

PREA Facility Audit Report: Final

Name of Facility: Community Transitional Services Louisville Facility

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 06/27/2024

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: Ramona Wheeler	Date of Signature: 06/27/2024

AUDITOR INFORMATION	
Auditor name:	Wheeler, Ramona
Email:	ramona.wheeler@alvis180.org
Start Date of On-Site Audit:	04/01/2024
End Date of On-Site Audit:	04/03/2024

FACILITY INFORMATION	
Facility name:	Community Transitional Services Louisville Facility
Facility physical address:	1407 West Jefferson Street, Louisville, Kentucky - 40203
Facility mailing address:	

Primary Contact

Name:	Barbara Strahm
Email Address:	bstrahm@c-t-susa.com
Telephone Number:	502-855-6508

Facility Director	
Name:	Barbara Strahm
Email Address:	bstrahm@c-t-susa.com
Telephone Number:	5028556508

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

Facility Characteristics	
Designed facility capacity:	328
Current population of facility:	172
Average daily population for the past 12 months:	190
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	18-70
Facility security levels/resident custody levels:	community
Number of staff currently employed at the facility who may have contact with	25

residents:	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	3
Number of volunteers who have contact with residents, currently authorized to enter the facility:	2

AGENCY INFORMATION	
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Name of agency:	Community Transitional Services Corporate Headquarters
Governing authority or parent agency (if applicable):	
Physical Address:	1407 West Jefferson Street, Louisville, Kentucky - 40203
Mailing Address:	
Telephone number:	

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

Agency-Wide PREA Coordinator Information			
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Name:	Barbara Strahm	Email Address:	bstrahm@c-t-susa.com
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Facility AUDIT FINDINGS

Summary of Audit Findings

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

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

Number of standards exceeded:

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:	2024-04-01
2. End date of the onsite portion of the audit:	2024-04-03

Outreach

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

The auditor called the identified PREA hotline: 833-362-7732. A recorded message identified the entity as the Kentucky Department of Corrections PREA hotline. The recording requested an inmate number, facility location, and detailed message.

The auditor called KASAP, with which the facility has an MOU for client support, and with whom clients may contact as a resource for sexual abuse, whether while incarcerated or unrelated to incarceration (e.g., sexual abuse as a minor). The number provided in the MOU is 800-656-4673 (HOPE). The entity identified itself via recorded message as the National Sexual Assault Hotline by RAINN, a national sexual assault resource. The recording provides an English or Spanish option for communication, as well as an option for US Military members. The auditor selected option 1, which connected the call with an 'advocate' named Cecilia. She stated they do not provide mental health resources, and are not mental health professionals. Rather, they are trained to respond to callers with referrals to resources that coincide with the person's situation. This may include:

- safety, and/or medical concerns
- needed emotional support
- connection to a criminal justice PREA representative if the person is an inmate
- needed legal assistance
- assistance with housing, medical treatment

She stated that all calls are confidential, and if the facility reached out to them they would not provide any personal identifying information. If a resident needs medical attention, they will provide SAFE/SANE providers. The organization predominantly operates in Ohio, via SARNCO (Sexual Abuse Resource Network of Central Ohio), but can navigate and identify resources in Kentucky, or other states through the RAINN network. The auditor contacted the Center for Women and Families, identified in the facility's policy,

and on observed posters. The number called is 844-237-2331, also identified as a 24/7 hotline number. The auditor spoke with an 'advocate', who explained that they will accept calls from CTS, and that they have an in-house PREA coordinator who assures they comply with PREA standards. They primarily provide to victims of sexual abuse emotional support, which can be done via phone discussion. If additional services are requested, therapy may be coordinated with their PREA coordinator, along with the facility PREA coordinator. The program also offers emotional support to incarcerated individuals who have been sexually victimized.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	328
15. Average daily population for the past 12 months:	190
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 type="radio"/> No <input checked="" 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:	175
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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:	7
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:	13
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:	1
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	1
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0

<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>0</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>During resident interviews, the auditor observed that resident characteristics provided by the PREA coordinator coincided with how residents self-identified during interviews. Four residents disclosed to the auditor that they experienced sexual abuse, but not during incarceration (e.g., child/minor). The auditor interviewed a total of 20 residents:</p> <ul style="list-style-type: none"> • 10 random residents • 10 targeted population residents <p>Of 13 residents who identified as having a cognitive or functional disability, three identified as having mental health issues (e.g., anxiety, depression). Resident stays at CTS varied from less than 30 days to 238 days in-house. Residents are</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>22</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>0</p>

<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:</p>	<p>0</p>
<p>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:</p>	<p>When the auditor arrived at the facility on 4/1/2024, the CTS staff met the auditor at the first floor elevator and escorted her to the 2nd floor administrative office area. Staff were courteous, and were observed as respectful, professional with residents. Residents appeared comfortable approaching staff for any questions, issues, or concerns, which coincided with the overall sentiment residents expressed during random interviews. Staff range from newly hired (e.g., less than 6 months) to tenured staff who were versed in programs and services the facility offers to residents.</p>

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>10</p>
<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p> <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None </p>

<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>CTS operates at one location. The auditor reviewed the facility's website at: www.c-t-susa.com and observed one address for the agency, which coincides with the location where the onsite audit was conducted. During interviews with the agency head, he stated that the location where the onsite audit was being conducted is the agency's only location.</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>Residents were available for interviews during the onsite audit. No selected resident refused an interview with the auditor during the onsite audit phase. The auditor did not receive mail from a resident, nor did any resident inquire to the auditor about the status of any mail sent to the address posted on PREA posted audit notices. The auditor randomly selected residents for interviews by selecting every 5th name on the provided resident census document. The auditor assured that selected residents represented a diverse population of new, tenured, and targeted population(s).</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>10</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>3</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>6</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 resident census provided did not identify residents who were visually impaired. The PREA coordinator stated there were no visually impaired residents at CTS during the onsite audit period. Of 20 residents interviewed, none identified as visually impaired, or having knowledge of a visually impaired resident at CTS during the onsite audit period.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<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 resident census provided did not identify residents who were of limited English proficiency (LEP). The PREA coordinator stated there were no residents of LEP residents at CTS during the onsite audit period. Of 20 residents interviewed, none identified as LEP, or having knowledge of a resident who had English as a second language at CTS during the onsite audit period.</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>1</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 resident census provided did not identify residents who were transgender or intersex. The PREA coordinator stated there were no transgender or intersex residents at CTS during the onsite audit period. Of 20 residents interviewed, none identified as transgender or intersex, or having knowledge of a transgender or intersex resident at CTS during the onsite audit period.</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 resident census provided did not identify residents who had reported sexual abuse while at CTS. The PREA coordinator stated there were no substantiated cases of resident sexual abuse at CTS during the onsite audit period. Of 20 residents interviewed, none identified as having been sexually victimized at CTS, or having knowledge of a resident at CTS who had experienced sexual abuse, during the onsite audit period.</p> <p>The auditor reviewed three PREA investigation files. Of the three, two were unsubstantiated, and one was unfounded. The residents involved were not observed as residing at CTS during the onsite audit period.</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>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 resident census provided did not identify residents who had reported sexual abuse while at CTS. The PREA coordinator stated there were no substantiated cases of resident sexual abuse at CTS during the onsite audit period. Of 20 residents interviewed, none identified as having been sexually victimized at CTS or any other correctional facility, or having knowledge of a resident at CTS who had experienced sexual abuse while incarcerated, during the onsite audit period. The auditor reviewed three PREA investigation files. Of the three, two were unsubstantiated, and one was unfounded. The residents involved were not observed as residing at CTS during the onsite audit period, as per the resident roster provided to the auditor on 4/1/2024.</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>

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).

The resident census provided did not identify residents who had reported sexual abuse while at CTS. The PREA coordinator stated there were no active PREA cases of resident sexual abuse at CTS during the onsite audit period. Of 20 residents interviewed, none identified as having been sexually victimized at CTS or any other correctional facility, or having knowledge of a resident at CTS who had reported sexual abuse while housed at CTS, during the onsite audit period.

The auditor reviewed three PREA investigation files. Of the three, two were unsubstantiated, and one was unfounded. The residents involved were not observed as residing at CTS during the onsite audit period, as per the resident roster provided to the auditor on 4/1/2024.

During the onsite facility review, the auditor observed a Holding cell, in which residents may be placed who are identified as being sexually harassing or abusive with another resident, or a resident who is at risk of retaliation. No resident was observed being housed in the Holding cell. The auditor interviewed seven random security and non-security staff who have access to, and/or engage with residents. None stated that a resident was being monitored for retaliation due to a PREA investigation, and no security staff stated that a CTS resident was being housed in the established Holding cell for sexual safety purposes.

<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>On day-1 of the onsite audit (4/1/2024) the following targeted population was identified via agency resident records:</p> <ul style="list-style-type: none"> • Residents with a physical disability: 7 • Residents who are visually impaired or blind: 0 • Residents who are deaf or hearing impaired: 1 • Residents who are Limited English Proficient: 0 • Residents with a cognitive or functional disability: 13 • Residents who identify as LGBTI: 1 • Residents who identify as Transgender or Intersex: 0 • Residents who reported sexual abuse in the facility: 0 • Residents who disclosed prior sexual victimization during risk screening: 0* <p>*Note: Four residents disclosed having been sexually victimized, but four of four cases did not involve being in a correctional facility, or while under correctional supervision. The auditor interviewed 10 targeted population residents. Of 10, six identified as, and were documented as having a cognitive or functional disability. This number was based on the majority of targeted populations at CTS being in this category. One resident identified as gay, and was interviewed; of seven residents identified and documented to have a physical disability the auditor interviewed three, one of which has a hearing impairment, and one who is in a wheelchair.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>7</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>According to the employee roster provided to the auditor on Day-1 of the onsite audit, Resident Monitors (RMs) (security staff) work 12-hour shifts for 24-hour coverage of the facility operation. RM's work 7am - 7pm, and 7pm - 7am shifts. The auditor interviewed RM's as follows:</p> <ul style="list-style-type: none"> • 4/1, 4/2: 7a - 7p - three on shift, three interviewed • 4/1, 4/2: 7p - 7a - Tuesday - two on shift, two interviewed; Wednesday - none interviewed, due to the onsite audit being concluded • 4/3: 7a - 7p - two on shift, two interviewed • Three RM Supervisors were interviewed: two on 7a - 7p shift; one on 7p - 7a shift • One RM was identified, and confirmed during interviews a work schedule of 12 noon - 12 midnight.
<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>	

75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	7
76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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 type="checkbox"/> Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
82. Did you interview CONTRACTORS 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 CONTRACTORS who were interviewed:	2
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input checked="" type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other

<p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p>	<p>Two contractor staff were identified at CTS:</p> <ul style="list-style-type: none"> • Food Services Director (Aramark) • Assistant Director of Programs/Clinical Supervisor <p>The clinical director supervises counselors who provide programming to residents, and develop individualized program plans. The clinical supervisor has been employed with CTS since 2003, and has worked as a contractor since 2014. During interviews of specialized staff the clinical supervisor was also identified as one who serves on the post-incident review team, and conducts new resident Intakes.</p> <p>The food services director has been with Aramark, and Trinity food service, and has worked at CTS for 9 months. During onsite interviews of specialized staff, she stated that she has completed PREA training through Aramark, and was required to complete PREA training, which was conducted by the agency PREA coordinator. She stated that when she started at CTS, she was required to also watch the onboarding PREA video.</p>
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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.

<p>84. Did you have access to all areas of the facility?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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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)?	<input checked="" type="radio"/> Yes <input type="radio"/> 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)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
88. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No

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).

During the onsite review, the auditor was guided throughout the facility by the facility director/PREA coordinator. All areas of the facility was covered, and the auditor was provided a documented schematic of the facility, which identified all areas in which the auditor observed. the auditor observed the following key facility areas during the facility site review:

- Resident restrooms/showers
- Resident dining (90 capacity seating), vending
- Resident housing dorms, including unoccupied housing units on 2nd and 3rd floor
- Programming, activity, visitation area, including area for visiting children that was bright and contained toys, games for residents to engage with their children
- Administrative offices
- Coverage/security office
- Video surveillance network, located in the coverage office; a RM Supervisor provided a demonstration of how DVR recording(s) may be copied for record purposes if related to a PREA case, video capacity (30+ days), video cameras (92)
- Resident lounge, game room (2nd floor)
- Laundry rooms
- Mechanical room, janitor closet
- Work space for probation/parole staff if/when onsite
- Stairwells from the 1st, 2nd, and 3rd floors, which are secure

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 type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>The facility director/PREA coordinator uploaded in the OAS relevant supporting documentation, including investigative documentation, policies/procedures, documented MOU for resident emotional support outside CTS. While onsite, the auditor was provided access to hard copy resident files, and employee records, including training records.</p> <p>While onsite, the auditor observed signage announcing the PREA audit, PREA signage with resource information external to the facility, and identifying ways residents can report PREA allegations. The auditor observed the CTS website, and PREA annual reports in prior years, including PREA audit reports. The auditor verified external resources via phone calls to:</p> <ul style="list-style-type: none"> • KASAP (Kentucky Association of Sexual Assault Programs, Inc.) • KYDOC probation/parole dept. • Center for Women & Families (listed in resident information, agency policies)
<p align="center">SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY</p>	
<p>Sexual Abuse and Sexual Harassment Allegations and Investigations Overview</p>	
<p>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.</p>	

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	2	0	2	0
Staff-on-inmate sexual abuse	1	0	1	0
Total	3	0	3	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	2	1	2	0
Staff-on-inmate sexual abuse	1	0	1	0
Total	3	1	3	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:

3

<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 checked="" type="radio"/> No</p> <p><input 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>2</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 checked="" type="radio"/> No</p> <p><input 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 checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input 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>1</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" 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 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>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>There were no allegations of sexual harassment reported in the past 12 months, whether by other residents, or staff, volunteers, or contractors who have access to residents.</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 auditor did not observe any documentation or investigative files involving staff sexual harassment, including volunteers, and contractors.</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>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Community Transitional Services (CTS) Community Confinement Standards Policy (i.e., master PREA policy), Updated February 2024 2. Agency Table of Organization <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA Coordinator <p>Findings:</p> <p>115.211(a) The facility provided in the Pre-Audit Questionnaire (PAQ) a PREA master</p>

policy. The policy mandates zero tolerance against sexual abuse, and sexual harassment. The policy contains definitions of prohibited behaviors, which coincide with PREA standards. The policy states in Chapter 10:

"CTS has zero tolerance toward all forms of sexual abuse and sexual harassment. PREA violations will result in severe sanctions."

The agency mandates a zero tolerance policy towards all forms of sexual abuse and sexual harassment. The following describes the agency's approach to preventing, detecting, and responding to such conduct:

1) Implementation of the overall PREA program for CTS is primarily the responsibility of the agency PREA Coordinator. The facility's Program Director serves as the facility's PREA coordinator. This PREA coordinator is responsible for ensuring agency PREA policies are being followed and reporting all incidents to the Kentucky Department of Corrections (KYDOC). Additional responsibilities include informing the agency owners of any high risk clients, ensure all clients receive monthly PREA training refresher, ensure all staff receive ongoing PREA training at staff meetings on a routine basis, and finally to ensure assessment screenings are completed on clients within 72 hours, within 30 days, and when new information is learned or the client is involved in a PREA incident.

2) The agency PREA Coordinator will regularly review staffing plans and PREA policies to make adjustments where necessary (at least annually). The Coordinator will also conduct incident reviews of all PREA incidents. The Coordinator will stay in contact with the state (KYDOC) PREA Coordinator regarding any changes in the law.

Based on the evidence provided, the facility meets this provision.

115.211(b) The facility indicates in the PAQ that a PREA coordinator has been appointed to oversee compliance with PREA standards. The PREA policy requires a PREA Coordinator be appointed to oversee the agency's compliance with PREA standards, and that the position is an "upper-level" position with the appropriate authority to carry out the appointed duties. The policy states in Section 115.211b: "(b) This policy will apply to all residents; full time, part time, interim employees; interns; students; volunteers; and contractors conducting business with CTS. The Director of CTS will act as the agency PREA Coordinator." The agency designates facility Director Barbara Strahm, as the agency wide PREA coordinator. The coordinator stated during her interview that she has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards at CTS. Specifically, the job duties related to the role of PREA coordinator will be priority over others and PREA allegations do not frequently occur. The facility provided in the PAQ a facility Table of Organization for management positions in the agency. The PREA coordinator position is currently held by Barbara Strahm, whom reports to CTS owners (3), of which Bill Seabold serves as the primary operational Agency Head over the facility director. The other two owners, John and Todd Clark (father and son) are business partners for CTS.

During the onsite interview, the PREA coordinator provided further details regarding her role of PREA coordinator as follows:

	<p>The agency PREA Coordinator will regularly review staffing plans and PREA policies to make adjustments where necessary (at least annually). The Coordinator will also conduct post-incident reviews of all PREA incidents. The Coordinator will stay in contact with the state (Kentucky Department of Corrections) PREA Coordinator regarding any changes in the law.</p> <p>During the pre-audit phase, the PREA coordinator was the designated point-of-contact (POC) who reached out to the PREA auditor, and coordinated with the auditor and CTS owner Seabold on the audit interview schedule. The PREA coordinator was designated to complete the PAQ, and upload documentation. During the onsite audit phase, the PREA coordinator greeted the auditor upon arrival on 4/1/2024. The PREA coordinator was the auditor's primary contact while onsite. This person led the auditor through the onsite facility review, answered questions, and provided requested information. The PREA coordinator's office is where employee files are located. The auditor was provided a workspace inside an office where the staff was absent, in the administrative section of the facility. Based on the evidence provided, the facility meets this provision.</p> <p>Based on the evidence provided, the facility meets this standard.</p> <p>Corrective Action: No corrective action recommended.</p>
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115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination: Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency Head <p>Findings:</p> <p>115.212(a) The facility does not contract with other facilities for the confinement of their clients. The facility indicated on the PAQ that it does contract with another facility for the confinement of their clients. A contract (renewal) dated 2/13/2024 was provided as supportive documentation. The communication regarding the contract is with KYDOC, with which CTS contracts for their program. This is not an external entity that CTS contracts with independently for the confinement of their clients, thus N/A is the applicable response to this standard.</p> <p>The facility's PREA policy states that CTS may subcontract for "...furnishing any of the work or services herein. The Contractor shall be solely responsible for</p>

performance of the entire Contract whether or not subcontractors are used. the Commonwealth shall not be involved in the relationship between the prime contractor and the subcontractor. Any issues that arise as a result of this relationship shall be resolved by the prime contractor. All references to the Contractor shall be construed to encompass both the Contractor and any subcontractors of the Contractor."

During the onsite audit, the Agency Head confirmed during his interview that the organization does not contract with an outside entity for the confinement of residents. He stated that CTS is contracted with the Kentucky Department of Correction (KYDOC) to provide residential programming and services for adult males. KYDOC is the primary referral source for housing residents at the CTS facility. Based on the evidence provided, the facility meets this provision.

115.212(b) The facility PAQ indicates CTS it may contract with other facilities for the confinement of their clients. The Agency Head explained in his interview that if CTS maximized their bed/population capacity they would not accept new admissions until space became available. CTS has been contracted by the KYDOC to house Commonwealth-referred (KYDOC) residential clients whom are known to have substance use issues. He further explained that CTS is a for profit behavioral health facility, not only a traditional community confinement correctional facility; residents (clients) volunteer to come to CTS. The facility is required to comply with PREA standards due to receiving referrals from the Commonwealth's Department of Corrections. Based on the evidence provided, the facility meets this provision.

Corrective Action: No corrective action is recommended.

