Policy 115.252, the agency will ensure that an inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint. During this audit cycle, the Ball-Quantrell Jones Recovery Center has not received a grievance concerning sexual abuse. Additionally, such grievances will not be referred to the staff member who is the subject of the complaint; this was confirmed during an interview with the PREA Coordinator. Therefore, the agency is in compliance with this section of the standard.

115.252 (d) According to PREA Policy 115.252, the agency will investigate the matter and render a determination within 90 days. An extension of up to 70 days to issue a determination may be taken if the facts and circumstances require it, and the complainant is notified in writing of the extension and the date that a determination will be made. At any level of the administrative process, including the final level, if the complainant does not receive a response within the time allotted for the reply, including any properly noticed extension, the inmate complainant may consider the absence of a response to be a denial at this level. During this audit cycle, the Ball-Quantrell Jones Recovery Center has not received a grievance concerning sexual abuse. Interview with the PREA Coordinator reiterates this process; therefore, the agency is found to comply with this section of the standard.

115.252 (e) The Ball-Quantrell Jones Recovery Center PREA Policy 115.252, states third parties including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies related to allegations of sexual abuse and shall also be

	<p>permitted to file such requests on behalf of residents. If the inmate declines to have the request processed on his or her behalf, the agency shall document the inmate's decision. During this audit cycle, the Community Transitional Service has not received a grievance concerning sexual abuse. The PREA Coordinator confirmed this process. Therefore, the agency complies with this section of the standard.</p> <p>115.252 (f) The Ball-Quantrell Jones Recovery Center PREA Policy 115.252, states when an inmate is subject to a substantial risk of imminent threat of sexual abuse, the inmate may file a grievance through the grievance process on the kiosk system and the grievance will be considered an emergency grievance. The initial response to the grievance must be made within 48 hours and the final determination must be made within 5 calendar days, except in circumstances of county holidays and significant events. The agency's immediate focus must be to take action to prevent potential sexual abuse. Corrective and protective action must be pursued promptly. Policy 115.252 mandates that staff must treat the information as confidential, only to be revealed to their supervisors in the chain-of-command to ensure prompt action is taken. During this audit cycle, the Ball-Quantrell Jones Recovery Center has not received a grievance concerning sexual abuse. An interview with the PREA Coordinator confirms this practice; therefore, the agency complies with this standard.</p>
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115.253	Resident access to outside confidential support services
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Based on the Ball-Quantrell Jones Recovery Center PREA Policy 115.253, Pull/Tag Victim Advocacy Posted Information, staff interviews, Resident interviews, and documentation review; the following delineates the audit findings regarding this standard:</p> <p>115.253 (a) The agency has entered into a Memorandum of Understanding with the Kentucky Association of Sexual Assault Programs (KASAP) which agrees to provide confidential outside victim advocacy services to the clients at The Ball-Quantrell Jones Recovery Center. The mailing address and telephone number for this agency are made available to all residents at the facility. The Ball-Quantrell Jones Recovery Center enables reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible. The services of these victim advocates have not been requested or used by the clients during this audit cycle, verified by phone call. PREA Posters (Pull/Tag Victim Advocacy Posted Information) throughout the facility provide residents with contact information for the Kentucky Association of Sexual Assault Programs (KASAP). The facility has</p>

multiple phone banks on both levels of the facility and also has several house phones available for client usage. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Call the Kentucky Association of Sexual Assault Programs (KASAP) hotline at 1-502-225-2704.

Write the Kentucky Association of Sexual Assault Programs (KASAP) – 83 C Michael Davenport Blvd STE B, Franklin, KY 40601

115.253 (b) The Ball-Quantrell Jones Recovery Center informs clients, before giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. Posters (Pull/Tag Victim Advocacy Posted Information) located throughout the facility, inform the clients that communications with the Kentucky Association of Sexual Assault Programs (KASAP) is free and confidential. The facility has multiple phone banks on both levels of the facility and also has several house phones available for client usage. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.253 (c) The Ball-Quantrell Jones Recovery Center maintains a Memorandum of Understanding with the Kentucky Association of Sexual Assault Programs (KASAP). Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Based on the review of the Ball-Quantrell Jones Recovery Center PREA Policy 115.254; as well as a review of the website outlining third-party reporting, the following delineates the audit findings regarding this standard:</p> <p>115.54 The Ball-Quantrell Jones Recovery Center Policy 115.254 states the facility provides multiple methods for receiving third-party reports of sexual abuse and sexual harassment on the agency website. The information available on the website (www.hopectr.org) explains how to report sexual abuse and sexual harassment on behalf of a resident. The facility takes all reports seriously no matter how they are received and investigates each reported incident. According to the</p>