115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. CTS master PREA policy 2. CTS Staffing Plan 3. Staffing Plan Review 2/13/2024 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Director/PREA Coordinator <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Physical layout of the facility <p>Findings: 115.213(a) The facility PAQ affirms there is a staffing plan in place. The</p>

PREA staffing plan was provided in the PAQ as supportive documentation to indicate compliance with this provision. The facility PREA policy indicates an established staffing number of staff, to ensure the sexual safety of clients. PREA policy Section SUPERVISION and MONITORING states:

"Community Transitional Services adheres to KYDOC policy that requires twenty-four (24) hour awake supervision by staff to protect residents from sexual abuse. Community Transitional Services employs the following number of staff:

- **Director**
- **Assistant Director (2)**
- **Facility Manager (when census is above 240)**
- **Counselors- 5-8 full time (based on census; 1 counselor per 40 residents)**
- **Administrative Assistant**
- **Monitors - 8-12 full time based on population**
- **Trinity Kitchen Staff - 3 full time**

8-12 Resident Monitors provide 24-hour awake client monitoring and is listed as follows:

- **Resident Monitors work 12 hour shifts (7a-7p & 7p-7a) 2-3 Resident Monitors on each shift."**

The policy further states that the facility director and assistant directors will always be on call. The facility has video monitoring to provide additional surveillance of the facility. The PREA policy stated that **"...the system is monitored by the Resident Monitors 24 hours a day. There are 92 camera throughout the facility and covering outside areas. There are no cameras in bathrooms."**

Staffing Plan Review

According to the PREA coordinator, assessing adequate staffing levels and the need for video is based on the facility layout, and number of incidents in the past 12 months. During the facility site review, the PREA coordinator provided to the auditor a current facility staff schedule. The Roster coincided with the facility staffing plan, whereby Resident Monitors work 12-hour shifts from 7a-7p, or 7p-7a. The auditor identified one Monitor who works a 12-hour schedule from 12noon to 12midnight. The roster reflects two Monitors on each shift. During 1st shift, management and administrative staff are on-site. The Staffing Plan also covers how video technology is utilized, including the capacity of surveillance system memory. The Plan also states regarding video monitoring system:

"When designing or acquiring new equipment or modification for the facility, CTS will consider the effect of the design, modification, and/or upgrade on staff's ability to protect residents from sexual abuse. The will hold true specifically when installing or updating video surveillance

equipment in the facility."

The policy further states in paragraph two:

"The staffing plan review will be documented with revisions made in the operations manual and recommendations for modifications to the staffing plan implemented as applicable and appropriate. For compliance with PREA Standards 115.213a, the staffing plan review must consider:

- **The potential resident capacity of the facility**
- **the physical layout of the facility**
- **The composition of the resident population to include consideration of residents who identify in the LGBTQI population**
- **The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and any other relevant factors."**

Based on the evidence provided, the facility meets this provision.

115.213(b) The standard provision states: b) In circumstances where the staffing plan is not complied with, the facility shall document and justify all deviations from the plan.

The CTS PREA policy states in Section Staffing Plan Review, paragraph three:

"In circumstances where the staffing plan is not complied with, the facility shall document and justify all deviations from the plan. It would be an unusual circumstance to deviate from the staffing plan. the unexpected call ins of staff are documented. In the event that a resident monitor call in sick, other staff are asked to cover the shift. Requests for time off are approved once coverage for the shifts is found. The coverage documentation will be kept in th Assistant Director of Operations' office. 115.213b"

The auditor interviewed seven non-security staff. Each person stated that CTS staffing structure and pattern is effective, and that there is not a prevalence of policy/rule violations, other than minor disputes that occasionally flare up. They expressed that the facility operates with safety as an ongoing priority, and that Monitors will report violations if/when they occur. During the onsite visit, the auditor observed that one of the Resident Monitors on the 7p-7a shift is a supervisor. The supervisor stated during her interview that she does the same nightly routine as the other Monitor, but is empowered to make operational decisions that may impact the security of the facility, and is the off-hours point of contact for the PREA coordinator should any type of PREA related situation occur. Based on the evidence provided, the facility meets this provision.

115.213(c): The standard provision states: (c) Whenever necessary, but no less frequently than once each year, the facility shall assess, determine, and document whether adjustments are needed to: (1) The staffing plan established pursuant to paragraph (a) of this section; (2) Prevailing staffing patterns; (3) The facility's

	<p>deployment of video monitoring systems and other monitoring technologies; and (4) The resources the facility has available to commit to ensure adequate staffing levels.</p> <p>The facility provided in the PAQ the facility PREA policy as supportive documentation. The policy states in Section Staffing Plan Review: "No less than one time each year, the facility director will assess, determine, and document whether adjustments are needed to: (1) The staffing plan established in this document; (2) Prevailing staffing patterns; (3) Deployment of video monitoring systems and other monitoring technologies; (4) Current resources available to commit to ensure adequate staffing levels."</p> <p>The facility provided documented evidence that the CTS Staffing Plan was last reviewed on 2/13/2024.</p> <p>Based on the evidence provided, the facility meets this provision.</p> <p>Based on the evidence provided, the facility meets this standard. Corrective Action: No corrective action is recommended.</p>
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115.215	Limits to cross-gender viewing and searches
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <p>Staff files</p> <ol style="list-style-type: none"> 1. CTS PREA policy 2. CTS New Employee Training Guide 3. CTS Employee Training Sample 4. CTS Employee PREA Refresher training sample(s) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Non-Medical Random Staff <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Auditor site observations of Operational Procedures

Finding:

115.215(a), (b) The facility PAQ response indicates that the facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners. CTS's PREA policy Section SEARCHES states: **"Cross-gender strip/unclothed searches will not be performed by CTS staff (55.215a). Searches of this nature require CTS management approval, documentation of the search and the reason for the search. Unclothed searches will be conducted with 2 male staff present (when possible) and with consent from the resident. It will be conducted in the privacy of the urine surveillance bathroom to protect the dignity of the resident. At no time are staff allowed to conduct an unclothed search without just cause and permission from management. No staff are to conduct unclothed searches on residents in order to exam genital area for the sole purpose of determining one's gender status."**

Staff orientation training records were provided during the onsite visit as supportive documentation. The auditor reviewed the New Employee Training Guide, provided as evidence of the training content. The auditor reviewed 20 client files, and found no evidence of notes, or other documentation indicating an approval to conduct a strip search. The auditor reviewed 12 staff orientation training records as evidence that this provision is included. Each record is signed, dated. The dates coincide with the employees' start date. The training also included appropriate transgender searches, and first responder duties. During interviews with seven (7) random non-medical staff, all stated they participated in a PREA training during their initial orientation, and routine PREA refreshers (if not a new employee), which included conducting client pat-searches. When asked about searches of transgender or intersex clients, all seven staff stated the training they received in orientation, and refresher (those whom completed both) included training for conducting pat-searches on transgender or intersex clients, even though CTS only houses male residents. Staff unanimously stated the facility doesn't allow client body cavity searches.

During the onsite facility review, the auditor had informal discussions with staff and clients regarding transgender pat-searches. The auditor asked staff to describe what would be the process for conducting a pat-search on a transgender female client who had fully-developed breasts, and wore a bra. All staff indicated they would know what to do. One male staff stated he would ask the client if 'she' would rather a female staff conduct such a search. The auditor asked staff what exigent circumstance would require them to conduct a cross-gender strip, or cross-gender visual body cavity search; staff could articulate what would constitute an exigent circumstance, but reiterated that policy prohibits male staff to search female residents (if a client identified as female).

During the onsite facility review, the auditor observed clients being searched who were returning from outside meetings, etc.. Searches were conducted in view of

security cameras, in the front of the main coverage area. In all cases, a male staff was on shift and conducted the pat-search. No staff was observed strip searching any client.

CTS is an adult male facility. There are no female clients in the facility. Based on the evidence provided, the facility meets this provision.

15.215(c) The facility indicated in the PAQ that it does not conduct cross-gender strip searches and cross-gender visual body cavity searches, and that there are no female clients at the facility. During the site review there were no female clients observed in the facility. Based on the evidence provided, the facility meets this provision.

15.215(d) The facility indicated in the PAQ that policies and procedures are in place, which enable clients 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. The PREA policy states in Section SEARCHES: Pat/Strip or Unclothed, paragraph three:

"Female staff are required to announce themselves prior to entering a resident bathroom by simply stating: "Female coming in" (115.215d). Residents should respond if they need time to clothe themselves prior to the female entering the bathroom doorway. this is to avoid walking in on a resident who may not be clothed. Residents are required to change clothes in the bathroom. Residents are not to changes clothes in their dorm area as cameras are posted in each dorm. In addition, if there is a period of time in which no female staff are on duty, when a female staff does report, staff will announce via the speaker: "Female on duty." This will be documented in the log book as well. This is to make the residents aware that a female is likely to enter their living are at any time. Video surveillance does not take place in any bathroom. (115.215d)."

During the facility review, the PREA coordinator lead the auditor into the dorms, and announced our presence. The auditor did not observe other female staff, both security and non security, enter the client dorm. Of the seven (7) monitors interviewed, all stated female staff rarely enter client dorms as there are usually male staff on shift, but if there's a need, they announce themselves prior to entering the client dorm area. Administrative female staff have no regular engagement with clients that would require them to go to a client's dorm: case management meetings usually occur in the counselor's office.

During client interviews, 20 of 20 clients stated female staff do not enter their dorms unless there is no male Monitor on the shift. They all corroborated staff statements that they are given privacy to take care of personal hygiene needs, and dress/undress. All clients stated that they are required to be dressed when in common areas, and that privacy is respected by staff. Clients stated they usually dress in the shower area. Three clients stated the facility staff are very strict, and will write a violation if they exit their room partially undressed (e.g., undershirt without an outer shirt).

	<p>During the facility review, the auditor observed the dorm units, which consists of various numbers of beds, ranging from single twin-sized beds, to bunk beds (mostly bunk beds). An adjacent restroom contains three sinks on one side and two sinks on the opposite side, one handicap stall and three regular stalls. Five single showers have solid curtains. Based on the evidence provided, the facility meets this provision.</p> <p>115.215(e) The facility PAQ indicates it meets this provision, although it currently houses no transgender clients. The PREA policy Section SEARCHES: Pat/Strip or Unclothed states: "...No staff are to conduct unclothed searches on residents in order to exam genital area for the sole purpose of determining one's gender status. (115.215e)"</p> <p>During random staff interviews, all staff stated training is provided on how to properly conduct a pat-search of a transgender or intersex client. The PREA coordinator stated the facility has not had a transgender or intersex client. During a review of 20 client files, documentation indicated that no clients identified as female, or Intersex. Client demographic information contains check boxes for the client to self-identify as a transgender male or female. There is a check box for sexual orientation. During 20 client interviews, no clients self-identified as transgender or intersex. Based on the evidence provided, the facility meets this provision.</p> <p>115.215(f) The facility PAQ indicates 100 percent of staff are trained on how to conduct cross-gender pat-down searches in a professional and respectful manner. Training attendance sheets, dated from 3/12/2018 to 3/22/2024, were provided as supportive documentation. The PREA policy states staff are trained on how to conduct cross-gender pat-down searches and searched of transgender and intersex clients to ensure professionalism and to utilize the least intrusive manner possible consistent with security needs. The PREA coordinator stated during interview that there have been no transgender clients housed at CTS since she became PREA coordinator. Based on the evidence provided, the facility meets this provision.</p> <p>Based on the evidence provided, the facility meets this standard. Corrective Action: No corrective action is recommended.</p>
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115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination:

Documents:

1. CTS PREA Policy
2. CTS MOU for interpretive services

Interviews:

1. Agency Head
2. Random Staff

Site Review Observations:

1. Housing unit common areas, control room, case management office area, common areas, public entrance to building, and visitation
2. Posted materials, English and Spanish 3. CTS Client Handbook, English and Spanish

Findings:

115.216(a) The facility indicates in the PAQ that it complies with this provision. CTS PREA policy Section *Residents with disabilities and/or who are limited English proficient* 115.216 states:

"For residents who have limited reading ability, intellectual, psychiatric, or speech CTS staff will read policies and rules to the residents and ensure that the resident understands what is being read to him. For residents who have hearing problems, written materials will be provided to the resident. For Spanish speaking residents, CTS has "PREA: What You Need to Know" in Spanish. CTS has partnered with local AA groups to have Spanish-speaking volunteers to meet with Spanish speaking residents to relay information and ensure comprehension. In the event that more resources are necessary CTS will reach out to local agencies for assistance such as the Kentucky School for the Blind, Kentucky Assistive Technology Service Network, Southeast Christian Church, etc. (116.216a)"

Agency head Seabold stated in his interview that the facility director/PREA coordinator is designated to coordinate and provide needed support services to vulnerable client populations. He explained that CTS has utilized volunteer interpreters in the past when needed, and that the client handbook will be provided in Spanish, if needed. He further stated that local probation and parole offices, or KYDOC would coordinate with CTS to provide interpretive services if a client was not English proficient. During random staff interviews, seven of seven random staff stated the facility director/PREA coordinator would decide on the appropriate resources for clients with any type of special need.

The facility website does not offer facility information in other than English. During the onsite facility review, the auditor observed the identified PREA poster *PREA: What You Need to Know* posted in English and Spanish in client common areas. During the onsite audit, there were no new client intakes that required special resources or interpretation. The auditor interviewed 20 clients during the onsite facility review. No clients identified as non-English proficient, or for whom English is a second language. Questions were asked related to physical, or mental disability, including cognitive limitations. Of the 20 clients interviewed, nine identified as having a physical, mental, or cognitive disability. One client with a hearing impairment (without a hearing aid) stated that staff communicated in writing if he couldn't fully understand what they were saying. The auditor asked if any assistance was needed for the interview and he declined; the interview went well and the client responded to all questions. One client stated he couldn't read or write, but that staff are nice to him and makes sure he understands what is being explained, or information provided to him. He stated that if he needed to report a PREA related allegation that he would talk to the PREA coordinator or his counselor. Six of nine clients stated they had a cognitive impairment, and one disclosed having a mental health issue. All nine indicated they understood PREA information provided, and that their disability would not hinder their ability to report an allegation of sexual misconduct. Based on the evidence provided, the facility meets this provision.

115.216(b) The facility PAQ indicates that there are steps in place to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to clients who are limited English proficient. The PREA policy states:

"CTS will 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 clients who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. Community volunteers will be asked to assist in this capacity. (115.216b)" Based on the evidence provided, the facility meets this provision.

115.216(c) CTS's PREA policy states it will not utilize other residents to act as interpreters. If any resident needs assistance in understanding PREA standards, he will be assisted by staff or CTS will seek a volunteer to provide the service adequately. this will apply to any resident with hearing difficulties, blindness, psychiatric disorders, intellectual disabilities, have limited reading abilities, or a specialized vocabulary. During the onsite facility review, notices as to how clients could receive interpreter, or language assistance, in Spanish, or other language, were observed posted in the client dorm areas, and common spaces throughout. During random staff interviews, staff stated that clients would use agency-provided tablets to make a special request and that staff would arrange for a volunteer to assist. Based on the evidence provided the facility meets this provision.

Based on the evidence provided, the facility meets this standard.

Corrective Action: No corrective action is recommended.

115.217	Hiring and promotion decisions
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 1398 376">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="280 416 453 452">Documents:</p> <ol data-bbox="280 488 654 591" style="list-style-type: none"> <li data-bbox="280 488 654 524">1. CTS master PREA Policy <li data-bbox="280 555 494 591">2. 12 Staff files <p data-bbox="280 631 437 667">Interviews:</p> <ol data-bbox="280 703 1334 739" style="list-style-type: none"> <li data-bbox="280 703 1334 739">1. Facility Director (who also handles Human Resources)/PREA Coordinator <p data-bbox="280 775 1481 1223">115.217(a) The facility PAQ indicates that the agency shall not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents, who (1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section. The CTS PREA policy is uploaded as supportive documentation. The policy states in Section Recruiting, hiring, promoting with PREA:115.217:</p> <p data-bbox="280 1232 1442 1348">"CTS will not hire or promote anyone who may have contact with clients, and shall not enlist the services of any contractor who may have contact with clients, who—</p> <ol data-bbox="280 1357 1474 1729" style="list-style-type: none"> <li data-bbox="280 1357 1474 1473">(1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. § 1997); <li data-bbox="280 1482 1449 1644">(2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or <li data-bbox="280 1653 1474 1729">(3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph 2." <p data-bbox="280 1765 1474 2092">During the onsite audit, the auditor interviewed the facility director/PREA Coordinator who also oversees the human resources (HR) function of the facility. She stated, as it relates to hiring, CTS's online employment application doesn't specifically asks applicants to disclose past involvement in allegations of sexual abuse in a correctional facility, or other institution (as defined in 42 U.S.C. 1997). She stated that PREA-related questions is part of the interview process. The auditor reviewed CTS's employment application, and observed the application does not ask applicants to respond to questions that coincide with the three PREA related</p>

screening components of this provision. The auditor reviewed 12 employee files during the onsite visit. The auditor observed that employee files contain a Self Declaration Form (PREA). The form header contains three check boxes to indicate if the person completing the form is an a) applicant, b) employee, or c) unescorted Contractor/Volunteer. The form asks that the person certify that their response to the three questions in Section (a) of this standard is true. It also informs that, "**I understand that false and fraudulent information provided herein may disqualify me from further consideration for employment, and, if employed, may result in termination of employment if discovered at a later date.**"

The facility director stated during her interview that no contracted services would be enlisted to someone who may have contact with clients 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). Such would be discovered through background checks, references, or interviews. The same was stated as it relates to actual, or attempted sexual abuse allegations in the community.

The auditor reviewed 12 employee files during the onsite audit. Of the 12 files reviewed, all, or 100 percent, contained the agency's Self Declaration Form (PREA). Based on the evidence provide, the facility meets this provision.

115.217(b) The facility PAQ indicates it complies with this provision. The facility PREA policy was provided as supportive documentation of its compliance with this provision. The policy states in the Recruiting, hiring, promoting with PREA section 115.217:

"CTS will consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, volunteer, intern, who may have contact with residents."

The facility director stated an allegation of sexual harassment wouldn't be an immediate barrier to an employment, or promotional opportunity, if the allegation wasn't substantiated. Based on the evidence provided, the facility meets this provision.

115.217(c) The facility PAQ indicates criminal background checks are required for new hires who may have contact with clients. The facility PREA policy **Recruiting, hiring, promoting with PREA section 115.217** states:

"Before hiring new employees who may have contact with the residents, CTS will:

(1) Have prospective employee complete the PREA Self Disclosure Form

(2) Perform a criminal background record check;

(3) Request a NCIC from the KYDOC and clearance of PREA related charges; and,

(4) Make all 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."

The facility director stated during her interview that the Commonwealth of Kentucky's Administrative Office of the Courts conducts a pre-employment criminal background checks for CTS. The PREA policy states the facility will make it best efforts to contact all prior institutional employers for information on substantiated allegation of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. The PAQ indicates there were 12 new hires in the past 12 months. The auditor reviewed 12 staff files. Six of 12 files reflected new hires in the past 12 months. Based on the evidence provided, the facility meets this provision.

115.217(d) The facility PAQ indicates criminal background checks are required of those hired as contractors, who engage with clients. The CTS PREA policy Section 115.217 states:

"CTS will send the information necessary to the KYDOC for a NCIC check on all contractors, volunteers, interns prior to any having contact with residents. (115.217d)"

The facility director stated during her interview that the Commonwealth of Kentucky's Administrative Office of the Courts conducts a Criminal background check for CTS, including contractors who may have contact with clients. The auditor did not review a contractor file, although the director stated during her interview that one contractor had been hired in the past 12 months. During staff interviews, none of the 12 staff interviewed identified as a contractor. Based on the evidence provided, the facility meets this provision.

115.217(e) The facility PAQ indicates criminal background checks are updated every five years. The facility PREA policy was provided as supportive documentation. Policy section 115.217 states:

"CTS will provide the information necessary to the KYDOC for a NCIC check on employees every 5 years of the employment. (115.217e)"

The director stated in her interview that the Employee Census is reviewed monthly to determine when five-year criminal background check updates are due. She stated the KY Administrative Office of the Courts conducts the five-year background checks. The auditor reviewed 12 employee files while onsite. Of the 12 files reviewed, two (2) employees were due for an updated background check in 2023 based on hire dates in 2018; the auditor observed in both files KYDOC clearances dated 7/7/2023. Based on the evidence provided, the facility meets this provision.

115.217(f) The facility PAQ indicates compliance with this provision. The facility PREA policy was provided as supportive documentation. The policy states in Section 115.217:

"Any individual being considered for hire or promotion and individuals considered for contractual agreements, volunteering, or intern will be asked to complete a Self Declaration Form regarding PREA related

offenses/allegations (115.217f)" The agency also imposes upon employees a continuing affirmative duty to disclose any such misconduct. The facility director stated during her interview that employees are expected to report any arrest, citation without an arrest for a misdemeanor or felony, or citation without arrest for a serious violation (such as driving under the influence, alcohol intoxication, public intoxication), within 24 hours to their supervisor.

The auditor reviewed 12 employee files during the onsite facility review. All files contain a Self Declaration Form (PREA), which includes an acknowledgment of their continuing affirmative duty to disclose any changes in their reporting status as indicated on the form regarding the three components to hire related to section (a) of this standard. Based on the evidence provided, the facility meets this provision.

115.217(g) The facility PAQ indicates material omissions, or falsification of information related to prior allegations of sexual abuse, or sexual harassment, is grounds for termination. The facility PREA policy was provided as supportive documentation. Policy section 115.217 states:

"...Failure to report such misconduct will result in termination of employment/contract/etc. (115.217g)"

The auditor was not provided files of terminated employees for review. The director stated during informal conversation that no employees were terminated in the past 12 months for material omissions, or falsification of information related to prior allegations of sexual abuse, or sexual harassment. She stated that an employee would be immediately terminated if she found such to have occurred. Based on the evidence provided, the facility meets this provision.

115.217(h) The facility indicates in the PREA policy, Section 115.217:

"CTS will provide information regarding substantiated allegations of sexual abuse or sexual harassment involving a former employee, volunteer, intern, or contractor, upon receiving a request from an institutional employer for whom the individual has applied to work. (115.217h)"

The director stated in her interview that there have been no requests from institutional employers on information related to substantiated allegations of sexual abuse against a former employee. The auditor was not provided with terminated files, whereby the facility received a request for information related to a former employee's substantiated allegation of sexual abuse while employed at CTS. Based on the evidence provided, the facility, by default, meets this provision.

Based on the evidence provided, the facility meets this standard.

Corrective Action: No corrective action is recommended.

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Pre-Audit Questionnaire (PAQ)

Interviews:

1. Agency Head
2. Facility Director

Site Review Observations (not an all-inclusive list; see the report Narrative for more information):

Housing dorm units; common areas; Main security/control room; front 1st floor hallway/lobby; facility main entrance; administrative office area; outdoor recreation; cafeteria

Findings:

115.218(a) The facility PAQ indicates there have been no upgrades to the facility since the last PREA audit. During the onsite audit, the Resident Monitor supervisor was able to show the video monitoring system, and how footage can be captured onto a flash drive. The system covers 92 cameras, including views on the outside perimeter, kitchen, laundry, group/activity room; inside main 1st floor entrance. There is full view of the main hallways on floor 1; a Monitor is stationed on floor 2, which covers the area of the hallway that cameras do not. Clients sign in/out, and receive medications (locked inside a cabinet) at the control room counter, which can be viewed on a monitor in the PREA coordinator's office. Based on the evidence provided, the facility meets this provision.

115.218(b) The Agency Head stated that when he considers the facility layout, and physical aspects, a major consideration is the staff's ability to monitor client movement in, and around the facility, and the use of technology to monitor the entire facility given it's location in a strip mall in the city. He stated the facility director/PREA coordinator has remote access to the video surveillance system, and routinely reviews random video footage in the facility. He stated he trusts that she stays on top of the technology, and that the facility is effectively monitored inside, and out.

The facility director stated during her interview that there have been no expansions or modifications of the facility in the last 12 months. During the onsite audit the auditor observed the control room/main coverage office for Resident Monitors, which houses video monitors for 92 security cameras. No cameras have audio capacity. The control room houses three monitors that show real time footage of 92 cameras, with views of the outside perimeter, kitchen, laundry room, group/activity room, entrance to, and full view of, and inside client dorms. There is a full view of the main facility entrance from the control room camera, as the 1st floor entrance only goes to the elevator or stairwell that is not accessible from the hallway. The auditor observed clients coming in/out via stairwell, escorted by staff. the front door

	<p>entrance contains a speaker to announce/identify oneself and be buzzed in by a Monitor on shift.</p> <p>Based on the evidence provided, the facility meets this standard. Corrective action: No corrective action is recommended.</p>
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115.221	Evidence protocol and forensic medical examinations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. CTS master PREA Policy 2. CTS PREA Sexual Assault Action Plan document 3. Memorandum: KYDOC re: Criminal Investigations training 4. PREA community resource: Center for Women and Families <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA coordinator 2. Random Staff <p>Site Review Observations: PREA signage with community-based resource(s)</p> <p>Finding:</p> <p>115.221(a) The facility PAQ indicates the facility conducts administrative investigations of reported allegations of client sexual abuse. CTS does not conduct criminal investigations. The PAQ indicates the facility follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The facility PREA policy is provided as supportive documentation for compliance with this provision. The policy states in INVESTIGATIONS Section:</p> <p><i>"All PREA allegations (sexual abuse or sexual harassment) (including those received by third part reports) will be immediately, thoroughly, and objectively investigated by staff who have received Investigative Training only. Allegations that are not criminal in nature that involve CTS staff will be referred to the KYDOC PREA Coordinator for investigation. If the</i></p>

violation is sexual abuse or assault, CTS administrative staff will immediately separate the victim and alleged perpetrator and notify Kentucky State Police to handle the criminal investigation and will conduct further interviews only after consulting with prosecutors to ensure interviews will not be an obstacle for subsequent criminal prosecution (115.273d). CTS trained investigators will conduct investigations on inmate to inmate allegations (115.221a) (115.222a,b,c) 115.271a,b)" The policy further states:

"If the allegation is sexual abuse or assault, staff are to secure the area of the crime immediately and ensure that no one enters in order to protect any evidence. Staff are to call law enforcement personnel to investigate the crime.(115.221a) ... If the incident is report to staff within 48 hours of the act, the alleged victim and alleged perpetrator are not to take any actions that could destroy potential evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, eating. (115.221a)"

During the onsite audit, the auditor interviewed 12 random and specialized staff. All staff were able to articulate the five protocol steps outlined in policy. All staff identified the PREA coordinator, or assistant director as points of contact, if a sexual abuse is reported, or observed. The auditor reviewed 12 employee files. All files contained signed, and dated PREA training. Dates coincide with the employees' individual start date, and subsequent dates during employment at CTS. Based on the evidence provided, the facility meets this provision.

115.221(b) The facility PAQ indicates it does not house youth, and the provision is not applicable. Auditor observation indicates there are no youth housed at this facility. The facility PREA policy was provided as supportive documentation. The policy states in Section 115.221:

"...Coordination with the hospital (University of Louisville Hospital) will be done to arrange for the forensic medical examination to be performed by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) or other qualified medical personnel. the examination will be at no cost to the resident."

During the onsite interview the agency PREA coordinator stated she will coordinate these efforts with the law enforcement agency handling the investigation, or provide guidance to staff on shift, if necessary.

Based on the evidence provided, the facility, by default, meets this provision.

115.221(c) The facility PAQ indicates clients who allege sexual abuse will receive forensic examinations by a Sexual Abuse Nurse Examiner (SANE), or Sexual Abuse Forensic Examiner (SAFE). The facility PAQ indicates in the master PREA policy, Investigations Section:

"...Both will be immediately transported to University of Louisville Hospital for an examination that may include: collection of forensic evidence, testing for sexually transmitted diseases, prophylactic treatment, follow-up, mental health assessment and access to crisis intervention services. The nature and scope of services will be determined by medical and

mental health providers according to their professional judgment."

The facility PAQ indicates there have been no allegations of client sexual abuse in the past 12 months. However, during the onsite visit she provided to the auditor an investigative file omitted in error of a reported sexual abuse case involving a CTS staff and a client. According to facility and KYDOC investigative documentation, the incident occurred on 12/2/2023 and was investigated by KYDOC investigator. The auditor observed in the report that no forensic examination occurred due to the alleged victim absconding from the medical facility. The alleged abuser was a no call, no show on her next scheduled work day; state police were unable to reach the alleged abuser after multiple attempts between 12/20/2023 - 1/30/2024. The auditor interviewed 20 clients during the onsite visit. No client indicated having been part of a PREA related investigation, whether as a victim or alleged perpetrator. The auditor reviewed 20 client files and found no cases where a client was identified as a sexual abuse victim in the past 12 months, or who received a forensic or other medical examination/service related to sexual abuse. Based on the evidence provided, the facility, by default, meets this provision.

115.221(d), (e) The facility PAQ indicates it attempts to make available to the victim a victim advocate from a rape crisis center, either in person or by other means. The facility cited its PREA policy as supportive documentation. The facility PREA policy states in Section 115.221:

"The alleged victim will be offered victim advocate services through the Center for Women and Families at no cost, in addition to prophylaxis and/or tests for STDs. If requested, the advocate service will be contacted and given the appropriate information. these services will be offered at University of Louisville Hospital (if applicable) or CTS administrative staff will provide the resident the phone number and a private area to make the phone call. The dates and times that the resident call the agency will be documented in his file."

(e) **"...If the victim requests, a victim advocate* or qualified community-based organization staff member* (Center for Women and Families) may accompany and support the victim through the forensic medical examination process and investigatory interviews and will provide emotional support, crisis intervention, information, and referrals. (*This shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.)"**

Based on the evidence provided, the facility meets this provision.

115.221(f) The facility PAQ indicates it complies with this provision. The facility does not conduct administrative AND criminal sexual abuse investigations. The facility PREA policy states if the alleged sexual abuse is deemed to be criminal, the local law enforcement, or KYDOC Probation and Parole will be contacted for further investigation. The facility director stated during her interview that local law enforcement or KYDOC will be contacted in the event a sexual abuse allegation is considered to be criminal.

	<p>The auditor reviewed one investigation of reported sexual abuse in 2023. The auditor observed in the investigation file documentation from KYDOC indicating they were contacted to conduct a criminal investigation, and the outcome. The facility provided in the PAQ a memorandum from the KYDOC dated 1/21/2020 stating that they will conduct criminal investigations related to sexual abuse allegations at CTS. the memorandum confirms that <i>"..All KSP (Kentucky State Police) 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."</i> Based on the evidence provided, the facility meets this provision.</p> <p>115.221(g) The auditor is not required to audit this provision.</p> <p>115.221(h) The facility PAQ response is that it complies with this provision. The facility provided a written memorandum from KYDOC dated 1/21/2020 regarding its ability to conduct PREA investigations that are considered as criminal. The PREA coordinator provided one PREA investigation file related to an incident on 12/2/2023. The auditor observed documentation that KYDOC received the allegation and conducted an an investigation. According to the documentation, the alleged victim was sent for medical treatment/examination and absconded from the medical facility. Based on the evidence provided, the facility meets this provision.</p> <p>Based on the overall evidence provided, the facility meets this standard. Corrective Action: No corrective action is recommended.</p>
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115.222	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. CTS master PREA Policy 3. CTS Website: http://www.c-t-susa.com/prison-rape-elimination-act/ 4. CTS Sexual Assault Action Plan - Uniform Evidence Protocol <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency Head

2. Investigative staff

Finding:

115.222(a) The facility PAQ indicates all allegations of sexual abuse, and sexual harassment are administratively investigated, unless such is deemed to be criminal. The facility PREA policy, provided as supportive documentation, states:

"CTS will ensure that an administrative investigation will be completed on all allegations of sexual abuse and sexual harassment. CTS will complete investigations involving inmate on inmate allegations. Staff on inmate allegations will be referred to the DOC PREA Coordinator for investigation. Any allegations that require law enforcement investigations will be referred to the Kentucky State Police by the CTS Director."

The facility director stated during her interview that the facility works closely with local law enforcement (KSP), and the KYDOC, which will respond to an allegation of sexual abuse, or sexual harassment, should there be an imminent threat to the alleged victim, or if it is clear a crime has been committed. The PAQ indicates there have been three allegations of sexual abuse in the past 12 months. The auditor reviewed the administrative investigation documentation on one of three; no documentation was provided on the other two. The auditor found evidence on the investigation from 12/2023 that the PREA policy was followed, as KYDOC's PREA coordinator was notified and the alleged victim was transferred to another facility during the investigation. The PREA coordinator stated KYDOC was contacted since the identified alleged abuse was a CTS staff.

The auditor reviewed 12 employee files. During the onsite interview the PREA coordinator provided training records. The auditor observed evidence in training records that the PREA Coordinator and facility Assistant Director received specialized training for conducting investigations of cases involving sexual victimization. The employees' record contained a signed certificate for training received as a PREA investigator. The PREA investigator's certificate for training received as a PREA investigator was also observed, dated (?). Based on the evidence provided, the facility meets this provision.

115.222(b) The facility PAQ indicates sexual abuse criminal investigations are referred to local law enforcement (KSP). It states local law enforcement has the legal authority to conduct criminal investigations. The facility PREA policy supports the PAQ, and lists Kentucky State Police as the primary entity for conducting criminal investigations. The PREA coordinator stated during her interview that she contacts KSP to launch a criminal investigation. She further stated during her interview that, should there be an emergency situation, KSP will be contacted, and that the agency has a good rapport with the local police.

The PAQ provides the facility PREA policy states:

"...Any allegations that require law enforcement investigations will be referred to the Kentucky State Policy by the CTS Director."

The PREA coordinator stated during her interview she, or the first responder would call Kentucky State Police. The auditor did not observe evidence of a case being referred for a criminal investigation in the past 12 months. Once investigative file from 2023

was provided, and reviewed by the auditor. The case indicates the KYDOC was contacted to investigate since the alleged abuser was a CTS staff. Based on the evidence provided, the facility meets this provision.

115.222(c) The facility PAQ indicates KSP conducts criminal investigations related to allegations of sexual abuse. The facility policy states in the Investigations Section: ***"Investigators will gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available video surveillance; interview alleged victims, suspected perpetrators, and witnesses; review prior complaints and reports of sexual abuse involving the suspected perpetrator. ...Allegations of resident/staff violations that do not involve sexual intercourse will be referred to the Department of Corrections and an investigator will be assigned by DOC PREA Administrator. CTS Administrative staff will ensure that the resident and staff are separated. This may require that the resident be transferred to another facility, which will be coordinated by the DOC."***

The auditor reviewed a PREA investigative file from 2023. The PREA coordinator stated during her interview that KYDOC was contacted, and arranged for the alleged victim to be transferred to another facility during the investigation. The investigative report states KYDOC notified the PREA coordinator of the alleged victim's absconding from the medical facility where he was sent. The PREA coordinator stated that the named employee failed to return to CTS and KSP was unable to reach her after multiple attempts. Based on the evidence provided, the facility meets this provision.

Based on the evidence provided, the facility meets this standard.

Corrective Action: No corrective action is recommended.

115.231	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. CTS master PREA Policy 2. Staff training records <p>Interviews:</p> <ol style="list-style-type: none"> 1. Intake Staff (counselor) 2. Random Staff

Site Review Observations:

1. PREA Signage through the facility

Findings:

115.231(a) The facility PAQ indicates that they provide staff training on the zero tolerance policy for sexual abuse and sexual harassment during new employee orientation. The facility PREA policy was provided as supportive documentation. The PREA policy states in the TRAINING Section 115.231:

"Upon hire, all staff are required to read the CTS Policy and Procedures Manual, watch the resident orientation video, and read the Resident Handbook, read the Employee Handbook, view "PREA: What You Need to Know," read the DOC PREA policies, and read and sign the CTS Employee Code of Ethics. All of the aforementioned outline the law, guidelines, staff responsibilities, and consequences of violations.

Annually, all employees will receiving training in the following:

- (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) Residents' and employees' right 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 report PREA violations inside and outside the agency.***
- (9) How to avoid inappropriate relationships with residents;***
- (10) How to communicate effectively and professionally with a resident, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents;***
- (11) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. (115.231a)"***

The Policy DEFINITIONS section defines Sexual Abuse, Voyuerism, and Sexual Harassment, as defined in the PREA standards. The facility provided in the PAQ 12 signed staff PREA policy training, dated on the start date of each employee, as evidence that training occurs at the beginning of employment. The document details the definitions reviewed, requirement for female staff to announce themselves when entering the client rooms.

The auditor reviewed 12 employee files during the onsite audit. 12, or 100 percent

of the files contained PREA orientation training dated on the same date as their individual start dates, and covered first responder duties, and searches of transgender and intersex clients. The auditor observed the PREA video that is used for clients and staff. The video covers the facility's zero tolerance policy against sexual abuse, sexual harassment, and retaliation.

Based on the evidence provided, the facility meets this provision.

115.231(b) The facility PAQ states the training provided to staff is gender-specific for an adult-male population. The facility PREA policy states:

"The training provided at CTS will be tailored to working with male residents with consideration given to those who identify differently. (115.231b)"

During the onsite review, there were no female clients were observed in the facility, or on the facility client roster. Client files supported that there are no female clients at CTS. The PREA coordinator provided to the auditor 12 signed PREA training documents. Each was signed and dated, based on when the training was conducted. Based on the evidence provided, the facility meets this provision.

115. 231(c) The facility PAQ indicates all employees who have contact with clients receive training on the agency's zero-tolerance policy. The facility PREA policy, and KYDOC PREA policy were provided as documentation of this requirement. The CTS Training policy states:

"All staff members receive a minimum of twenty hours of annual in services training to include annual PREA training. All Counselors are required to have twenty additional hour of training in substance abuse."

The facility uploaded in the PAQ KYDOC's policy 14.7 titled 'Sexual Abuse Prevention and Intervention Programs' dated 5/20/2020. The policy reiterates the requirement for staff PREA training, including gender-specific training, based on the facility's population. The facility uploaded in the PAQ a PREA training Power point presentation used for staff refresher training. The Power point covers the 10 core elements for PREA training geared toward staff who engage with clients. During random staff interviews, all employees stated they completed PREA training on the agency's zero-tolerance policy.

During the onsite review, the Auditor reviewed 12 employee training records. The PREA and Zero Tolerance policy was reviewed during the time of hire for all employees. Based on the evidence provided, the facility meets this provision.

115.231(d) The facility PAQ indicates there is documentation that employees understand the content of training received. The training documents reviewed are signed, dated, and witnessed. The PREA coordinator stated in informal conversation that employees are asked if there's anything in the training they're unclear about, or do not understand. The auditor reviewed 12 employee files. Of 12 files reviewed, all, or 100 percent, contained a record of PREA training. The auditor interviewed seven specialized staff and seven random security staff during the onsite audit. All staff stated they participated in a PREA refresher, even if they were employed less than one year. The facility states in the PAQ that the last PREA refresher was conducted on 2/19/2024, and provided supportive documentation of such. Based on the evidence provided, the facility meets this provision.