	<p>PREA Coordinator, there have not been any third-party PREA reports made in the last twelve months. The facility has not received any PREA allegations in the past twelve years. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p>
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115.261	Staff and agency reporting duties
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Based on The Ball-Quantrell Jones Recovery Center PREA Policy 115.261, ten random staff interviews, and documentation provided; the following delineates the audit findings regarding this standard:</p> <p>115.261 (a) The Ball-Quantrell Jones Recovery Center PREA Policy 115.261, requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of The Ball-Quantrell Jones Recovery Center; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The Site Director stated there has not been a report of sexual harassment or sexual abuse during this audit cycle. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p>115.261 (b) Other than reporting to immediate supervisors and the Kentucky State Police, the Ball-Quantrell Jones Recovery Center staff, volunteers, and contractors shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in the agency’s policy, to make treatment, investigations, and other security and management decisions. Staff submits a “Community Confinement Sexual Offense Allegation Report” and “First Responder Checklist Form”. The Site Director stated there has not been a report of sexual harassment or sexual abuse during this audit cycle. The facility does not have any contract employees. Staff are trained on how to use the "PREA Response Kit". Therefore, this part of the standard is not applicable during this audit.</p> <p>115.261 (c) The Ball-Quantrell Jones Recovery Center does have medical or mental health care staff. Kentucky is a mandatory reporting State. The Site Director stated there has not been a report of sexual harassment or sexual abuse during this audit cycle. Two medical and mental health staff stated they were aware that Kentucky is a mandatory reporting State. Therefore, this part of the standard is not applicable</p>

	<p>during this audit.</p> <p>115.261 (d) If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, the Ball-Quantrell Jones Recovery Center reports the allegation to the designated state or local services agency. The Site Director stated there has not been a report of sexual harassment or sexual abuse during this audit cycle. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p>115.261 (e) The Ball-Quantrell Jones Recovery Center reports all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the agency investigator as required. Staff submits a "Community Confinement Sexual Offense Allegation Report" and "First Responder Checklist Form". The Site Director stated there has not been a report of sexual harassment or sexual abuse during this audit cycle. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p>
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115.262	Agency protection duties
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Based on The Ball-Quantrell Jones Recovery Center PREA Policy 115.262, ten random staff interviews, and documentation provided; the following delineates the audit findings regarding this standard:</p> <p>115.262 The facility's PREA Policy 115.262, and staff training requires all staff to take immediate action and staff acknowledged during their interviews the requirement of all staff to protect residents when it is learned that a resident at the Ball-Quantrell Jones Recovery Center is subject to a substantial risk of imminent sexual abuse. The Site Director stated there has not been a report of sexual harassment or sexual abuse during this audit cycle. Interviews with ten random staff confirmed this practice. All staff are trained on the usage of the "PREA Response Kit". Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p>

115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Based on The Ball-Quantrell Jones Recovery Center Policy 115.263, staff interviews, and documentation provided; the following delineates the audit findings regarding this standard:</p> <p>115.263 (a) According to the facility's PREA Policy 115.263, upon receiving an allegation that a resident was sexually abused while confined at another facility, the Director of the Ball-Quantrell Jones Recovery Center that received the allegation notifies the head of the facility or appropriate office where the alleged abuse occurred. The Site Director stated they had not received such an allegation during the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p>115.263 (b) and (c) According to the facility's PREA Policy 115.263, such notification is provided as soon as possible, but no later than 72 hours after receiving the allegation, and all actions are thoroughly documented. The notification is documented. The Site Director stated they had not received such an allegation during the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p>115.263 (d) Upon receiving a call from an outside facility that a resident had been sexually abused while in the custody of the Ball-Quantrell Jones Recovery Center. The allegation is referred immediately to the PREA investigator to be investigated. The Site Director stated they had not received such an allegation during the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p>

115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Based on the Ball-Quantrell Jones Recovery Center PREA Policy 115.264, a review of the facility's PREA Kit, staff interviews, and documentation provided; the following delineates the audit findings regarding this standard:</p>