	<p>Based on the overall evidence provided, the facility meets this standard. Corrective Action: No corrective action is recommended.</p> <p>Recommendation: Include a qualifying statement in all training documents that staff sign, which indicates the employee understood the information presented.</p>
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115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) 2. CTS master PREA Policy 3. KYDOC PREA policy <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA coordinator/Human Resources Representative 2. Formal and informal interviews with staff <p>Findings:</p> <p>115.232(a) The facility PAQ indicates it provides PREA training for volunteers and contractors. The PAQ indicates the facility has two volunteers and three contractors who have access to clients. The facility's uploaded PREA policy for standard 115.231 includes required training for volunteers, interns/students, onsite medical and contractors, which outlines:</p> <ul style="list-style-type: none"> • the facility's zero tolerance policy and KYDOC PREA policy • definitions of sexual abuse, and sexual harassment • ways to report a PREA violation • to Whom PREA reports should be directed, by facility site • Boundaries with clients • KYDOC's policy overview

	<p>During onsite interviews the PREA coordinator/HR representative stated that volunteers and contractors complete the same PREA training as staff. The auditor reviewed training records of PREA training at CTS. Of 12 signed PREA training documents for staff and volunteers, one was signed by a contractor (asst. director of programs). The food service director was interviewed onsite. She stated that CTS required her to complete their PREA training and her employer, Aramark, requires PREA training as part of their on-boarding process, and annually. She was able to articulate CTS's PREA training video content, which the auditor observed during an intake. No volunteers were present during the onsite audit. Based on the evidence provided, the facility meets this provision.</p> <p>115.232(b) The facility PAQ indicates volunteers and contractors receive PREA training on the agency's zero-tolerance policy. The facility provided training records of a contractor as supportive documentation. The food service director, also a contractor, verified during onsite interviews that she has completed PREA training through CTS and Aramark. The auditor identified in training records, documentation of PREA training on 11/14/2023. Based on the evidence provided, the facility meets this provision.</p> <p>115.232(c) The facility PAQ indicates training documentation that confirms volunteers and contractors understand the training they receive related to the facility's zero-tolerance policy against sexual abuse and sexual harassment. The facility provided PREA training documents as supportive documentation. Based on the evidence provided, the facility meets this provision.</p> <p>Based on the evidence provided, the facility meets this standard. Corrective Action: No corrective action is recommended.</p> <p>Recommendation: Ensure volunteer and contractor training documentation clearly indicates the individual understood the information presented.</p>
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115.233	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. CTS master PREA Policy 2. Client files <p>Interviews:</p>

1. Intake Staff (Counselors)

2. Random clients

Site Review Observations:

1. PREA signage through the facility

Findings:

115.233(a) The facility PAQ indicates the agency's zero-tolerance policy against client sexual abuse and sexual harassment is reviewed with incoming clients during the intake process. Intake procedures includes reviews with clients on:

- how to report incidents or suspicions of sexual abuse or sexual harassment;
- their rights to be free from sexual abuse and sexual harassment;
- their rights to be free from retaliation for reporting such incidents;
- agency policies and procedures for responding to such incidents.

The facility PAQ provided its PREA policy as supportive documentation, which states in section 'Sexual Abuse/Assault Prevention/Awareness/Intervention - PREA Prison Rape Elimination Act':

"All residents will receive PREA training information, including residents who transfer from another facility where they may have received the same training."

The PAQ indicates that 537 clients were admitted to CTS in the past 12 months, and 480 were transferred from another (non-CTS) facility. During the onsite review the auditor reviewed 20 randomly selected client files. Of 20, all or 100 percent contained PREA documentation that was completed during the intake process. One of 20 files was for a client whom transferred to CTS from another halfway house (Portland) and contained PREA intake documentation. All documents were signed by clients who attended a PREA review of CTS's zero tolerance policy against client sexual harassment, sexual abuse, and retaliation. Dates of the PREA intake sessions coincide with the clients' arrival date at CTS. The auditor observed a new client intake and observed the PREA video with the client. After the video, information regarding the facility's zero tolerance policy was reviewed, and the client had an opportunity to ask questions regarding the video.

During random client interviews, 20 of 20 clients identified their counselor, the facility assistant director, or director/PREA coordinator as the person, with whom PREA information was reviewed, which coincided with the staff name on each attendance sheet for the intake session. All were aware that PREA-related information was posted throughout the facility. Based on the evidence provided, the facility meets this provision.

115.233(b) The facility PAQ indicates 537 clients were admitted to the facility during the past 12 months. The facility PREA policy states:

"...All residents receive this training, even those who are transferred from another facility where they have received the training previously."

The auditor observed a new client intake during the onsite audit, and observed that PREA information was provided via written information and via PREA video.

During random staff interviews the Intake staff stated PREA review is a prerequisite for completing orientation. The auditor observed that one-three clients may watch the PREA video together, but the remaining intake process is completed on an individual basis with the assigned counselor. During her interview the PREA coordinator stated that she or the assistant director may conduct new client intakes if a counselor is out when the client arrives, or is otherwise unavailable.

During random client interviews, 20 of 20 clients were able to articulate that they received the agency's zero-tolerance policy regarding client sexual abuse and sexual harassment either upon entering the facility, or within 1-2 days of arrival. One client commented the PREA intake process began before he unpacked his belongings due to the session's scheduled start time.

During the facility onsite review, the auditor reviewed 20 client files. All files reviewed contained evidence of an initial PREA intake screening and orientation within 1-2 days of the clients' arrival. Based on the evidence provided, the facility meets this provision.

115.233(c) The facility PAQ indicates it provides to all clients education in formats accessible to those who are: limited English proficient, deaf, visually impaired, have limited reading skills, or otherwise disabled. The facility PREA policy states: ***"For residents who have limited reading ability, intellectual, psychiatric, or speech CTS staff will read policies and rules to the residents and ensure that the resident understands what is being read to him. For residents who have hearing problems, written materials will be provided to the resident. For Spanish speaking residents, CTS has "PREA: What You Need to Know" in Spanish. CTS has partnered with local AA groups to have Spanish-speaking volunteers to meet with Spanish speaking residents to relay information and ensure comprehension. In the event that more resources are necessary CTS will reach out to local agencies for assistance such as the Kentucky Scholl for the Blind, Kentucky Assistive Technology Service Network, Southeast Christian Church, etc. For residents who are hearing impaired, Telmate phones are TDD equipped with purple VRS technology."***

The PREA coordinator is identified as the position responsible for ensuring such is provided. CTS counselors are assigned to conduct client intakes. During random staff interviews, counselors stated they conduct client intakes within the first 24 hours of their arrival. If a client had a need for any type of assistance, or if they knew prior to the client's arrival they had some type of physical disability, he would meet with the PREA coordinator to arrange for the appropriate accommodation.

During the Auditor's review of client files, one client was identified as having a hearing impairment (without a hearing aid). During review of the client roster, the PREA coordinator identified the same client as disabled. During the auditor's review of 20 client files, one file contained information identifying a client as physically disabled. The auditor interviewed the disabled client; he stated that his disability would not impact his ability to report a PREA allegation, and was able to articulate ways he could report such, if necessary. Based on the evidence provided, the facility meets this provision.

	<p>115.233(d) The facility PAQ indicates that it documents assistance or accommodation(s) provided to clients. The facility PREA policy was uploaded in the PAQ as supportive documentation. The policy states: "All residents sign off on PREA training, acknowledging that they have received the information up intake - after viewing the video and reviewing the policy."</p> <p>The auditor interviewed three counselors who all stated they conduct client intakes. One counselor stated in his interview that he has a conversation with clients during intake about any special needs or accommodation they may have. He stated most clients do not request anything special, so there isn't usually anything to document. Of the client files the Auditor reviewed, 19 of 20 did not contain client requests for any type of accommodation, or to receive information in a special format (e.g., Spanish, braille). Based on the evidence provided, the facility meets this provision.</p> <p>115.233(e) The facility PAQ indicates key information is readily available and accessible to all clients through posters, resident handbooks, or other written formats. The facility provided in the PAQ the facility PREA policy as supportive documentation. The policy states: "PREA information - avenues to report, how to seek counseling, what constitutes PREA violations, etc. is posted throughout the facility; in resident dorms and common areas, including the visitation area where friends and family visit, as a constant reminder to residents (115.233e)"</p> <p>During the facility site review, the auditor observed a PREA: What You Need to Know poster. The poster contains information on ways to report PREA allegations. All posters are posted in English and Spanish versions.</p> <p>During random client interviews, 20 of 20 clients were able to articulate where pertinent information is located in the facility, or to whom they go to obtain key information. Clients stated during random interviews that they knew important information is posted "everywhere" in the facility, should they have a need to report sexual abuse or sexual harassment, or retaliation. Based on the evidence provided, the facility meets this provision.</p> <p>Based on the evidence provided, the facility meets this standard. Corrective Action: No corrective action is recommended.</p>
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115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. CTS master PREA Policy

2. Employee training records

Interviews:

1. PREA coordinator/facility director

Findings:

115.234(a) The facility PAQ indicates that those who conduct administrative investigations received training in conducting such investigations in confinement settings. The PAQ indicates two staff received specialized training to conduct PREA investigations related to reported allegations of sexual abuse. The facility uploaded in the PAQ supportive documentation that the facility assistant director and director (PREA coordinator) have received formal PREA investigations training. Training documentation was dated 11/5/2015 and 5/22/2014 respectively, and was signed and dated by KYDOC Training. The KYDOC PREA policy Section C. 3. states: **"All employees who conduct sexual abuse investigations shall receive specialized training in conducting such an investigation in a confinement setting. The training shall include 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 auditor reviewed one PREA allegation investigation file from 2023. The facility PAQ indicated three allegations were received in the last 12 months. The PREA coordinator was identified as who conducted the administrative internal investigation.

The auditor reviewed 12 employee files during the onsite audit. The auditor verified onsite the two uploaded training certificates for specialized PREA investigations training was contained in the director's files. Based on the evidence provided, the facility meets this provision.

115.234(b) The facility PAQ indicates that the specialized investigations training meets all requirements of this provision: techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The facility PREA policy states: **"...The training shall include 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 PREA coordinator is a designee for PREA-related investigations. Based on the evidence provided, the facility meets this provision.

115.234(c) The facility PAQ indicates specialized training documentation of agency investigators is maintained. Two training certificates were provided as supportive

	<p>documentation to verify such training has been received. During the onsite audit, the auditor observed the same documents in the PREA investigator and PREA coordinator training records. The auditor reviewed the investigative file of a 2023 PREA allegation. The employee identified as the CTS investigator is one of the trained employees identified to conduct PREA investigations. Based on the evidence provided, the facility meets this provision.</p> <p>115.234(d) The Auditor is not required to audit this provision.</p> <p>Based on the overall evidence provided, the facility meets this standard. Corrective Action: No corrective action is recommended.</p>
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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>he following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) 2. CTS master PREA Policy 3. Employee Roster <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. No medical or mental health practitioners at CTS <p>Findings: 115.235(a) The facility PAQ indicates it does not have medical and mental health practitioners who work regularly in the facility. The facility did not provide supportive documentation related to medical and/or mental health services offered onsite to clients. The KYDOC PREA policy 14.7, Section C. 4 states: "All full and part-time medical and mental health care practitioners who work regularly in the facility shall receive specialized training on the following: (a) How to detect and assess signs of sexual abuse and sexual harassment; (b) How to preserve physical evidence of sexual abuse; (c) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and (d) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment."</p> <p>The PREA coordinator stated during informal discussions that CTS does not directly</p>

employ medical or mental health staff. However, if in the future those specialty positions are created, the agency will ensure that all medical and mental health care practitioners who work regularly in its facilities have been trained. During the onsite audit, the facility provided to the auditor a CTS Organization Chart. The chart did not list any medical or mental health practitioners as employees, or contracted staff at the facility. During the onsite audit, the auditor did not observe any medical or mental health practitioners in the facility.

Direct medical and mental health services are not offered at this facility. Clients are referred to the University of Louisville hospital, depending on status (classification), and urgency of the situation. Based on the evidence provided, the facility, by default, meets this provision.

115.235(b) The facility PAQ indicates this provision is not applicable (N/A), as medical and/or mental health services are not provided at this facility. The facility PREA policy states in Section 'Action upon receiving a report':

"...*This shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general."

During the onsite audit, there was no evidence of direct medical or mental health services being provided at CTS. Based on the evidence provided, the facility, by default, meets this provision.

115.235(c) The facility PAQ indicates it does not employ in-house medical or mental health practitioners. The facility PREA policy was provided as supportive documentation. The policy Section 'Services for victims and abusers' states:

"...These services will be offered at University of Louisville Hospital (if applicable) or CTS administrative staff will provide the resident the phone number and a private the phone call."

The PREA coordinator stated during informal conversation that clients with a need for physical/medical attention, or mental health services, would be sent to University of Louisville Hospital. Based on the evidence provided, the facility meets this provision.

115.235(d) The facility PAQ indicates there are no medical or mental health care practitioners employed at CTS, and that the provision requirement is not applicable (N/A).

The Employee Roster does not list medical or mental health practitioners who volunteer or are contracted to provide medical or mental health services. During the onsite audit, there were no staff, volunteers, or contractor(s) identified as employed, or contracted to provide medical or mental health services for clients at CTS. Based on the evidence provided, this provision is not applicable to this facility.

Based on the evidence provided, the facility meets this standard.

Corrective Action: No corrective action is recommended.

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. CTS master PREA Policy
2. Client files

Interviews:

1. Intake staff (Counselors)
2. Staff that conduct risk assessments
3. Random clients

Findings:

115.241(a) The facility PAQ indicates that all clients are assessed during intake for their risk of sexual victimization, or sexual abusiveness. The facility PREA policy and corresponding KYDOC document titled *Screening for Risk of Sexual Victimization and Abusiveness* were provided as supportive documentation, which states in section SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS: **"Upon entry (no more than 72 hours from arrival), all residents undergo a PREA Risk Assessment (Attachment A) privately with a trained CTS staff member."**

During the onsite audit, the auditor interviewed 20 clients. Of the 20 clients interviewed, all, or 100 percent stated they received an initial risk screening within the first 24 hours of arrival at the facility. One client stated he went through a PREA screening before he put away his belongings. The auditor reviewed 20 client files during the onsite audit. All files reviewed contained records of completed intake screenings. Based on the evidence provided, the facility meets this provision.

115.241(b) The facility PAQ indicates intake screenings are ordinarily completed within 72 hours of arrival. The facility PREA policy is uploaded as supportive documentation. The policy states:

"Upon entry (no more than 72 hours from arrival), all residents undergo a PREA Risk Assessment (Attachment A) privately with a trained CTS staff member."

The PAQ indicates the facility stated that 469 clients have been admitted in the past 12 months, whose stay was at least 72 hours, and who received an initial PREA screening within 72 hours of arrival. During random client interviews, 20 of 20 clients stated they completed their PREA intake when they first arrived at CTS. The auditor reviewed 20 client files during the onsite audit. All files reviewed contained signed intake screening documentation, dated within 24 hours of the client's arrival at CTS. Based on the evidence provided, the facility meets this provision.

115.241(c)

The facility PAQ indicates it uses an objective screening instrument for screening clients for sexual victimization, or past sexual abusiveness. The facility PREA policy states in paragraph two:

"CTS utilizes a PREA Screening Assessment formulated by the KYDOC (attachment A). The questions are objective in nature. (115.241c)"

The PREA screening tool was uploaded as supportive documentation. The tool contains 12 questions that determine if a client is: a) known victim; b) potential victim, or c) not a victim of sexual abuse. The document states that **"If five (5) or more answers above are "Yes"; Or "Yes" was answered on #1 (verified) - the Offender shall be placed in Precautions as High Risk for Victimization (Currently listed in KOMS as "High Risk Victim")"** The document defines the KOMS as the Kentucky Offender Management System. The auditor reviewed 20 client files during the onsite audit. All files reviewed contained a completed screening document. Based on the evidence provided, the facility meets this provision.

115.241(d) The facility PAQ indicates clients receive a risk assessment upon admission. The facility Screening for Risk of Sexual Victimization and Abusiveness form, and facility PREA policy are uploaded as supportive documentation. The PREA policy states:

"The questions are objective in nature. It includes the following:

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

The screening tool contains the nine criterion this provision requires to assess whether a client is one of three designated types of sexual victim or sexual abuser. A Counselor stated during his interview that If they are designated as a known victim, and appears particularly fearful, they are placed on the third floor in a dorm where no other client is housed who was also considered as high risk for victimization or abusiveness. A client considered to be high risk for abusiveness would be housed on the 2nd floor with a "-2" designation with his name. The screening form asks about prior sexual abuse, and whether such occurred during incarceration, or prior to incarceration. The form asks about the client's history of being sexually abusive.

During the interview, no counselor stated that a client has identified as, or been tagged as sexually abusive. Based on the evidence provided, the facility meets this provision.

115.241(e) The PREA policy was provided as supportive documentation. The policy states in Section Screening for Risk:

"(e) The intake 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 agency, in assessing clients for risk of being sexually abusive."

The PREA Screening form provided as supportive documentation indicates the screening considers, when known, prior acts of sexual abuse, or history of institutional violence or sexual abuse, or if such has been experienced, in general. The instrument considers whether a client has been convicted of a sex offense. The form asks the client about prior convictions of violent offenses. Based on the evidence provided, the facility meets this provision.

115.241(f) The facility PAQ indicates clients are re-screened in no more than 30 days from the client's arrival at the facility. The PAQ provided the facility PREA policy as supportive documentation. Policy section 115.241 states:

"(f) Within 30 days from the client's arrival at the facility, the facility will reassess the client's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening."

The facility indicates in the PAQ that 388 clients were admitted who received a reassessment within 30 days of admission. The screening tool allows the screener six options for conducting the PREA screening:

- Intake with 72 hours of arrival
- Transferred in within 72 hours of arrival
- Receipt of additional information affecting Risk level
- Referral - and by whom
- Incident of Sexual Abuse
- Requested.

Twenty (20) of 20 files the auditor reviewed contained an initial, and re-screening within 30 days of the client's arrival date, if the client was still in the CTS program. Based on the evidence provided, the facility meets this provision.

115.241(g) The facility PAQ indicates it conducts client risk screenings due to:

- a referral
- a request
- an incident of sexual abuse
-

or receipt of additional information that bears on the client's risk of sexual victimization or abusiveness.

The facility PREA policy was uploaded as supportive documentation. The policy states:

"Assessments are conducted again during the residency if it is determined, at a later date, that a resident was a victim or perpetrator of a PREA violation or if the answer to any question on the assessment changes during the resident's time at the facility (115.241g)"

No supportive documentation was provided to indicate risk assessments were conducted under these circumstances. One counselor stated that, screenings, outside of the initial screening, and re-screening, within 30 days of arrival, or a transfer from another halfway house have been the only circumstances for PREA screenings in the past 12 months. The Auditor reviewed 20 client files. None indicated clients had been re-screened for any reason, beyond the 30-day re-screening. Based on the evidence provided, the facility meets this provision.

115.241(h) The facility PAQ indicates it does not discipline clients for refusing to answer, or for not disclosing complete information in response to questions asked for the PREA assessment. The facility PREA Policy Risk Screening Section affirms such.

The counselors who conduct intakes all stated during interviews that clients are not disciplined for refusing to answer risk screening questions. During the auditor's review of client files, none indicated a sanction or other violation for not responding to screening questions. Based on the evidence provided, the facility meets this provision.

115.241(i) The facility PAQ indicates appropriate controls are in place to control 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. The facility PREA policy states: **"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 (115.241i, 115.242a)"**

During the onsite interview with the PREA coordinator stated there is limited access to client risk assessment information. During the onsite audit, client files were provided by the facility assistant director, and were not located in an openly accessible area. Based on the evidence provided, the facility meets this provision.

Based on the evidence provided, the facility meets this standard.

Corrective Action: No corrective action is recommended.

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. CTS master PREA Policy
2. CTS Policy: Report Response
3. Client risk assessments
4. Client files

Interviews:

1. Facility Director/PREA coordinator
2. Staff that conduct risk assessment
3. Random clients

Site Review Observations:

1. Housing area
2. Program area

Findings:

115.242(a) The facility indicates in the PAQ that risk screening information is used for the five purposes outlined in this provision. The facility PREA policy states: **"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 (115.241i, 115.242a)"**

The facility uploaded in the PAQ the Risk screening tool as supportive documentation. The screening tool documents the initial (within 72 hours of arrival) PREA screening, and 30-day re-screening. The screening tool documents how screening information informs housing assignments, bed assignments, work assignments, education assignments, or program assignments. The auditor interviewed counselors responsible for conducting client intakes. None stated in interviews that special accommodations have been required based on PREA screening results. The auditor reviewed 20 client files during the onsite audit. There was no evidence that special accommodations were made for clients due to the PREA risk screening result. The auditor interviewed 20 clients during the onsite audit. No client stated a need was identified for housing assignments, bed assignments, work assignments, education assignments, or program assignments, based on the risk screening result. Based on the evidence provided, the facility meets this provision.

115.242(b) The facility PAQ indicates individualized determinations are made about how to ensure the safety of each resident. The facility PREA policy states:

"...CTS will make individualized determinations about how to ensure the safety of each resident. (115.242b)"

The auditor interviewed counselors who conduct client intakes. Counselors stated in interviews that no client assessment has warranted accommodation outside the standard placement process, based on the client's risk screening results. The auditor reviewed 20 client files. The auditor did not observe evidence of an alternative room assigned a client, or a transfer to an outside agency, based on the client's risk level. Based on the evidence provided, the facility meets this provision.

115.242(c) The facility PAQ indicates housing assignment decisions for transgender or intersex clients are made on a case-by-case basis. The PAQ provided the PREA Risk Assessment as supportive documentation as to how placements are made. The facility PREA policy was also provided as supportive documentation. The policy states in Section LGBTQI Population:

"CTS is required to accept all placement referred by the Department of Corrections. CTS will, if given the opportunity, consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems. These will also be considered in making housing and programming assignments. (115.242c)"

The PREA coordinator stated during her interview that housing assignments for transgender or intersex clients would be made based on the client's need, or request. She stated if a transgender or intersex client were referred, they would likely be housed based on program level, unless there was a concern for the client's health and safety, or if a regular assignment would present management or security problems. She stated a client who was identified as an Abuser would likely be assigned to a third floor dorm, as per policy; if there were a client identified as a known, or potential victim, they would be placed on the 2nd floor. Of the 20 clients the auditor interviewed, none self identified as transgender or intersex. The auditor reviewed 20 client files. The PREA risk screening documents contain client sexual orientation, and gender identity, including perceived orientation. No screening assessment identified a client as transgender or intersex. Based on the evidence provided, the facility meets this provision.

115.242(d) The facility PAQ indicates housing placements and programming assignments for transgender or intersex clients are based on the clients' own views with respect to his or her own safety. The facility PREA policy states:

"...In addition, in considering the placement of such residents, the individual's history, stage of transition, and own comfort level and his/her own views with respect to his/her own safety will be considered. (115.242c, d)"

The PREA screening assessment tool was provided as supportive documentation. No counselor interviewed stated the facility has housed a transgender or intersex client. The auditor's review of client files, and random informal interviews did not result in identifying that any client self-identifies as transgender or intersex. Based

on the evidence provided, the facility meets this provision.

115.242(e) The facility PAQ indicates that provisions are in place for transgender or intersex clients to shower separately from other residents. The PREA policy states CTS will make provisions to ensure transgender or intersex may shower separately from other residents. The policy states:

"...Efforts will be made to allow a time for LGBTQI residents to shower in privacy from other residents. (115.242e)"

The PREA coordinator stated during informal conversation that arrangements would be made, if necessary, for a transgender or intersex client to shower privately. The auditor observed that all showers are one-person showers with solid shower curtains. The facility did not have any clients during the time of the onsite audit, who self-identified as transgender or intersex. Based on the information provided, the facility meets this provision.

115.242(f) The facility PAQ indicates that it refrains from placing LGBTI clients in dedicated facilities solely on the basis of the client's gender identity or sexual orientation. The facility PREA policy was provided as supportive documentation. Section LGBTQI Populaton states:

"In the event of placement of a LGBTQI resident, placement in a dorm will not be made based solely on his LGBTQI status. (115.242f)"

The PAQ provided the PREA screening tool as supportive documentation. The screening tool requires the Counselor to document how screening results inform housing, programming, and other decisions. The PREA coordinator stated during her interview that LGBTI clients are not housed solely on the basis of the client's gender identity, or sexual orientation. During the process of selecting clients for interviews, the PREA coordinator identified one clients as LGBTI. During client interviews, the auditor interviewed said client, utilizing both random resident, and targeted populations interview protocols. The client stated during his interview that he identified as gay during his intake screening. He stated that he was not assigned to housing dedicated to LGBTI clients, nor did he perceive that his bed assignment was based on his sexual orientation. He stated his schedule is the same as other clients, and staff, nor clients have treated him disrespectfully because of his sexual orientation. Based on the evidence provided, the facility meets this provision.

Based on the evidence provided, the facility meets this standard.

Corrective Action: No corrective action is recommended.

115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making compliance determination: Documents:

1. CTS master PREA Policy
2. CTS Policy - Response Planning: Allegations/Reports
3. Sexual Abuse Reporting Contact Information on CTS website
4. CTS Client information
5. "BELIEVE ME" postings in client hallways
6. KASAP (KY Assoc. Sexual Assault Programs) MOU
7. Client files
8. Employee files

Interviews:

1. Random clients (10 targeted clients identified)
2. Random staff
3. PREA coordinator

Site Review Observations:

1. PREA signage throughout the facility

Findings:

115.251(a) The facility PAQ indicates clients have multiple internal ways for clients to report: sexual abuse and sexual harassment; retaliation by other residents or staff for reporting sexual abuse; staff neglect or violation of responsibilities that may have contributed to such incidents. The PAQ provided the master PREA policy as supportive documentation. Policy Section ALLEGATIONA/REPORTS states:

"RESIDENT: Residents are advised that violations may be reported in multiple ways: in writing to any CTS staff; verbally to any staff member; to Probation and Parole or Department of Corrections via phone, letter, or in person; via grievance procedure; via the PREA hotline on resident phones;..."

The policy states clients may report to any staff, verbally or in writing, as well as via a third party hotline number. The auditor called the number 833-362-7732, and verified that the location of the information coincided with the policy (signage is posted in dorm bulletin boards), and reached the KYDOC Probation/Parole department. The responder stated that should a CTS client contact them related to a PREA report, the department would ensure via KASAP (Kentucky Association of Sexual Assault Programs, Inc.) that the client is provided emotional support, including someone staying with the alleged victim through a SAFE/SANE exam. The facility provided the information accessible to clients regarding "REPORTING SEXUAL ABUSE/ASSAULT/HARASSMENT as evidence. The document provides an internal reporting source for PREA allegations in the Reporting section, as follows:

"...Reports may also be filed by calling the PREA hotline - the phone number is posted near the phone in every dorm (833-362-7732)."

During the facility site review, the auditor observed PREA posters and information throughout the facility, and near client phones. The auditor observed a poster titled '*BELIEVE ME. Rape is a problem...a problem we CAN talk about.*' The form has tear-off tabs that contain the KASAP 24-hr. hotline number. Another KASAP poster, 'Help for Victims of Prison Rape', contains a 24-hour confidential crisis line: 844-237-2331, and the address of The Center for Women & Families. The poster lists services available for victims of sexual abuse:

- Hospital Accompaniment for SAFE
- Emotional Support Services

The poster includes a qualifying statement, "***In order to access services, you must contact your case manager, shift supervisor or facility director.***"

During random client interviews, 10 of 10 clients (10 random, 10 targeted clients) stated they could report to the PREA coordinator, or counselor an allegation of sexual abuse, sexual harassment, or retaliation. Several clients gave high praise to the case manager, with whom clients stated they had a closer relationship, and felt would provide whatever assistance was needed. All clients articulated their knowledge of PREA posters throughout the facility. No client stated he didn't know of any way to report an allegation of sexual abuse, sexual harassment, or retaliation. Four clients stated they could reach out to the PREA coordinator via the Telmate tablets in the dorms. The auditor observed 4-6 tablets and charging stations for clients to use for a variety of purposes, including reaching out to staff related to a potential PREA violation.

During random staff interviews, 14 of 14 staff (seven random, seven specialized staff) stated clients could report PREA allegations to them directly or via Telmate, and they would report it to the PREA coordinator, or facility assistant director. All staff were aware of information on the client dorm bulletin boards. Based on the evidence provided, the facility meets this provision.

115.251(b) The facility PAQ indicates it provides at least one way for clients to report sexual abuse or sexual harassment to a public entity or office that is not part of the agency; that such entity or office is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials; and that such entity or office allow clients to remain anonymous upon request. During the facility site review, the auditor observed a PREA poster, which lists external reporting information for allegations of sexual abuse, sexual harassment, and retaliation. The poster lists the KYDOC PREA hotline (833-362-7732 (PREA)), and states reports may be anonymous. The auditor observed English and Spanish versions of the poster. The poster was observed next to client phones, in the main hallway, and in client dorms.

The facility PREA policy Section ALLEGATIONS/REPORTS states:

"Residents are advised that violations may be reported in multiple ways: in writing to any CTS staff; verbally to any staff member; to (KYDOC) Probation and Parole or Department of Corrections via phone, letter, or in person..." The KYDOC is a

Commonwealth of Kentucky public agency. Clients are able to call the 833 number established specifically for PREA reports or they can contact any official with the Kentucky Department of Corrections at: 502-564-7023. Both numbers are found throughout the facility, posted at all times in common areas.

The auditor called the PREA hotline number 833-362-PREA (7732), and listened to a recorded response identifying the entity called as the KYDOC PREA hotline. The recording asked for a DOC inmate number, name of the facility, and a detailed message regarding the complaint.

During random client interviews, clients knew they could obtain information for outside allegation reporting on the client posters, or in the Telmate tablet. The facility provided in the PAQ a MOU with KASAP. The MOU agrees that the entity will receive client reports of sexual abuse, and assist them through referral services, including forensic medical examinations (SAFE/SANE). The entity will notify CTS of a report of client sexual abuse, unless the client requests confidentiality. Based on evidence provided, the facility meets this provision.

115.251(c) The facility PAQ indicates that staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties, and that such are promptly documented. The facility PREA Policy states:

"Families/Friends/Concerned Citizens may report incidents of sexual abuse and/or harassment by calling CTS, P&P, the DOC; writing a letter to any of the agencies. This information may be found on the CTS website (www.c-t-susa.com) and in the visitation room where visitors may view."

The auditor reviewed an investigation file from a sexual abuse allegation CTS received in December 2023. The investigative report indicates the source of the allegation is an anonymous note to the facility assistant director via internal client mail. The investigative information states the report was received on 12/11/23, and the alleged sexual abuse incident occurred on 12/2/23. Based on the evidence provided, the facility meets this provision.

115.251(d) The facility PAQ indicates that staff may privately report client sexual abuse and sexual harassment. The facility PREA policy STAFF Section states:

"...If staff choose to provide the information "privately" or "confidentially," he/she can leave an anonymous letter/note in management's mailboxes or slip under their office door. (115.251d)"

During random staff interviews, seven of seven staff were articulate on first responder duties. All 14 staff stated if a client alleged sexual abuse, the first priority would be to identify the abuser, and ensure the safety of the alleged victim. Staff indicated they would immediately contact the PREA coordinator, whether the report was received on a weekend, or at night. Staff articulated that they could use the same 833 hotline number as clients as another option. Based on the evidence provided, the facility meets this provision.

Based on the evidence provided, the facility meets this standard.

Corrective Action: No corrective action is recommended.

115.252	Exhaustion of administrative remedies
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 1369 376">The following evidence was analyzed in making a compliance determination:</p> <p data-bbox="280 416 453 452">Documents:</p> <ol data-bbox="280 488 740 667" style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) 2. Client files 3. CTS PREA master policy <p data-bbox="280 703 437 739">Interviews:</p> <ol data-bbox="280 775 820 810" style="list-style-type: none"> 1. PREA Coordinator (Facility Director) <p data-bbox="280 846 405 882">Findings:</p> <p data-bbox="280 918 1474 1285">115.252(a-g): The facility PAQ indicates has administrative procedures to address resident grievances regarding sexual abuse. The facility PREA policy was uploaded as supportive documentation. The policy states in ALLEGATIONS/REPORTS Section: "RESIDENT: Residents are advised that violations may be reported in multiple ways: ...via grievance procedure..." The agency provides a method for staff to privately report sexual abuse, sexual harassment, and retaliation of clients. Staff may report to the assistant director or the director (PREA coordinator) verbally, in writing or by email. They may also use the 833 hotline number provided by the Department of Corrections.</p> <p data-bbox="280 1299 1474 1576">During review of client files, the auditor observed no evidence of a grievance related to allegations of sexual abuse, sexual harassment, or retaliation. The facility policy acknowledges grievances as an option for clients to report allegations of sexual abuse. The PREA policy states that "There is not time limit on reporting allegations of abuse. Time limits on grievances that do not allege sexual abuse will apply to any portion of the grievance that does not address sexual abuse/harassment. (115.252b)"</p> <p data-bbox="280 1590 1474 1787">The policy further states that "Time limits on grievances that do not allege sexual abuse will apply to any portion of the grievance that does not address sexual abuse/harassment. residents are not required to use the grievance process/procedure in an attempt to resolve an incident of sexual abuse with staff."</p> <p data-bbox="280 1823 1474 2069">CTS ensures that if a staff is involved in a PREA related grievance, said staff will not receive the grievance. The PREA policy was uploaded as supportive documentation. the policy states: "Residents should not file a report with any staff who may be subject of the allegation." Any allegation of sexual abuse must be reported directly to the facility director agency PREA coordinator immediately. The grievance process may be used to address PREA related allegations. However, if a client uses</p>

a grievance to report sexual abuse or harassment, staff must submit it immediately to the facility director.

The PREA coordinator stated during informal conversation that CTS conducts grievance hearings related to client reports of sexual abuse. The PREA policy supports this comment. The policy states that **"...decisions on reports must be completed within 90 days of the report. The 90 day time frame does not include any time used by a resident in filing and administrative appeal. CTS may claim an extension of time to respond up to 70 days, if the normal time period for a response is insufficient to make an appropriate decision. CTS will notify the resident in writing of any extension and provide a date by which a decision will be made. Failure to provide a response in the allotted timeframe, the resident may consider it to be a denial."**

The facility's policy includes an Administrative appeal process. The policy states: **"Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist resident in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents. If a third party files the request on behalf of a resident, CTS may require as a condition of processing the request that the alleged victim agree to have the request filed on his behalf, and may also required the alleged victim to personally pursue any subsequent steps in the administrative remedy process. If the resident declines to have the request process on his behalf, CTS will document that decision in the resident file."**

Substantial Risk of Imminent sexual abuse: The CTS policy addresses this as part of the administrative remedy. The policy states:

"Immediate action/steps will be taken to protect the resident, if it is learned that the resident is subject to a substantial risk of imminent sexual abuse. The Director will notify the Department of Corrections of the situation and take steps to ensure the resident's safety which may include the transfer of the resident or other residents to other DOC facilities." It further states that "Response/Action on PREA related complaints/grievances will occur immediately - no more than 48 hours from initially receiving the report. If a report is proven to be false and filed in bad faith, disciplinary action may be taken. CTS will refer disciplinary action to the DOC in these cases."

Based on the evidence provided, the facility meets this standard.

Corrective Action: No corrective action is recommended.

115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. CTS PREA Policy
- 2.. MOU with Kentucky Association of Sexual Assault Programs, Inc. (KASAP)

Interviews:

1. Random clients
2. PREA coordinator (Facility Director)

Findings:

115.253(a) The facility PAQ indicates clients are provided access to outside victim advocates for emotional support services related to sexual abuse by giving clients mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations.

The CTS PREA policy, section Emotional Support Services, states:

"Any resident who is known or reportedly a victim or perpetrator of a past sexual abuse/assault incident will be given access to call emotional support services. The counselor will give the resident access to a private office with the door closed and to make the phone call on the unrecorded business line. The counselor will provide the resident with the correct phone number to call. The resident will be advised that the call is not monitored by CTS or the DOC. If in person treatment is required, CTS will ensure that the resident is able to attend the appointments."

During the onsite facility review, the auditor observed information posted with contact information to outside entities where clients could contact for emotional support, and advocacy. The Auditor contacted the phone numbers listed, with the following results:

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KYDOC PREA 24-hr. hotline (833-362-7732): received a recorded message identifying the entity as KYDOC PREA hotline. The recorded message asked the caller to provide a DOC inmate number, facility name, and detailed message.

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KASAP (24/7 Crisis line: 800-656-4673): received a recorded message identifying the entity as the national sexual assault hotline, operated by RAINN. The recording provided an English or Spanish option, and allowed for a message to be left, or to reach a live staff person, be referred to RAINN.org; it also provided an option for military members, and messaging with the DOD (Department of Defense).