115.264 (a) The Ball-Quantrell Jones Recovery Center PREA Policy 115.264 outlines the responsibilities of all security staff members upon learning of an allegation that a resident was sexually abused, the first responding security staff member shall follow these guidelines:

(1) Separate the alleged victim and abuser;

(2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;

(3) If the abuse occurred within a period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and

(4) If the abuse occurred within a period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. The Site Director stated they had not received such an allegation during the past twelve months. Ten out of ten random staff interviewed clearly show that Staff are well trained on First Responder Duties. All ten staff also discussed the PREA Allegation Response Kit; the kit is equipped with some specific items (tape, gloves, flashlight, evidence bags, etc.) to assist staff in responding to sexual assault scenes. Therefore, the facility meets compliance with this part of the standard during this audit.

115.264 (b) The Ball-Quantrell Jones Recovery Center PREA policy 115.264 mandates when the first staff responder is not a security staff member, they shall advise the alleged victim not to take any actions that could destroy physical evidence, and then notify security staff immediately. The auditor confirmed compliance based on interviews with and training records of non-security staff. Ten out of ten random staff interviewed clearly showed that Staff are well trained on First Responder Duties. All ten staff also discussed the PREA Allegation Response Kit; the kit is equipped with some specific items (tape, gloves, flashlight, evidence bags, etc.) to assist staff in responding to sexual assault scenes. The Site Director stated they had not received such an allegation during the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>Based on The Ball-Quantrell Jones Recovery Center PREA Policy 115.265, staff interviews, and documentation provided. The following delineates the audit findings regarding this standard:</p> <p>115.265 The Ball-Quantrell Jones Recovery Center PREA Policy 115.265 outlines a written plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The plan clearly defines the roles and responsibilities of each person involved and the procedures to be followed in detail. Interviews with facility response members including the Mental Health Coordinator and a PREA Administrative Investigator confirmed their knowledge of the response plan. The Ball-Quantrell Jones Recovery Center has not received a PREA allegation in the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p>
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115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Based on interviews with The Ball-Quantrell Jones Recovery Center Site Director; the following delineates the audit findings regarding this standard:</p> <p>115.266 The Ball-Quantrell Jones Recovery Center does not participate in collective bargaining. This was confirmed by the Site Director. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p>

115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Based on The Ball-Quantrell Jones Recovery Center PREA Policy 115.267, ten staff interviews, sixteen client interviews, and documentation provided; the following delineates the audit findings regarding this standard:</p>

115.267 (a) The Ball-Quantrell Jones Recovery Center has a policy that outlines the protective measures for 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 and designates which staff members or departments are charged with monitoring retaliation. The Site Director is the facility's Retaliation Monitor. Monitoring is documented on a specific "Retaliation Monitoring Form". The facility has not received any allegation of sexual abuse during this audit cycle. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.267 (b) The Ball-Quantrell Jones Recovery Center employs multiple protection measures, such as housing changes or transfers for residents, victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. The Site Director is the facility's Retaliation Monitor. The facility has not received any allegation of sexual abuse during this audit cycle. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.267 (c) and (d) For at least 90 days following a report of sexual abuse, the Ball-Quantrell Jones Recovery Center monitors the conduct and treatment of residents or staff who reported the sexual abuse and 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, and act promptly to remedy any such retaliation. There are periodic status checks performed and documented. The Ball-Quantrell Jones Recovery Center monitoring includes any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. Such monitoring continues beyond 90 days if the initial monitoring indicates a continuing need. The Site Director is the facility's Retaliation Monitor. Sixteen out of sixteen clients stated they were aware they were protected against retaliation for reporting sexual abuse. Ten out of ten random staff stated they were aware of the agency's requirement to protect them from retaliation for reporting sexual abuse or sexual harassment. The facility has not received any allegation of sexual abuse during this audit cycle. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.267 (d) If any other individual who cooperates with an investigation expresses a fear of retaliation The Ball-Quantrell Jones Recovery Center takes appropriate measures to protect that individual against retaliation. This was confirmed during an interview with the Retaliation Monitor. The Site Director is the facility's Retaliation Monitor. The facility has not received any allegation of sexual abuse during this audit cycle. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