The auditor observed clients using the Telmate tablets in the facility. The PREA coordinator stated during informal conversation that the information posted is also accessible via the tablet. Calls not to be charged may be made from CTS office

	<p>phones, provided to clients upon request for unmonitored communication. The auditor observed pay phones in the facility with PREA hotline information posted nearby. Based on the evidence provided, the facility meets this provision.</p> <p>115.253(b) The facility PAQ indicates clients are informed of any communication monitoring. The PREA policy states: "...The counselor will give the resident the phone number to call, allow him to make the call in a private office on the business line that is not monitored or recorded."</p> <p>During the facility review, the auditor observed phones in the facility, which the facility does not control or monitor. During an informal conversation with the PREA coordinator, she stated that clients have access to phones that do not require payment, and where calls are not monitored. Based on the evidence provided, the facility meets this provision.</p> <p>115.253(c) The facility PAQ indicates there is a Memorandum of Understanding (MOU) with a community service providers that are able to provide clients with confidential emotional support services related to sexual abuse. The MOU was uploaded as supportive documentation. The MOU between KYDOC (referring entity for CTS) and KASAP is dated 4/20/2022, and lists and effective period of 7/1/2022 - 6/30/2024. The agreement states that KASAP is able to provide clients with confidential emotional support services related to sexual abuse. The PREA coordinator stated that she is provided, and maintains copies of any written agreements.</p> <p>The PAQ provided a signed MOU between KYDOC/CTS and Kentucky Association of Sexual Assault Programs (KASAP), Inc. as supportive documentation. The Auditor spoke with entities listed on facility postings, which provide such services, and verified clients have access outside to more than one community resource, even though an MOU agreement exists. Based on the evidence provided, the facility meets this provision.</p> <p>Based on the evidence provided, the facility meets this standard. Corrective Action: No corrective action is recommended.</p>
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115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making a compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Agency website 2. PREA Hotline (833-362-7732)

	<p>Interviews: 1. Random clients</p> <p>2. Random staff</p> <p>Findings:</p> <p>115.254(a) The facility PAQ indicates it provides third-party reporting options for reporting PREA allegations. The facility PREA policy was uploaded as supportive documentation. The policy states in the ALLEGATIONS/REPORTS Section: "Families/Friends/Concerned Citizens may report incidents of sexual abuse and/or harassment by calling CTS, P&P, the DOC; writing a letter to any of the agencies. This information may be found on the CTS website (www.c-t-susa.com) and in the visitation room where visitors may view." The agency has established a method to receive third-party reports of sexual abuse and sexual harassment. The PREA contact information for reporting allegations is listed on the website, including internal and external options. Anyone from the community can call the administrative office. Furthermore, all staff have been instructed to take all third party reports of sexual abuse and relay the information to the agency PREA coordinator for investigation.</p> <p>The agency website does not provide email access, and/or direct links to report PREA allegations. Contact phone numbers for the CTS, KYDOC, KASAP, or KYDOC's PREA hotline are identified on the facility website. The facility website contains previous PREA audit reports from 2015 - 2023, and PREA allegations data. The auditor interviewed 10 random clients, and 10 targeted client populations. All clients stated during random interviews they were aware that posted hotline numbers were to an outside, third-party, to which they could report an allegation of sexual abuse/harassment, or retaliation. Clients commented that they are comfortable reporting internally, to staff, should a need arise to do so. The auditor observed a posted external PREA hotline number in the main hallway of the facility 2nd and 3rd floors where client phones are located (as stated in the PAQ).</p> <p>Based on the evidence provided, the facility meets this provision, and standard. Corrective Action: No corrective action is recommended.</p> <p>Recommendation: Include on the agency website links to submit a PREA allegation electronically to the PREA coordinator.</p>
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115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making a compliance determination:

Documents:

1. CTS PREA Policy

Interviews: 1. PREA coordinator (also facility director) 2. Random staff 3. Random residents (clients)

Findings:

115.261(a) The facility PAQ indicates all staff are required to report any knowledge of client sexual abuse or harassment, retaliation, or regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation. The PAQ provided the CTS PREA policy as supportive documentation. Policy Section ALLEGATIONS/REPORTING, STAFF states:

"...Staff are required to report to the Director or Assistant director immediately of any knowledge, suspicion, or information of an incident of sexual abuse or harassment offense with the CTS facility. Staff are also required to report any retaliation against someone who has reported an incident. In addition, staff are required to report knowledge of staff who neglect to report above incidents. (115.261)"

All seven random staff respondents named the facility PREA coordinator, and/or facility assistant director as individuals, to whom they would report a PREA allegation, regardless of whether or not the alleged incidents occurred at CTS. The auditor verified there are no medical or mental health staff at the facility. Based on the evidence provided, the facility meets this provision.

115.261(b)

The facility PAQ states it requires staff to always refrain from revealing an 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. The facility PREA Policy states:

"...CTS staff are to treat the information with confidentiality and apart from reporting to CTS management, shall not reveal any information related to a report other than to the extent necessary, as specified in policy, to make treatment, investigation and other security and management decisions. (115.261b)"

Seven of seven random security (Resident Monitors) staff stated during interviews that the PREA coordinator, or assistant director are who they would direct reports, and information, and that such is not to be shared with anyone. The facility Employee Roster does not identify medical or mental health staff at the facility. The PREA coordinator identified Specialized staff to the auditor during the pre-audit phase, did not identify any names related to Medical and Mental Health Staff. During the onsite facility review, the auditor did not observe, nor were any persons identified as medical or mental health staff. Based on the evidence provided, the facility meets this provision. The auditor observed in one PREA investigation from December 2023 that the initial report was submitted to the facility assistant director.

115.261(c) The facility PAQ indicates it complies with this provision. The PREA policy states:

"CTS will provide PREA training to all volunteers, contractors, and onsite

providers. All will be advised of the requirement to report sexual abuse. (115.261c)"

The Employee Roster indicates there are no medical or mental health staff at the facility. The MOU between CTS and KASAP states it will report to CTS that an allegation of sexual abuse has been received. Based on the facility not having medical and mental health staff at the facility to report sexual abuse allegations, the auditor determines that the facility meets this provision.

115.261(d) The facility PAQ states there are no clients at CTS under age 18. The CTS website states CTS is an adult male facility. During the onsite audit, no clients on the Resident roster were identified by the PREA coordinator as under age 18. Based on the evidence provided, the facility meets this provision.

115.261(e) The facility PAQ indicates all allegations are reported to designated staff, including third-party reports. The CTS PREA Policy states:

"All staff may take a PREA allegation report. All allegations, including third-party and anonymous reports, will be handled with the utmost importance and treated with confidentiality and referred to a PREA investigator. (115.261e)"

Any staff at CTS are trained to receive allegations of sexual abuse, sexual harassment, and retaliation. The facility provided one investigative file from a 2023 allegation of sexual abuse as evidence. Case documentation indicates the facility assistant director received information regarding the alleged sexual abuse. Seven random staff and 10 random clients stated they would report allegations of sexual abuse to the PREA coordinator, facility assistant director, or their counselor. Based on the evidence provided, the facility meets this provision.

Based on the overall evidence provided, the facility meets this standard.
Corrective Action: No corrective action is recommended.

115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion The following evidence was analyzed in making the compliance determination: Documents: 1. CTS PREA Policy Interviews: 1. PREA coordinator (also PREA investigator) 2. Assistant Director (also PREA investigator) 3. Random staff

	<p>Findings:</p> <p>115.262(a) The facility PAQ indicates the facility will take immediate action to protect a client at risk of imminent sexual abuse. The facility PREA policy was provided in the PAQ as supportive documentation. Policy Section ALLEGATIONS/ REPORTS, RESIDENT states:</p> <p><i>"Immediate action/steps will be taken to protect the resident, if it is learned that the resident is subject to a substantial risk of imminent sexual abuse."</i></p> <p>During random staff interviews, seven (7) of seven (7) security staff stated if there was a clear threat to a client's safety, they would call the KYDOC Probation and Parole office, and notify their immediate supervisor, and/or PREA coordinator. Staff consistently articulated appropriate first responder duties to ensure the safety of the alleged victim (i.e., separate the alleged victim from an abuser, or prevent access from an identified abuser). During the onsite facility review, a Holding Room was observed, which is located near the coverage/security area. Unoccupied, the room contains two benches on opposite sides of the room, and has an inside window for ongoing line of sight. The PREA coordinator stated that clients in this room have access to a restroom, and may shower in a designated restroom/shower. The Auditor observed that this area can be monitored from the control room, to ensure client safety, and facility security. An alleged victim could be placed in the Holding Room until an investigation is concluded. Based on the evidence provided, the facility meets this standard.</p> <p>Based on the evidence provided, the facility meets this standard. Corrective Action: No corrective action is recommended.</p>
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115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents: 1. CTS PREA Policy</p> <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency head/owner (one of three) 2. PREA coordinator/facility director <p>Findings:</p> <p>115.263(a), (b) The facility PAQ indicates if a client reports having been sexually abused while confined at another facility, the head of the facility will be notified within 72 hours of CTS receiving the allegation. The facility PREA policy was</p>

provided as supportive documentation. The policy states in Section ALLEGATIONS/ REPORTS, STAFF/Action upon receiving a report, paragraph six:

"When a resident reports an allegation that occurred at another facility/ institution, the Director will immediately advise the DOC contract management branch so that they may provide the information to the Warden/Director of said facility/institution where the abuse/harassment took place. The notification will be done immediately and no ore than 72 hours after receiving the report."

During an interview with the agency head (partner/owner), he stated the facility director will respond, as his designee, notify the facility's designee where the alleged sexual abuse occurred. He stated he is kept abreast by the facility PREA coordinator.

The facility did not upload in the PAQ a notification to an institution where a client disclosed during intake, that he was sexually abused at another facility/institution. The PREA coordinator, and CEO stated there had not been a report of prior sexual abuse in the past 12 months. The auditor interviewed 20 clients during the onsite audit. The PREA coordinator identified 10 clients who met the criteria for 'targeted' interviews. Of the options to be considered as such, none of the 10 had disclosed prior sexual abuse while incarcerated, or while housed at another correctional facility. Of 20 clients interviewed, none stated, or disclosed that they experienced sexual abuse while at another facility. The auditor reviewed 20 client files, and did not observe evidence of any client reporting/disclosing prior sexual abuse while housed at another facility/institution. Based on the evidence provided, the facility meets these provisions.

115.263(c) The facility PAQ indicates it documents if another facility is notified (within 72 hours) that a client alleged previous sexual abuse during incarceration. The facility PREA policy states:

"...Record of the notification will be documented in the resident's file (115.263a, b, c)"

The facility provided in the PAQ no documentation to indicate that notice had been provided in the last 12 months to an institution that a client alleged sexual abuse while at that institution. The auditor reviewed 20 client files during the onsite audit phase. No evidence was observed to indicate that a client disclosed prior sexual abuse, or that such was reported to another facility/institution, and within 72 hours of CTS's knowledge of such disclosure. Based on the evidence provided, the facility, by default, meets this provision.

115.263(d) The facility PAQ indicates the facility head or agency office that receives such notification will ensure that the allegation is investigated in accordance with these standards. The PAQ referenced the PREA policy Section 116.263 as supportive documentation. This section states:

"...The Director will immediately begin investigations on allegations of abuse received from other facilities/institutions (no more than 72 hours). (115.263d)"

The policy supports what action steps CTS's PREA coordinator will take, should a report be received from another facility that their resident/inmate/detainee reported sexual abuse at CTS. The PREA coordinator stated during her interview that, should

	<p>the facility receive a report from another facility that a former client alleged being sexually abused while at CTS, they would fully investigate the allegation, based on the information available. Based on the evidence provided, the facility meets this provision.</p> <p>Based on the overall evidence provided, the facility meets this standard. Corrective Action: No corrective action is recommended.</p>
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115.264	Staff first responder duties
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-audit Questionnaire (PAQ) 2. CTS master PREA Policy 3. Client files 4. Staff training records <p>Interviews:</p> <ol style="list-style-type: none"> 1. Security staff who are first responders 2. Non-security staff <p>Findings:</p> <p>115.264(a) The facility PAQ indicates that it has a first responder plan for allegations of sexual abuse. The PAQ references the facility PREA policy as supportive documentation. Policy section FIRST RESPONDER PLAN states: "Prison rape Elimination Act (PREA) Sexual Assault Plan</p> <p><i>In the event that a staff member is made aware of allegations of a sexual nature (to include: Sexual Harassment, Sexual Abuse, Sexual Contact, Voyeurism etc...) the following shall be activated:"</i> (paraphrased)</p> <p>Upon learning of an allegation that a client was sexually abused, the first staff member to respond to the report shall:</p> <ol style="list-style-type: none"> (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 time period that still allows for the collection of

	<p>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 time 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.</p> <p>The procedure cites four core steps involved in the Uniform Evidence Protocol plan. The steps include requesting the alleged victim to not do anything, which may contaminate physical evidence (e.g., eat, drink, urinate, defecate, wash clothes, shower, etc.), which may still exist at the scene, or on the alleged victim's body. The procedure also instructs first responders on steps to take so the alleged abuser (bold for emphasis) does not destroy, or contaminate evidence.</p> <p>During staff interviews, seven of seven security first responder staff were able to articulate the core four first responder steps related to an allegation of sexual abuse, as required in this provision. Based on the evidence provided, the facility meets this provision.</p> <p>115.264(b) The facility PAQ indicates if a first responder is a non-security staff, they are required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. The facility PREA policy is uploaded as supportive documentation. The policy states in Section FIRST RESPONDER PLAN:</p> <p>"...At no time shall the resident be left alone. Until further notification and investigation, do not allow any resident to shower, remove clothing, use the restroom, eat, drink or brush their teeth. (complete First Responder checklist Attachment D)"</p> <p>The auditor interviewed seven non-security staff during the onsite audit. All non-security staff, including management staff members, stated a sexual abuse allegation would be reported to the facility director and/or assistant director. All non-security staff were able to articulate first responder duties. Based on the evidence provided, the facility meets this provision.</p> <p>Based on the overall evidence, the facility meets this standard. Corrective Action: No corrective action is recommended.</p>
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115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p>

	<p>1. Pre-audit Questionnaire (PAQ)</p> <p>2. CTS master PREA Policy</p> <p>Interviews: 1. Facility director/PREA coordinator</p> <p>Findings:</p> <p>115.265(a) The facility PAQ indicates there is a coordinated response, and there is a facility staffing plan which demonstrates the institutionalization of PREA-related procedures and protocols as part of the overall safety of the facility, and clients' sexual safety. During her interview, the facility director described the facility coordinated response as: 1) the first responder separates the victim from the abuser never leaving the resident alone; 2) secure any physical evidence; 3) contact the program director, and/or PREA coordinator; 4) ensure the victim does not take any action that would destroy or contaminate evidence (e.g., do not eat, drink; use the restroom; shower, brush teeth; wash clothes); 5) contact Kentucky State Police, if immediate medical care is needed; 6) transport the alleged victim to University of Louisville hospital for SAFE/SANE medical examination, if necessary..</p> <p>The facility PREA Sexual Assault Action Plan document was uploaded as supported documentation. The Plan includes in Section III.:</p> <p><i>"Per CPP 14.7 the only person(s) to enter a secured crime scene shall be the Kentucky State Police, the assigned investigator or medical staff as needed. A log shall be maintained to record all entries and exits of the crime scene."</i></p> <p>The PREA policy states in Section Staffing Plan Review:</p> <p><i>"The CTS staffing plan will be reviewed at least annually by the Director, Assistant Directors, and Executive management annually in the month of January prior to Operations Manual revisions."</i></p> <p>The policy references the PREA Assault Action Plan, which includes actions staff will take to ensure the alleged abuser does not destroy or contaminate evidence. During random staff interviews, seven (7) of seven (7) random and seven (7) of seven (7) specialized staff stated they were aware of the steps they're expected to take, as outlined in Plan. The Plan was updated in 2/20/2024. Based on the evidence provided, the facility meets this provision.</p> <p>Based on the evidence provided, the facility meets this standard. Corrective Action: No corrective action is recommended.</p>
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115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in make the compliance determination:

	<p>Documents: 1. CTS master PREA Policy</p> <p>Interviews: 1. Agency head (owner/partner)</p> <p>Findings:</p> <p>115.266 (a) The PAQ indicated that neither the agency nor facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later. Thus, they are not restricted in the disciplinary process of staff members that have violated sexual abuse/sexual harassment policy or limited in their ability to remove staff sexual abusers.</p> <p>The Agency head corroborated during his onsite interview that there is no collective bargaining agreement or other agreement between CTS and any entity. Interviews with random staff also supported this information. Based on the evidence provided, agency, by default, meets this provision.</p> <p>116.266(b) The auditor is not required to audit this provision. Corrective Action: No corrective action is recommended.</p>
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115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in make the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. CTS master PREA Policy 2. CTS Policy 3. Facility physical layout <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency head 2. Director (PREA coordinator) or Designee 3. Designated Staff Member Charges with Monitoring Retaliation <p>Findings:</p> <p>115.267 (a) The facility PAQ indicates there is a policy which will protect clients and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse</p>

or sexual harassment investigation from retaliation. The facility uploaded the CTS PREA policy as supportive documentation. Policy Section ALLEGATIONS/REPORTS, RESIDENT states:

"Reports of retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents will be accepted in any of the aforementioned methods."

During the onsite audit phase, the auditor interviewed the PREA coordinator, who is also the designee to conduct retaliation monitoring. She stated that she would check on an a known victim weekly, to assure the person has experienced no retaliation by other clients or staff. She would confer with KYDOC regarding a possible transfer to another facility if there was a concern regarding retaliation. She further stated that staff would report to her directly if they felt they were experiencing retaliation related to a PREA allegation, or investigation outcome. The auditor interviewed seven random, and seven specialized staff during the onsite audit; of the 14 interviewed, all (not counting the PREA coordinator, or CEO) stated they would go directly to the PREA coordinator if they felt they were being retaliated against related to a PREA related allegation.

The auditor reviewed an investigative file of a sexual abuse allegation from 2023. The report indicates there has been no retaliation monitoring, as the client was no longer a resident at CTS.

During random client interviews, none of the 20 clients interviewed stated they reported an allegation of sexual harassment against a staff person.

Based on the evidence provided, the facility meets this provision.

115.267(b) The facility PAQ indicates it provides a policy which entitles clients to a safe environment and that all allegations are administratively, or criminally investigated. The facility PREA policy states in Section ALLEGATIONS/REPORTS:

"CTS will ensure that an administrative or criminal investigation will be completed on all allegations of sexual abuse and sexual harassment."

During the facility site review, the PREA coordinator (who guided the auditor) described an area near the coverage area. The area was identified as a Holding Room, and was also referenced in interviews with RM Supervisors, as space that would house client(s) who allege sexual abuse, sexual harassment, or retaliation, should they need to be moved from their assigned dorm. The area can be monitored from control room surveillance cameras. The area provides access to a nearby restroom; clients in the Holding Room may use shower facilities in a 2nd floor dorm, or where deemed as safest for the client.

During random staff interviews, seven (7) of seven (7) security and non security staff stated they would separate the victim from the abuser; a facility Resident Monitor (security) supervisor specified placing an alleged victim in the Holding Room if their safety was a concern. The PREA coordinator stated if the alleged harasser/abuser were in the facility, she would likely place the victim in the Holding Room, to maximize the distance between the victim and abuser. She stated if there was a concern regarding the alleged victim's safety that KYDOC would be communicated with and the alleged abuser would likely be transferred to another facility.

The Agency Head stated during his interview that he would first consider the source(s) of allegation(s). He would have an alleged abuser removed during the investigation. The PREA coordinator/facility director stated a client abuser would likely be sent to the local jail or another halfway house. The auditor reviewed the investigative documentation of a 2023 sexual abuse investigative report, which indicates the identified victim was transferred to another facility, as the alleged abuser was a staff member. Based on the evidence provided, the facility meets this provision.

115.267(c) The facility PAQ indicates that it conducts PREA retaliation monitoring. CTS's PREA policy is uploaded as supportive documentation. The PAQ cites policy section ALLEGATIONS/REPORTS as evidence of the facility's procedure, which states: **"Residents who are involved in a PREA investigation will be met with privately, periodically over a period of no less than 90 days to assess/report any incidents of retaliation from other residents or staff."**

The facility identifies the PREA coordinator as the person responsible for retaliation monitoring. During interviews, the PREA coordinator stated such would occur during facility walk-throughs, and headcounts, when client wellness checks will be conducted for any client who may be a target of retaliation. She stated she would check on the client at least weekly to ensure they feel safe and that retaliation is not happening by other clients or staff.

During random client interviews, none of the 20 clients interviewed disclosed, or reported sexual harassment by a staff person. Client files reviewed (20) did not result in identifying evidence of clients having reported sexual abuse, sexual harassment, or retaliation. The facility PREA policy specifies the facility director (PREA coordinator) or assistant director as responsible for retaliation monitoring; it indicates a timeframe (i.e., minimum of 90 days), in which retaliation monitoring will continue. Based on the evidence provided, the facility meets this provision.

115.267(d) The facility PAQ indicates the facility conducts periodic status checks, and documents if periodic status check are conducted, as required by standard 115.267. The facility PREA Policy was provided as supportive documentation. The policy states:

"(d) In the case of clients, such monitoring shall also include periodic status checks. The ideal time for these checks are during (sic) individual sessions."