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115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Based upon review of the Ball-Quantrell Jones Recovery Center PREA Policy 115.271, investigative staff interviews, training certificates, Memorandum of Understanding with the Kentucky Department of Corrections, investigative reports, as well as interviews with the PREA Coordinator, and the Site Director; the following delineates the audit findings regarding this standard:</p> <p>115.271 (a) Kentucky State Patrol investigators conduct an investigation immediately when notified of an allegation of sexual abuse and sexual harassment. The Ball-Quantrell Jones Recovery Center has a Memorandum of Understanding in place with the Kentucky State Police to investigate all sexual abuse allegations. There were no investigation files for the past twelve months. The facility has three PREA Administrative Investigators who have completed specialized training. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p>115.271 (b) Based on training curriculums provided, Kentucky State Police Investigators training file review, and investigative staff interviews, it was evident the facility provided, in addition to the general training received by all employees, specialized training to its investigators. This training included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. All three facility administrative PREA investigators have completed specialized training provided by the PREA Coordinator at the Kentucky Department of Corrections. There were no investigation files for the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p>115.271 (c) Kentucky State Police investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; interview alleged victims, suspected perpetrators, and witnesses; and review prior complaints and reports of sexual abuse involving the suspected perpetrator. The Captain of the Kentucky State Police</p>

Academy Branch provided a memorandum dated January 21, 2020, which stated: All KSP troopers receive training in sexual abuse investigations during basic training at the State Police Academy including techniques for interviewing sexual abuse victims, proper use of Miranda warnings, sexual abuse evidence collection at crime scenes including in confined settings, and the criteria evidence required to substantiate a case for prosecution referral. There were no investigation files for the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.271 (d) When the quality of evidence appears to support criminal prosecution, the Kentucky State Police refers the case to the Kentucky State Police for the criminal investigation. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.271 (e) The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and is not determined by the person's status as resident or staff. The resident who alleges sexual abuse is not required to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. This was corroborated during an interview with a facility PREA Administrative Investigator. There were no investigation files for the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.271 (f) Ball-Quantrell Jones Recovery Center administrative investigations include efforts to determine whether staff actions or failures to act contributed to the abuse; and are documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. There were no investigation files for the past twelve months. This was corroborated during an interview with a facility PREA Administrative Investigator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.271 (g) Kentucky State Police criminal investigations are documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. The Captain of the Kentucky State Police Academy Branch provided a memorandum dated January 21, 2020, which stated: All Kentucky State Police receive training in sexual abuse investigations during basic training at the State Police Academy including techniques for interviewing sexual abuse victims, proper use of Miranda warnings, sexual abuse evidence collection at crime scenes including in confined settings, and the criteria evidence required to substantiate a case for

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

115.271 (h) The Kentucky State Police refers all sexual abuse investigations to the appropriate District Attorney's Office and prosecution when warranted. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

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

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

115.271 (k) The Kentucky State Police conducts criminal sexual abuse investigations pursuant to the requirements of this standard. The Ball-Quantrell Jones Recovery Center PREA Policy 115.271 outlines the requirements of the criminal investigation and complies with all aspects of this standard. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.271 (l) Ball-Quantrell Jones Recovery Center refers all criminal cases to the Kentucky State Police and cooperates with their investigators during the entire investigation. The facility remains informed of the progress of the investigation through communication between the agency investigator and the Kentucky State Police agent handling the case. There were no investigation files for the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>Based upon review of the Ball-Quantrell Jones Recovery Center PREA Policy 115.271, and investigative staff interviews; the following delineates the audit findings regarding this standard:</p> <p>The Ball Quantrell Jones Recovery Center PREA Policy 115.271, outlines that the agency imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. This was confirmed during an interview with the Kentucky State Police and the Agency PREA Coordinator. The Captain of the Kentucky State Police Academy Branch provided a memorandum dated January 21, 2020, which stated: All KSP troopers receive training in sexual abuse investigations during basic training at the State Police Academy including techniques for interviewing sexual abuse victims, proper use of Miranda warnings, sexual abuse evidence collection at crime scenes including in confined settings, and the criteria evidence required to substantiate a case for prosecution referral. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p>
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115.273	Reporting to residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Based upon a review of the Ball-Quantrell Jones Recovery Center PREA Policy 115.273, Notification Form, interview with sixteen clients, and investigative staff interviews; the following delineates the audit findings regarding this standard:</p> <p>115.273 (a) Based on the Ball-Quantrell Jones Recovery Center PREA policy 115.273 states that following an investigation into a client's allegation that suffered sexual abuse in the facility, the client was to be informed whether the allegation had been determined to be substantiated, unsubstantiated, or unfounded. The documentation provided confirmed that residents will be provided this notification on the State of Kentucky Department of Corrections -Offender Notification - PREA Alleged Sexual Abuse form. The clients will be required to sign the form documenting acknowledgment of this notification as required. However, there were no PREA incidents reported during this audit cycle, so compliance was determined on policy and sample forms. All sixteen clients interviewed states they had had not had any PREA issues and all sixteen stated they felt safe in the facility. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p>

115.273 (b) The agency will request all relevant information from the criminal investigation conducted by the Kentucky State Police in order to inform the resident as required by this standard. The PREA Coordinator revealed there were no PREA investigations for the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.273 (c) Based on the Ball-Quantrell Jones Recovery Center PREA policy 115.273 and documentation provided, it was confirmed that following a client's allegation that a staff member has committed sexual abuse against the client, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever:

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

The documentation provided confirmed the residents will be provided this notification on the State of Kentucky Department of Corrections -Offender Notification - PREA Alleged Sexual Abuse form. The clients are required to sign the form documenting acknowledgment of this notification as required. The PREA Coordinator stated there were no PREA investigations during the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.273 (d) Following a client's allegation they had been sexually abused by another resident, the Ball-Quantrell Jones Recovery Center subsequently informs the alleged victim whenever the facility learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the Ball-Quantrell Jones Recovery Center learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. The documentation provided confirmed that residents will be provided this notification on the State of Kentucky Department of Corrections -Offender Notification - PREA Alleged Sexual Abuse form. The clients are required to sign the form documenting acknowledgment of this notification as required. The PREA Coordinator stated there were no PREA investigations during the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

	<p>115.273 (e) All such notifications or attempted notifications are documented, based on the State of Kentucky Department of Corrections -Offender Notification - PREA Alleged Sexual Abuse form. The PREA Coordinator stated there were no PREA investigations during the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p>115.273 (f) Policy outlines the agency’s obligation to report under this standard terminates if the client is released from the Ball-Quantrell Jones Recovery Center custody. The PREA Coordinator stated there were no PREA investigations during the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p>
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115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Based upon review of the Ball-Quantrell Jones Recovery Center PREA Policy 115.276, documentation provided, and the PREA Coordinator interview; the following delineates the audit findings regarding this standard:</p> <p>115.276 (a) and (b) According to PREA Policy 115.276, staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse. The PREA Coordinator stated there were no PREA investigations during the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p>115.276 (c) Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. The PREA Coordinator stated there were no PREA investigations during the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p>

	<p>115.276 (d) All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement unless the activity was clearly not criminal, and to any relevant licensing bodies. The PREA Coordinator stated there were no PREA investigations during the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p>
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115.277	Corrective action for contractors and volunteers
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Based upon review of The Ball-Quantrell Jones Recovery Center PREA Policy 115.277, documentation provided, and the PREA Coordinator Interview; the following delineates the audit findings regarding this standard:</p> <p>115.277 (a) Any contractor or volunteer who engages in sexual abuse is prohibited from contact with residents and is reported to law enforcement unless the activity was clearly not criminal, and to relevant licensing bodies. During an interview with the PREA Coordinator, it was determined the Ball-Quantrell Jones Recovery Center has not had a volunteer or contract employee accused of any form of sexual misconduct. The Site Director stated there were no PREA investigations during the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p>115.277 (b) The Ball-Quantrell Jones Recovery Center takes appropriate remedial measures, and considers whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. During an interview with the Site Director, it was determined the Ball-Quantrell Jones Recovery Center has not had a volunteer or contract employee by accused of any form of sexual misconduct. The PREA Coordinator stated there were no PREA investigations during the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p>

115.278	Disciplinary sanctions for residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>

Based upon a review of The Ball-Quantrell Jones Recovery Center PREA Policy 115.278, documentation provided, and Mental Health Coordinator and PREA Coordinator interviews; the following delineates the audit findings regarding this standard:

115.278 (a) Clients are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for client-on-client sexual abuse. During an interview with the PREA Coordinator, it was determined The Ball-Quantrell Jones Recovery Center has not had a resident by accused of any form of sexual misconduct. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.278 (b) Sanctions are commensurate with the nature and circumstances of the abuse committed, the client's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. The PREA Coordinator stated there were no PREA investigations during the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.278 (c) The disciplinary process considers whether a client's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. This was confirmed during an interview with the Mental Health Coordinator. The PREA Coordinator stated there were no PREA investigations during the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.278 (d) There is no therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse offered at the facility. During an interview with the PREA Coordinator, it was determined the Ball-Quantrell Jones Recovery Center has not had a client be accused of any form of sexual misconduct. Therefore, this part of the standard was found to be non-applicable to this facility during this audit cycle.