The facility indicated during the onsite audit, that there was one reported case of sexual abuse in the past 12 months. The auditor reviewed the investigation file. The person identified as the abuser was a client who remained at GLC; the alleged victim had left GLC (unsuccessfully), and reported the alleged sexual abuse while at a local jail. The Final PREA investigative report states that the PREA coordinator made efforts for the client to contact the GLC, but the client had not responded as of 6/1/2022. Based on the evidence provided, the facility meets this provision.

115.267(e) The standard requires the facility to take appropriate action for any other person who may have cooperated and fears retaliation. The PAQ states there was one sexual abuse allegation in 2023, but that no retaliation monitoring occurred, due to the client having left the GLC prior to reporting a PREA allegation. The GLC PREA policy states in Section 115.267:

	<p>"Residents who are involved in a PREA investigation will be met with privately, periodically over a period of no less than 90 days to assess/report any incidents of retaliation from other residents or staff."</p> <p>The facility director stated during her interview that, should a staff person fear retaliation, the person's supervisor, and/or other named staff, would be monitored to ensure such is not happening. She stated during her interview that there have been no employees in the past 12 months, who reported fear of retaliation, related to a PREA allegation. The auditor reviewed 12 employee files, and 20 client files. The auditor did not observe any evidence of employee retaliation, or client retaliation.</p> <p>The auditor reviewed the CTS PREA ALLEGATIONS/REPORTS section of the PREA policy, which was submitted as supportive documentation for compliance with PREA standard 115.267. Page 130, Section, "RESIDENT" states:</p> <p>"If any person who cooperates with an investigation expresses fear of retaliation, CTS will take appropriate measures to protect the individual against retaliation, to include facility transfer." Based on the evidence provided, the facility meets this provision.</p> <p>115.267(f) The Auditor is not required to audit this provision.</p> <p>Based on the evidence provided, the facility meets this standard. Corrective Action: No corrective action is recommended.</p>
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115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. CTS PREA Policy 2. CTS PREA investigative file - 2023 <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA Investigator 2. PREA coordinator Onsite facility review <p>Findings:</p> <p>115.172(a)</p> <p>The facility provided in the PAQ the CTS PREA Policy as supportive documentation of compliance with this standard. Policy Section INVESTIGATIONS states:</p> <p>"All PREA allegations (sexual abuse or sexual harassment) (including those</p>

received by third party reports) will be immediately, thoroughly, and objectively investigated by staff who have received Investigative Training only."

The PREA coordinator (who is the primary for administrative investigations) stated in her interview that an internal investigation would begin immediately upon receiving a report of client sexual abuse, sexual harassment, or retaliation. She further stated that she is the lead person in an administrative investigation, determines the outcome of administrative investigations, and confers with KYDOC and the CEO on such. Allegations, which appear to be criminal would be referred to the KYDOC and the KSP to begin a criminal investigation. The PREA coordinator stated during interview that she would contact the Commonwealth's Parole and Probation Authority, depending on the client's status.

The auditor reviewed an investigative file during the onsite audit. The PREA coordinator confirmed during her interview that there were no additional investigative files to review for sexual harassment, or retaliation in the past 12 months, including third-party, or anonymous reports. During random client interviews, no client disclosed having reported an allegation of sexual harassment against a staff person.

During the facility site review, the PREA coordinator identified the Holding Room, as where an alleged victim would be placed to separate him from an alleged abuser. According to the PREA coordinator, if the identified abuser is a staff member, they would be placed on administrative leave with pay, and KYDOC conducts the investigation. If the alleged abuser is a client, he would be temporarily removed, and housed under KYDOC supervision, or local jail, until the investigation is complete. Based on the evidence provided, the facility meets this provision.

115.271(b) The facility PAQ indicates internal investigators received specialized training related to sexual abuse investigations, as per standard 115.234. Training for facility investigators was verified through supporting documentation provided by the facility. PREA Investigator training documents for the PREA coordinator and assistant director were uploaded in the PAQ as supportive documentation. The documents provided indicate that training was provided by the KYDOC's Division of Corrections Training, dated 5/22/2014, and 11/5/2015 for PREA Investigator specialized training. The auditor reviewed one investigative file from a 2023 allegation of staff sexual abuse. The auditor observed that the staff identified as having conducted the investigation is the PREA coordinator for KYDOC, as per CTS policy.

The CTS PREA policy Section 115.271(b) states:

"All PREA allegations (sexual abuse or sexual harassment) (including those received by third part reports) will be immediately, thoroughly, and objectively infestigate by staff who hav received Investigative Training only. ...Allegations that are not criminal in nature that involve CTS staff will be referred to the KYDOC PREA Coordinator for investigation. CTS trained investigators will conduct investigations on inmate to inmate allegations."

PREA administrative investigations are conducted by the agency PREA coordinator, or Assistant Director, who is trained to conduct PREA investigations. Based on the

evidence provided, the facility meets this provision.

115.271(c) The facility PAQ indicates, and documents in its PREA policy, Section INVESTIGATIONS, investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data. It further states that the facility will review prior complaints and reports of sexual abuse involving suspected perpetrator. Policy 115.271 Section (c) states:

"Investigators will gather and preserve direct and circumstantial evidence, including available physical and DNA evidence and any available video surveillance; interview alleged victims, suspected perpetrators, and witnesses; review prior complaints and reports of sexual abuse involving he suspected perpetrator."

The auditor reviewed a 2023 PREA investigation file. The file did not contain information regarding evidence collection, as the alleged victim absconded from the medical facility where he was to be examined. The alleged abuser failed to report to CTS, or respond to the Kentucky State Police's attempts to speak with her. The file does not document whether it reviewed prior complaints and reports of sexual abuse involving suspected perpetrator, or if such existed. The investigative report indicates the alleged victim was transferred to another facility.

During interviews, a Resident Monitor Supervisor demonstrated how video technology can be utilized as part of an investigation. During the onsite facility review, the auditor observed 92 cameras covered over three monitors, which covered internal and external areas throughout the facility. A facility layout document was provided, which reflected camera locations, to identify blind spots in, or around, the facility. The PREA coordinator stated in her interview that physical or circumstantial evidence would be collected by local police (KSP), as part of a criminal investigation. Staff are trained to preserve, and protect physical evidence in an investigation until law enforcement takes over. Based on the evidence provided, the facility meets this provision.

115.271(d) The facility PAQ indicates compelled interviews will be conducted, if an allegation rises to criminal. CTS's PREA policy states:

"If the violation is sexual abuse or assault, CTS administrative staff will immediately separate the victim and perpetrator and notify Kentucky State Police to handle the criminal investigation and will conduct further interviews only after consulting with prosecutors to ensure interviews will not be an obstacle for subsequent criminal prosecution."

The PAQ indicates there has been one allegation (sexual abuse) in the past 12 months. The auditor reviewed a 2023 PREA investigative file. There was no evidence that CTS staff conducted interviews with the alleged victim, or abuse, or that either were compelled to answer questions. The auditor observed evidence that the facility requested KYDOC to conduct a criminal investigation. Documentation reviewed indicates the client was transferred to another facility, prior to being sent for medical attention.

Evidence provided indicates no administrative action was taken, resulting in an Unsubstantiated determination. Based on the evidence provided, the facility meets

this provision.

115.171(e) The facility PAQ indicates the PREA policy states:

"The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. CTS will not require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation."

During interviews, the PREA coordinator stated the agency does not conduct polygraph tests, nor does it use any other truth-telling device during PREA investigations. During client interviews, none of the 20 clients interviewed expressed ever being asked to take a polygraph test; none of the 20 clients interviewed stated they experienced sexual abuse while incarcerated, or while at CTS. Based on the evidence provided, the facility meets this provision.

115.271(f) The facility PAQ indicates administrative investigations: (1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and (2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. The facility PREA policy Section Administrative Investigations states:

"Administrative investigations will:

Include an effort to determine whether staff actions or failures to act contributed to the abuse; and will be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings."

During interviews, the PREA coordinator all stated CTS has had no criminal investigations in the past 12 months. The PREA coordinator stated criminal investigations are conducted by KYDOC. The PREA coordinator stated the facility has a good relationship with the Kentucky State Police (KSP), and KYDOC, in the event they're contacted related to a PREA violation. Based on the evidence provided, the facility meets this provision.

115.271(g) The facility PAQ indicates all criminal investigations shall be documented in a written report that contains thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. The facility PREA policy states:

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

One investigative file was reviewed to corroborate what is stated in policy, as the facility has had one reported allegation in the past 12 months. The auditor observed the case was referred to KYDOC. The facility PREA policy identifies the KYDOC as the entity responsible for criminal investigations, and that such would be conducted in accordance with PREA standards.

Of the 20 client files reviewed onsite, none contained documentation related to

allegations of sexual abuse and/or sexual harassment, or retaliation, which were referred to law enforcement as a criminal case. Client intake screenings did not indicate there have been reported allegations at CTS, nor were there any reports of prior sexual victimization. Review of 12 employee files resulted in no finding of disciplinary action, or other legal action against staff for client sexual abuse and/or sexual harassment, or retaliation, or evidence of any criminal charges for past sexual abuse, sexual harassment, or retaliation. The auditor reviewed a file from 2023, which involved a staff member. The auditor observed in the Final Report that the alleged abuser (staff) was a no call, no show at CTS, and that KSP were unable to reach her after multiple attempts during the investigation. Based on the evidence provided, the facility meets this provision.

115.271(h) The facility PAQ indicates substantiated allegation of conduct that appears to be criminal shall be referred for prosecution. The facility PREA policy, Section Administrative Investigations states:

"Substantiated allegations of conduct that appears to be criminal will be referred for prosecution."

During the onsite audit, one investigation file was reviewed from 2023. The PREA coordinator stated during interviews that there have been no PREA-related allegations, which were deemed to be criminal, and referred for prosecution. The PREA coordinator stated in interviews there have been no allegations, which appeared to be criminal in nature. The agency head stated the facility has had one allegation of sexual abuse in the past 12 months. Based on the evidence provided, the facility meets this provision.

115.271(i) The facility PAQ indicates all case records associated with allegations of sexual misconduct or retaliation shall be securely retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. CTS PREA policy states: ***"All written reports will be maintained as long as the alleged abuser is incarcerated or employed by CTS, plus 5 years."***

During the onsite audit, no records retention documentation was provided for review. No records retention documentation was provided in the PAQ. The PREA coordinator stated there have been three allegations reported in the past 12 months. The auditor observed that the PREA coordinator retains case files in her office. There was no evidence of cases beyond a period, which would confirm or challenge that CTS does/does not retain investigative reports up to five years after an abuser is at the facility as a client or employee. Based on the evidence provided, the facility, by default, meets this provision.

115.271(j) The facility PAQ indicates it ensures 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. CTS's PREA policy is provided as supportive documentation. The policy states:

"The departure of the alleged abuser or victim from the employment or control of CTS will not be a basis for terminating an investigation."

The auditor reviewed one investigation file from 2023. According to the documentation, the KSP made multiple attempts to reach the alleged abuser, even

	<p>though she failed to report to CTS as an employee. Based on the evidence provided, the facility meets this provision.</p> <p>115.271(k) The auditor is not required to audit this provision.</p> <p>115.271(l) The facility PAQ indicates when outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. The facility PREA policy is provided as supportive documentation. Policy states: "...CTS will cooperate with outside agencies investigation PREA reports and will request updates about the progress of the investigation."</p> <p>During the onsite audit, the auditor reviewed one investigation file from 2023. The file contained evidence of communication between the facility and an outside entity (KYDOC) regarding the investigation. The PREA coordinator stated during interviews that there would be ongoing communication with the KYDOC probation/parole officer, and/or the KYDOC PREA coordinator, if they were investigating a PREA allegation. She further stated investigatory documentation would be submitted to KYDOC. Based on the evidence provided, the facility meets this provision.</p> <p>Based on the evidence provided, the facility meets this standard.</p> <p>Corrective action: No corrective action is recommended.</p>
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115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. CTS PREA Policy 2. PREA investigative file - 2023 allegation <p>Interviews:</p> <ol style="list-style-type: none"> 1. Investigative staff <p>Findings:</p> <p>115.272(a) The facility PAQ indicates it imposes a standard of a preponderance of evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment can be substantiated. The facility PREA policy, in the INVESTIGATIONS section states: "No standard higher than a preponderance of the evidence shall be imposed in determining whether allegations of sexual abuse or sexual harassment are substantiated for administrative investigations."</p>

	<p>The policy was provided as supportive documentation. The facility PREA coordinator provided one allegation of sexual abuse in the past 12 months. The auditor reviewed an investigative file provided from 2023; the allegation was <i>unsubstantiated</i> based on lack of witnesses, the victim absconded from the medical facility, and the alleged abuser never returned to CTS, and was unreachable by KSP. There was no evidence that a standard higher than a preponderance of evidence was used to make a determination of the allegation. Based on evidence provided, the facility meets this standard.</p>
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115.273	Reporting to residents
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in make the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. CTS PREA Policy 2. 20 client files 3. Three PREA investigations <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility head 2. Investigative staff 3. 20 Random & targeted client interviews <p>Findings:</p> <p>115.273(a) The facility PAQ indicates the agency has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. The facility PREA policy was provided as supportive documentation. Policy section NOTIFICATION OF FINDINGS states:</p> <p><i>"Following an investigation in which the alleged victim has reported a case of sexual abuse, the alleged victim will be informed of the outcome and it will be documented when the:</i></p> <ol style="list-style-type: none"> 1. <i>Allegation has been determined to be substantiated, unsubstantiated, or unfounded.</i> 2. <i>Alleged perpetrator is no longer posted within the offender's unit.</i>

3. ***Alleged perpetrator is no longer employed.***
4. ***Alleged perpetrator has been indicted on a charge related to sexual abuse within the facility.***
5. ***Alleged perpetrator has been indicted or convicted on a charge related to the sexual abuse."***

The PAQ response indicates there has been three reported PREA allegations in the past 12 months. The facility uploaded in the PAQ PREA investigative reports and client outcome notifications. The investigative documentation indicates the facility PREA coordinator provided to two of three alleged victims a verbal and/or written notice of the investigation's outcome. The documentation in one file indicates the halfway house (Portland), where the alleged victim was housed during the investigation, informed CTS that he absconded from the medical facility where he was sent for a forensics exam. As of 3/4/2024, the alleged victim had not contacted the facility. Therefore, no documented responses to the client regarding the outcome of the investigation was provided. One notice was mailed to the alleged victim (Unfounded outcome), and one was issued directly to the client (Unsubstantiated outcome).

During the onsite audit, 20 clients were interviewed. None of the 20 clients interviewed stated they have reported an allegation of sexual abuse, and none stated they were aware of reports of alleged sexual abuse in the facility. Based on evidence provided, the facility meets this provision.

115.273(b) The facility PAQ indicates if the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, the agency requests the relevant information from the investigative agency in order to inform the resident. CTS's PREA policy was provided as supportive documentation. Policy states:

"If the investigation is completed by another agency, CTS will request the information in order to inform the resident of the findings. (115.273b)"

CTS's PREA Policy states KYDOC's probation and parole office will investigate sexual abuse allegations deemed to be criminal. The PREA coordinator stated during her interview that KYDOC conducted an investigation in a December 2023 case involving a CTS client and employee. The auditor observed documented evidence that KYDOC led the investigation, and communicated with CTS throughout the investigation. Based on the evidence provided, the facility meets this provision.

115.273(c) The facility PAQ indicates upon completion of a resident sexual abuse allegation against a staff member (unless unfounded) CTS will inform the resident when the:

- 1. Allegation has been determined to be substantiated, unsubstantiated, or unfounded.***
- 2. Alleged perpetrator is no longer posted within the offender's unit.***
- 3. Alleged perpetrator is no longer employed.***
- 4. Alleged perpetrator has been indicted on a charge related to sexual abuse within the facility.***
- 5. Alleged perpetrator has been indicted or convicted on a charge related***

to the sexual abuse."

The CTS's PREA Policy was uploaded as supportive documentation. Policy also states:

"Notification will be made whether the alleged abuser is CTS staff or another resident. (115.273c)"

The policy section includes all components outlined in this provision. The facility PAQ indicates there have been three sexual abuse allegations in the past 12 months. The auditor reviewed three client notifications in 2023, which were uploaded in the PAQ. The Offender Notification - PREA Alleged Sexual Abuse document indicates one of three clients was not notified of the investigation's outcome, due to his whereabouts being unknown. The auditor observed that each notification was signed and dated by the CTS PREA coordinator. The auditor observed that two outcomes were determined to be Unsubstantiated, and one was Unfounded. Based on the evidence provided, the facility meets this provision.

115.273(d) The facility PAQ indicates that following a resident's allegation that he or she has been sexually abused by another resident, the agency shall subsequently inform the alleged victim whenever: 1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or 2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. All such notifications or attempted notifications shall be documented. The facility PREA policy is provided as supportive documentation. Policy Section NOTIFICATION OF FINDINGS states:

"Notification will be made whether the alleged abuser is CTS staff or another resident. (115.273c)"

The auditor reviewed outcome notification documents for three PREA cases in 2023. One allegation was Unfounded, and two were Unsubstantiated. The auditor observed in all cases of the PREA coordinator's effort to notify the alleged victim of the investigation's outcome. Based on the evidence provided, the facility meets this provision.

115.273(e) The facility PAQ indicates the agency has a policy that all notifications to residents described under this standard are documented. The facility PREA policy is uploaded as supportive documentation. Policy Section 115.273(e) is referenced in the PAQ, that coincides with this provision. The policy Section states:

"Notification will be made whether the alleged abuser is CTS staff or another resident."

The facility uploaded three client Notification documents related to three cases in 2023. The PAQ indicates that there were three PREA allegations in the past 12 months. The auditor observed documented reference in one case that the client victim was not notified of the investigation outcome, due to the whereabouts of the alleged victim being unknown. Other notices were delivered via US Mail, or in person to the client. The notification documents are signed and dated by the PREA coordinator. Based on the evidence provided, the facility meets this provision.

115.273(f) The Auditor is not required to audit this provision.

Based on the evidence provided, the facility does not meet this standard.

	Corrective Action: No corrective action is recommended.
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115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. CTC master PREA Policy 2. Employee Roster: 3/14/2024 3. 12 Employee files <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility director/Human Resources/PREA coordinator <p>Findings:</p> <p>115.276(a) The facility PAQ indicates all staff shall be subject to disciplinary sanctions up to, and including termination for violating agency sexual misconduct policies. The CTS PREA Policy is uploaded as supportive documentation. Policy section <i>DISCIPLINARY SANCTIONS: Staff, Volunteers, Contractors</i> states:"</p> <p>"Any CTS employee, contractor, or volunteer who engages in sexual abuse or harassment of a resident will be terminated/services terminated." It further states, "...Those that involve sexual abuse will be referred for criminal investigation by the Kentucky State Police and prosecution. Acts not criminal in nature will result in disciplinary action to commensurate with the nature and circumstances of the acts committed (which may include suspensions, counseling, or termination from employment), the staff member's/volunteer's/contractor's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories." The facility director/PREA coordinator is also responsible for overseeing the human resources function for the agency. She stated during her interview that CTS terminated an employee in the past 12 months, due to alleged sexual abuse with a client. The auditor reviewed an investigative file during the onsite audit. The file, provided to the auditor by the PREA coordinator, involved a staff who was named in an anonymous report, who allegedly had sex with a CTS client at the facility in December 2023. The auditor reviewed documented evidence that the alleged staff abuser was a no call, no show, and was ultimately terminated. No files for volunteers were provided for review. During the onsite audit, the Employee Roster provided, from which the auditor made random and specialized staff</p>

interview selections, identified one person as a contractor. The contractor's file reflected PREA refresher training on 11/14/2023. Based on the evidence provided, the facility meets this provision.