115.278 (e) The Ball-Quantrell Jones Recovery Center disciplines a client or sexual contact with staff only upon a finding that the staff member did not consent to such contact. During an interview with the PREA Coordinator, it was determined the Ball-Quantrell Jones Recovery Center has not had a client be accused of any form of sexual misconduct. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

	<p>115.278 (f) The Site Director reported that a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred does not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. During an interview with the PREA Coordinator, it was determined the Ball-Quantrell Jones Recovery Center has not had a client be accused of any form of sexual misconduct. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p>115.278 (f) The Ball-Quantrell Jones Recovery Center prohibits all sexual activity between clients and may discipline clients for any such activity. This was confirmed during an interview with the PREA Coordinator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p>
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115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Based on the Ball-Quantrell Jones Recovery Center Policy 115.282, the Site Director interview; Memorandum of Understanding with KASAP, Medical and Mental Health Staff Interviews, the following delineates the audit findings regarding this standard:</p> <p>115.282 (a) The Ball-Quantrell Jones Recovery Center has an agreement with the Kentucky Association of Sexual Assault Programs (KASAP) to ensure clients 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. The Ball-Quantrell Jones Recovery Center does have full or part-time medical or mental health care staff. Emergency medical services would be provided at the University of Kentucky at Lexington. This was confirmed during interviews with the Medical and Mental Health Staff Members. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p>115.282 (b) The Ball-Quantrell Jones Recovery Center Policy 115.282, outlines the procedures to be followed in the event of sexual abuse at the facility. These services are provided by the Kentucky Association of Sexual Assault Programs (KASAP). Security staff first responders take preliminary steps to protect the victim and shall</p>

	<p>immediately notify the appropriate medical and mental health practitioners and arrange transport to the University of Kentucky Hospital for treatment. Emergency medical services would be provided at the University of Kentucky at Lexington. The PREA Coordinator, Medical Staff, and Mental Health Staff confirmed this practice. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p>115.282 (c) The Ball-Quantrell Jones Recovery Center Policy 115.263 ensures resident victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. These services would be offered at the University of Kentucky Hospital at Lexington at no cost to the resident according to the PREA Coordinator. The Ball-Quantrell Jones Recovery Center has not had an allegation of sexual abuse during this audit cycle according to the Site Director. The Ball-Quantrell Jones Recovery Center does have full or part-time medical or mental health care staff. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p>115.282 (d) The Ball-Quantrell Jones Recovery Center requires that all treatment services provided to the victim are without financial cost regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The PREA Coordinator, Medical Staff, and Mental Health Staff confirmed this practice. The Ball-Quantrell Jones Recovery Center does have full or part-time medical or mental health care staff. The Ball-Quantrell Jones Recovery Center has not had an allegation of sexual abuse during this audit cycle according to the Facility Director. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p>
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115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Based on the Program Director and PREA Coordinator interviews, documentation provided, and the Ball-Quantrell Jones Recovery Center PREA Policy 115.283; the following delineates the audit findings regarding this standard:</p> <p>115.283 (a) The Ball-Quantrell Jones Recovery Center offers medical and mental</p>

health evaluations at the University of Lexington Hospital and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any facility. The PREA Coordinator, Medical Staff, and Mental Health Staff confirmed this practice. The Ball-Quantrell Jones Recovery Center does have full-time medical or mental health care staff at the facility. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.283 (b) The Ball-Quantrell Jones Recovery Center Policy 115.283 mandates that the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. This was confirmed during interviews with Medical and Mental Health Staff. The Ball-Quantrell Jones Recovery Center has not had an allegation of sexual abuse during this audit cycle according to the Site Director. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.283 (c) The Ball-Quantrell Jones Recovery Center provides all victims with medical and mental health services at the University of Kentucky Hospital at Lexington that is a community level of care facility. This was confirmed during interviews with Medical and Mental Health Staff. The Ball-Quantrell Jones Recovery Center has not had an allegation of sexual abuse during this audit cycle according to the Site Director. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.283 (d and e) The Ball-Quantrell Jones Recovery Center ensures female victims of sexual abuse are given pregnancy tests when vaginal penetration took place. If a pregnancy results from sexual abuse, The Ball-Quantrell Jones Recovery Center ensures the victim receives timely and comprehensive information about timely access to emergency contraception; and lawful pregnancy-related services. This was confirmed during interviews with Medical and Mental Health Staff. The Ball-Quantrell Jones Recovery Center has not had an allegation of sexual abuse during this audit cycle according to the Facility Director. The services would be completed as directed in the agency's MOU with the Kentucky Association of Sexual Assault Programs (KASAP).

115.283 (f) The Ball-Quantrell Jones Recovery Center provides Resident victims of sexual abuse while incarcerated tests for sexually transmitted infections as medically appropriate. These services are provided at the University of Kentucky Hospital at Lexington as determined by the treating physician. This was confirmed during interviews with Medical and Mental Health Staff. The Ball-Quantrell Jones Recovery Center has not had an allegation of sexual abuse during this audit cycle

	<p>according to the Facility Director. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p>115.283 (g) The Ball-Quantrell Jones Recovery Center provides treatment services to the victim without financial cost regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The Ball-Quantrell Jones Recovery Center does have full-time medical or mental health care staff. The Ball-Quantrell Jones Recovery Center has not had an allegation of sexual abuse during this audit cycle according to the Site Director. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p>115.283 (h) The Ball-Quantrell Jones Recovery Center will attempt to have a mental health evaluation conducted on all known client-on-client abusers within 60 days of learning such abuse history and offer treatment when deemed appropriate by the mental health practitioners. However, as of this audit, there have been no sexual abuse cases reported requiring these services. The Ball-Quantrell Jones Recovery Center does have full-time medical or mental health care staff. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p>
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115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Based on an interview with the Site Director, a review of the PREA Incident Review Form, and documentation provided; as well as, the Ball-Quantrell Jones Recovery Center PREA Policy 115.286; the following delineates the audit findings regarding this standard:</p> <p>115.286 (a) The Ball-Quantrell Jones Recovery Center will conduct a sexual abuse incident review after every sexual abuse investigation, including where the allegation has not been substantiated unless the allegation has been determined to be unfounded. Ball-Quantrell Jones Recovery Center PREA Policy 115.286 states the committee will be made up of at least three persons; including but not limited to, the Site Director/PREA Coordinator and Administrative Investigators. However, there have been no incidents of sexual abuse reported during the audit cycle to document a review. The facility does have a PREA Incident Review Form in place if and when needed. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p>

115.286 (b) The Ball-Quantrell Jones Recovery Center will ensure that these reviews occur within 30 days of the conclusion of the investigation and shall document the review on the "PREA Sexual Abuse Incident Review" form. Ball-Quantrell Jones Recovery Center PREA Policy 115.286 states the committee will be made up of at least three persons; including but not limited to, the Site Director/PREA Coordinator and Administrative Investigators. However, there have been no incidents of sexual abuse reported during the audit cycle to document a review. The facility does have a PREA Incident Review Form in place if and when needed. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.286 (c) Ball-Quantrell Jones Recovery Center PREA Policy 115.286 states the committee will be made up of at least three persons; including but not limited to, the Site Director/PREA Coordinator and Administrative Investigators. The PREA Coordinator confirmed the Ball-Quantrell Jones Recovery Center has not had a PREA incident to review in the past twelve months. The facility does have a PREA Incident Review Form in place if and when needed. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.286 (d) The review team considers whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; and they examine the area in the Ball-Quantrell Jones Recovery Center, where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; assess the adequacy of staffing levels in that area during different shifts; assess whether monitoring technology should be deployed or augmented to supplement supervision by staff. The agency has deployed an excellent PREA after-action review form which addresses all elements of the standard. The PREA Coordinator confirmed the Ball-Quantrell Jones Recovery Center has not had a PREA incident to review in the past twelve months. Therefore, the facility exceeds the intent of this part of the standard.

115.286 (e) The Ball-Quantrell Jones Recovery Center shall implement the recommendations for improvement or shall document its reasons for not doing so. The PREA Coordinator confirmed the Ball-Quantrell Jones Recovery Center has not had a PREA incident to review in the past twelve months. The facility does have a PREA Incident Review Form in place if and when needed. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Based on the interview with the Site Director, and documentation provided; as well as, the Ball-Quantrell Jones Recovery Center PREA Policy 115.287, the following delineates the audit findings regarding this standard:</p> <p>115.287 (a), (b) and (c) The Ball-Quantrell Jones Recovery Center collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions and aggregates the incident-based sexual abuse data at least annually. Therefore, the facility demonstrated compliance with this part of the standard during this audit. The incident-based data collected is based on the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p>115.287 (d) The Ball-Quantrell Jones Recovery Center Agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The facility did not have a PREA allegation in the last fiscal year. This was confirmed during an interview with the Site Director. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p>115.287 (e) The Ball-Quantrell Jones Recovery Center does not contract its clients to other facilities. Therefore, this part of the standard was found not applicable during this audit cycle.</p> <p>115.287 (f) Upon request, the Ball-Quantrell Jones Recovery Center provides all such data from the previous calendar year to the Department of Justice no later than June 30 when required. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p>
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115.288	<p>Data review for corrective action</p> <hr/> <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Based on an interview with the Site Director, and documentation provided as well as the Ball-Quantrell Jones Recovery Center PREA Policy 15.288, the following</p>
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	<p>delineates the audit findings regarding this standard:</p> <p>115.288 (a) The Ball-Quantrell Jones Recovery Center reviews data collected to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings and corrective actions for the facility. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p>115.288 (b) Such reports include a comparison of the current year’s data and corrective actions with those from prior years and provide an assessment of the Ball-Quantrell Jones Recovery Center's progress in addressing sexual abuse. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p>115.288 (c) The all-Quantrell Jones Recovery Center's report is approved by the PREA Coordinator and made readily available to the public through its website. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p>115.288 (d) The all-Quantrell Jones Recovery Center may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of the facility but must indicate the nature of the material redacted. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p>
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115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Based on an interview with the Site Director, and documentation provided as well as the Ball-Quantrell Jones Recovery Center PREA Policy 115.289, the following delineates the audit findings regarding this standard:</p> <p>115.289 (a) through (d) The Ball-Quantrell Jones Recovery Center agency Staff makes all aggregated sexual abuse data, from facilities under direct control readily</p>

	<p>available to the public at least annually through its agency's website.</p> <p>All reports are securely retained and maintained for at least 10 years after the date of the initial collection unless Federal, State, or Local law requires otherwise. This was corroborated during an interview with the Site Director. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p>
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115.401	Frequency and scope of audits
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.401 (a) and (b) The Ball-Quantrell Jones Recovery Center did have an audit during the last audit cycle. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p>115.401 (h) The auditor has full access to all locations/areas of the Ball-Quantrell Jones Recovery Center. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p>115.401 (i) The auditor did obtain all necessary copies (excluding NCIC and personal identifier information) of audit items. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p>115.401 (m) The auditor was allowed to interview clients in a private setting. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p>115.401 (n) The auditor did not receive any correspondence from any of the Ball-Quantrell Jones Recovery Center clients. Audit notices were observed in every housing unit, lobby, as well as all common areas. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p>

115.403	Audit contents and findings
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	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.403 The agency has made the final report during the last audit cycle through posting on the agency's website (www.hopectr.com)

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

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.221 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.221 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.221 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.221 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	na

115.222 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.222 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.222 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes
115.231 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with	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?	yes
115.233 (c)	Resident education	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
115.233 (d)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.234 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent	na

	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)).	na
	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)).	na
	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)).	na
	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)).	na
115.234 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	yes
115.235 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.235 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	yes
115.235 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.235 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes
	Do medical and mental health care practitioners contracted by	yes

	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?	yes
115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.241 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization:	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.)	na
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	na
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	na
115.251 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.251 (b)	Resident reporting	

	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.252 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.252 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve	yes

	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.)	yes
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.252 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.252 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf	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	yes

	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?	yes
115.265 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.266 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.267 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes

	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.267 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
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).)	na
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	na
115.271 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes
115.271 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial	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).)	na
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?	yes
115.276 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.276 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.276 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.276 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.277 (a)	Corrective action for contractors and volunteers	

	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.277 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
115.278 (a)	Disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.278 (b)	Disciplinary sanctions for residents	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
115.278 (c)	Disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.278 (d)	Disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a	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.)	yes
115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive	yes

	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?	yes
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

115.286 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.287 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287	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.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with residents?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the	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.)	na