115.276(b) The facility PAQ indicates that termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse. The PREA policy, which serves as the facility's Zero-tolerance policy, was provided as supportive documentation. Policy section *DISCIPLINARY SANCTIONS: Staff, Volunteers, Contractors* states all substantiated allegations result in termination, as the presumptive disciplinary sanction for staff who have engaged in sexual abuse. The auditor observed in the provided 2023 investigative documentation, documentation for disciplinary action (termination) against the employee named in the sexual abuse allegation. The PREA coordinator stated during her interview that immediate termination would be imposed, should it be substantiated that a staff engaged in sexual abuse, while on the clock (actively working), that such behavior is intolerable. Based on the evidence provided, the facility meets this provision.

115.276(c) The facility PAQ indicates that 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 CTS PREA Policy states:

"...Acts not criminal in nature will result in disciplinary action to commensurate with the nature and circumstances of the acts committed (which may include suspensions, counseling, or termination from employment), the staff member's/volunteer's/contractor's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories." The PAQ indicates there have been three PREA allegation in the past 12 months. The auditor reviewed the investigation file of a sexual abuse allegation from 2023. The investigation resulted in the identified employee's termination. During her interview, the facility director stated there have been no other allegations in the past 12 months, whereby an employee was disciplined. One investigation file involving a CTS staff was determined to be Unfounded, resulting in no action against the employee. The auditor reviewed 12 employee files. None contained evidence of disciplinary action for violating the agency's zero tolerance policy. Based on the evidence provided, the facility meets this provision.

115.276(d) The facility PAQ indicates all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies (unless the activity was clearly not criminal) and to any relevant licensing bodies. The CTS PREA Policy was provided as supportive documentation. Policy section *Staff, Volunteers, Contractors*, states, **"...Terminations for violations of sexual abuse/harassment policies, or resignations by staff who would have been terminated if not for resigning, will be reported to law enforcement agencies (unless the activity was clearly not criminal), and to any relevant licensing bodies."** The auditor reviewed one sexual abuse investigation file, from 2023, during the onsite audit. The investigation documentation contained evidence

	<p>that the facility reported to KYDOC that an employee was terminated for allegations of sexual abuse, although the case was tagged as Unsubstantiated. Based on the evidence provided, the facility meets this provision.</p> <p>Based on the evidence provided, the facility meets this standard.</p> <p>Corrective action: No corrective action is recommended.</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>The following evidence was analyzed in making the compliance determination:</p> <p>Documents: 1. CTS master PREA policy</p> <p>Interviews:</p> <p>1. Facility director/PREA coordinator</p> <p>Findings:</p> <p>115.277(a) The facility PAQ indicates agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies. The agency's response on the PAQ indicates that CTS policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies. It further indicates that agency policy requires that any contractor or volunteer who engages in sexual abuse be terminated from CTS service. CTS PREA Policy was provided as supportive documentation, and states in Section <i>Staff, Volunteers, Contractors</i>: "Acts not criminal in nature will result in disciplinary action to commensurate with the nature and circumstances of the acts committed (which may include suspensions, counseling, or termination from employment), the staff member's/volunteer's/contractor's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories." The PREA coordinator stated during her interview that there are no files for volunteers. During the auditor's review of the Employee Roster, no volunteers were identified. One contractor was identified. A personnel file review determined the assistant director of programs (contractor) completed PREA training on 11/14/2023. Based on the evidence provided, the facility meets this provision.</p> <p>115.277(b) The facility PAQ indicates the facility 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. CTS PREA Policy, uploaded as supportive documentation,</p>

	<p>states in section <i>Staff, Volunteers, Contractors</i>: "Acts not criminal in nature will result in disciplinary action to commensurate with the nature and circumstances of the acts committed (which may include suspensions, counseling, or termination from employment), the staff member's/ volunteer's/contractor's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories." The facility provided no volunteer files to review for compliance with the agency's policy. The facility director stated in her interview that files are not maintained for volunteers. One contractor file contained evidence of completed PREA Zero Tolerance policy training. No volunteers were observed in the facility during the onsite audit. Based on the evidence provided, the facility meets this provision.</p> <p>Based on evidence provided, the facility meets this standard.</p> <p>Corrective Action: No corrective action is recommended.</p>
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115.278	Disciplinary sanctions for residents
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. CTS master PREA policy 2. CTS Client Handbook 3. Client files 4. Agency Table of Organization <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Director/PREA Coordinator <p>Findings:</p> <p>115.278(a) The facility PAQ indicates residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that a resident engaged in resident-on-resident sexual abuse; residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding of <i>guilt</i> for resident-on-resident sexual abuse. The PAQ further states there have been no administrative findings of resident-on-resident sexual abuse that have occurred at the facility in the past 12 months; there have been no criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility in the past 12 months. The CTS PREA Policy was provided in the PAQ as supportive documentation. The policy indicates in section <i>DISCIPLINARY</i></p>

SANCTIONS, Residents that **"...residents will be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse."** During the last 12 months, there were no allegations with an administrative finding of client-on-client sexual abuse that occurred at the facility, and there were no criminal findings of guilt for client-on-client sexual abuse that have occurred at the facility. During the auditor's review of 20 client files, no sanctions were identified for client-on-client sexual misconduct. The PREA coordinator stated in her interview that there have been three allegations of client-on-client PREA allegations in the past 12 months. The facility uploaded outcome notifications for the allegations. None were substantiated for client-on-client sexual abuse, or showed that such was determined through a formal disciplinary process. Based on the evidence provided, the facility meets this provision.

115.278(b) The facility PAQ indicates sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. The CTS PREA Policy is provided as supportive documentation. Section *DISCIPLINARY SANCTIONS, Residents*, states, **"Sanctions will be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories."** The facility director stated during her interview that a substantiated allegation of sexual abuse would result in the client's termination from the CTS program, and possible new charges. Based on the evidence provided, the facility meets this provision.

115.278(c) The facility PAQ indicates when determining what types of sanction, if any, should be imposed, the disciplinary process considers whether a resident's mental disabilities or mental illness contributed to his behavior. The CTS PREA Policy was provided as supportive documentation. Policy section *Residents*, states, in part, **"...The disciplinary process will consider whether the resident's mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, should be imposed."** Based on the evidence provided, the facility meets this provision.

115.278(d) The facility PAQ indicates the facility does not offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. The auditor was provided a copy of the agency's table of organization as supportive documentation. According to the agency Table of Organization, the facility does not provide mental health services, such as therapy, counseling, or other interventions. The Employee Roster, from which the auditor selected random and specialized staff interview selections, did not list mental health therapists, or clinical counselors. The facility director stated during her interview that the agency does not provide in-house medical, or mental health services to clients. Based on the evidence provided, the facility meets this provision.

115.278(e) The facility PAQ indicates a 'yes' response to this provision. The PAQ

asks if the agency disciplines residents for sexual conduct with staff only upon finding that the staff member did not consent to such contact. The CTS PREA Policy is uploaded as supportive documentation. The policy addresses client accountability for client-on-client sexual abuse, sexual harassment. The policy indicates that clients receive disciplinary sanctions for sexual conduct with staff only upon finding that the staff member did not consent to such contact. The auditor reviewed one sexual abuse investigative file from a 2023 allegation. The file indicates the client was transferred to another facility. Based on the evidence provided, the facility meets this provision.

115.278(f) The facility PAQ indicates the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation response affirms that client reports of sexual abuse made in good faith are not considered false reports, or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. The CTS PREA Policy states, "**...Discipline of a resident for sexual contact with staff/volunteer/contractor will occur only upon a finding that the staff/volunteer/contractor did not consent to such contact. A report of sexual abuse made in good faith based on a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if the investigation does not establish evidence sufficient to substantiate the allegation.**" The 2023 investigation file reviewed by the auditor indicates the employee involved was terminated, although the client did not successfully complete the program. The report indicates the source of the allegation is 'unknown'. The investigative report indicates that the (female) staff did not admit to, or deny, a sexual relationship with the client, as KSP were unable to reach her during the investigation. Since the client involved did not report the sexual conduct, and the employee was unable to be reached, such was determined as Unsubstantiated. Of the 20 client files reviewed, none contained evidence of disciplinary action imposed on a client based on an unsubstantiated allegation of sexual abuse. Based on the evidence provided, the facility meets this provision.

115.278(g) The facility PAQ indicates the agency always refrains from considering non-coercive sexual activity between residents to be sexual abuse. There were no violations of sexual misconduct in any of the 20 client files reviewed. There were no allegations of client-on-client sexual abuse in any of the 20 client files reviewed. Based on the evidence provided, the facility meets this provision.

Based on the evidence provided, the facility meets this standard.

Corrective action: No corrective action is recommended.

115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

- 1. CTS master PREA Policy
- 2. CTS/KYDOC MOU - KASAP

Interviews:

- 1. Security Staff First Responder

Review Observations:

- 1. PREA resource posters in client hallways, and common areas
- 2. PREA resource posters near client phones

Findings:

115.282(a) The facility PAQ indicates resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The PAQ affirms that the nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. The facility's PREA policy states in Section *Action upon receiving a report*: **"...Both will be immediately transported to University of Louisville Hospital for an examination that may include: collection of forensic evidence, testing for sexually transmitted diseases, prophylactic treatment, follow up mental health assessment and access to crisis intervention services. The nature and scope of services will be determined by medical and mental health providers according to their professional judgment."**

During the auditor's review of 20 client files, there was no evidence a client requested medical or mental health services related to an allegation of sexual abuse. The investigative documentation indicated that the client absconded from the medical facility and was not examined. The auditor observed that the allegation involved physical sexual misconduct that may have resulted in a physical medical exam, but there is no indication of whether mental health services were offered at the facility where the client was transferred to, or if such was offered, if the client declined, or received any services. Based on the evidence provided, the facility meet this provision.

115.282(b) The facility PAQ indicates it does not employ or contract with medical or mental health practitioners. The PAQ indicates that CTS has a relationship with KASAP, and provided a documented Memorandum of Understanding (MOU) as supportive documentation. The MOU indicates that the organization will refer clients for mental health services.

During the facility site review, the auditor observed a hotline phone number posted

near client pay phones. The auditor called the number 833-362-7732 (PREA), which is posted as a 24/7 crisis hotline number. The auditor received a recorded message that identified the entity as the KYDOC PREA hotline. The facility PREA policy states in Section INVESTIGATIONS:

"...The victim will be given the opportunity to call and/or speak to a representative from the Center for Women and Families for crisis intervention and counseling. Steps will be taken to ensure that he is able to attend ongoing counseling, if he chooses and/or necessary."

During the onsite audit phase, the auditor interviewed seven employees who would be first responders. Seven of seven employees interviewed stated if a client alleged sexual abuse, they would contact the PREA coordinator, who also serves as the facility director, as well as call 911, if necessary.

Based on the evidence provided, the facility meets this provision.

115.282(c) The facility PAQ indicates resident victims of sexual abuse while incarcerated shall be 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. The PREA policy is provided as supportive documentation. Policy states: **"The alleged victim will be offered victim advocate services through the Center for Women and Families at no cost, in addition to prophylaxis and/or tests for STDs. If requested, the advocate service will be contacted and given the appropriate information."**

The policy affirms the language of this provision. Based on evidence provided, the facility meets this provision.

115.282(d) The facility PAQ indicates treatment services shall be 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. CTS's PREA policy is provided as supportive documentation. Policy states: **"The alleged victim will be offered victim advocate services through the Center for Women and Families at no cost, in addition to prophylaxis and/or tests for STDs. If requested, the advocate service will be contacted and given the appropriate information."**

The auditor interviewed seven (7) security first responder staff. All seven stated they would follow the chain of command if a client victim requested medical, or mental health treatment. Seven of seven stated the RM Supervisor, counselor(s), or PREA coordinator would take care of the victim's medical needs. The PREA coordinator articulated during her interview that she or the Assistant Director would navigate the process to ensure a client was not financially responsible for a medical bill, should they report such was received.

The facility response in the PAQ stated there was one allegation where medical or mental health services were needed. The auditor reviewed documentation related to a PREA allegation in 2023. The auditor observed evidence that, in the 20230 case, the alleged victim failed to receive medical, or mental health services, as he absconded from the medical facility. Based on the evidence provided, the facility meets this provision.

	<p>Based on evidence provided, the facility meets this standard. Corrective Action: No corrective action is recommended.</p>
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<p>115.283</p>	<p>Ongoing medical and mental health care for sexual abuse victims and abusers</p>
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. CTS PREA Policy 2. CTS/KYDOC MOU - KASAP 3. Client files 4. Agency Table of organization <p>Findings:</p> <p>115.283(a) The facility PAQ indicates it shall 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. The auditor reviewed the Employee Roster to confirm the facility does not have medical staff or mental health practitioners on staff, or contracted to provide such services. The facility PREA policy states in Section <i>Services for victims and abusers</i>:</p> <p><i>"CTS will ensure ongoing, appropriate medical and mental health evaluations and treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. This information will be asked and acted upon at intake."</i></p> <p>The auditor observed a signed MOU with the Kentucky Association of Sexual Assault Programs, Inc. (KASAP). The entity will assist clients who report or disclose prior sexual abuse, with medical and/or mental health needs related to being sexually victimized. The entity will coordinate medical forensic examinations with the University of Louisville hospital, and provide emotional support, if desired. Intake staff (counselors) stated in interviews that they, in conjunction with the PREA coordinator, would arrange transportation to the Louisville hospital Emergency Room, if a client disclosed prior sexual abuse while incarcerated, and the incident was recent. The PREA coordinator stated during informal conversation that if EMT were not needed, she would arrange for internal staff (if not she, herself) to transport the client to the Emergency Room to get checked out, if the client reported he had been sexually abused prior to arriving to CTS.</p> <p>During the onsite audit, the auditor received, and reviewed 20 client files. The PREA</p>

screening form was reviewed. The screening form asks about prior sexual victimization, including during incarceration. The screening form also asks if the client has ever been identified as sexually abusive. Based on the evidence provided, the facility meets this provision.

115.283(b) The facility PAQ indicates the evaluation and treatment of such victims shall 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. One counselor, whom the auditor observed conducting an intake, stated that they, or the assistant director would assist with scheduling medical and/or mental health services, if desired. PREA policy Section *Services for victims and abusers* is provided as supportive documentation, and states:

"The evaluation and treatment of such victims shall 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. They will be referred for medical and mental health services consistent with the community level of care."

The facility provided to the auditor a signed Memorandum of Understanding between CTS/KYDOC and KASAP. The agreement is signed by the executive authorities of KASAP, and KYDOC. The agreement has been in place since 7/1/2022. The agreement identifies University of Louisville hospital, which is the local hospital, as where clients are referred if in need of medical services resulting from sexual abuse. The facility PAQ indicates there was a 2023 reported allegation of sexual abuse, which required medical or mental health services. Investigative documentation indicates that no services were rendered due to the client absconding from the medical facility. Based on the evidence provided, the facility meets this provision.

115.283(c) The facility PAQ indicates it shall provide such victims with medical and mental health services consistent with the community level of care. The CTS PREA Policy is provided as supportive documentation. The PREA coordinator identified, during her interview University of Louisville hospital, which is the local hospital, as where clients are referred if in need of medical services resulting from sexual abuse. The PREA coordinator stated during her interview that clients, depending on the situation, may also be transported to a local Urgent Care clinic. The facility indicated in the PAQ there has been a reported allegation of sexual abuse in the last 12 months, which required a client to receive medical or mental health services. No such services were rendered due to the client absconding from the medical facility. Based on the evidence provided, the facility meets this provision.

115. 283(d) There are no female clients at the CTS facility. The PREA policy states: ***"Testing for sexually transmitted infections will be offered, if medically appropriate. Treatment is provided at no cost to the resident and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident."***

The PREA coordinator stated that while such has not occurred at CTS, a transgender

male who physically has female genitalia, and able to have children, would be offered a pregnancy test at no cost, should such be related to a sexual abuse incident. Based on the evidence provided, the facility meets this provision.

115.283(e) There are no female clients at the CTS facility.

The PREA coordinator stated that, while such has not occurred at CTS, a transgender male, who physically has female genitalia, and who was known, or proven to be pregnant, would be provided timely and comprehensive information about access to all lawful pregnancy related medical services. Therefore, the facility meets this provision.

115.283(f) The facility indicates in the PAQ that resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. PREA policy Section *Services for victims and abusers* was reviewed as supportive documentation. The policy states:

"Testing for sexually transmitted infections will be offered, if medically appropriate. Treatment is provided at no cost to the resident and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident."

The PREA screening tool asks clients to disclose previous sexual victimization, which may have occurred during incarceration. The agency Intake staff (counselors) confirmed during interviews that sexual victimization while incarcerated is part of the client PREA screening. During the onsite audit, the auditor observed two client Intakes. The auditor observed the client respond to questions pertaining to sexual abuse, or abusiveness, during incarceration. Based on evidence provided, the facility meets this provision.

115.283(g) The facility PAQ indicates that treatment services shall be 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. PREA policy is provided as supportive documentation. The policy states:

"...Treatment is provided at no cost to the resident and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident."

The PREA coordinator provided to the auditor a reported sexual abuse allegation from 2023, which involved a client needing medical treatment. No medical services were rendered due to the client absconding from the medical facility. During the onsite audit, 20 client files were reviewed; none contained evidence that a client received medical services for an alleged sexual abuse. Based on the evidence provided, the facility meets this provision.

115.283(h) The facility PAQ indicates the facility shall attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. The CTS PREA policy s provided as supportive documentation. The policy states in paragraph two:

"CTS will attempt to have a mental health evaluation completed on all known resident-on-resident abusers withing 60 days of learning of such

	<p><i>abuse history and offer treatment when deemed appropriate by mental health practitioners."</i></p> <p>The PREA coordinator provided to the auditor a 2023 allegation of client sexual abuse, which required mental health or medical services. No medical or mental health services were rendered due to the client absconding from the medical facility. During the onsite audit 20 client files were reviewed; none contained evidence that a client received medical services for an alleged sexual abuse. Based on the evidence provided, the facility meets this provision.</p> <p>Based on the evidence provided, the facility meets this standard. Corrective Action: No corrective action is recommended.</p>
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115.286	Sexual abuse incident reviews
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. CTS PREA Master policy 2. CTS PREA Sexual Abuse Incident Review Reports 2023 3. PREA Investigation files (2023) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Director/PREA coordinator <p>Findings:</p> <p>115.286(a) The facility PAQ indicates the facility shall 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. The auditor reviewed PREA Policy section SEXUAL ABUSE INCIDENT REVIEW as supportive documentation. Policy section states: <i>"Within 30 days of the conclusion of every sexual abuse investigation, a review will be conducted (unless the allegation was unfounded)."</i></p> <p>The PREA coordinator stated during her interview that she, and the facility assistant director (Operations) are trained to participate in PREA investigations. The facility uploaded two Sexual Abuse Incident Review Reports (SAIR) from allegations in 2023 as supportive evidence. The two cases were determined to be Unsubstantiated; a third case was uploaded in the PAQ that was Unfounded. The auditor observed that the Director and Assistant Director participated on the review team, and the director signed both documents.</p>

The completed Sexual Abuse Incident Review forms are signed, and dated 3/14/2023, and 3/28/2023, within 30 days of the conclusion of the allegation (2/15/2023, 3/4/2023). The PREA coordinator stated during her interview that she participated in the PREA investigation, and interviewed the alleged victim. Based on the evidence provided, the facility meets this provision.

115.286(b) The facility PAQ indicates sexual abuse incident reviews are usually conducted within 30 days of the conclusion of an administrative or criminal investigation. The auditor reviewed the facility PREA Policy as supportive documentation. Policy section 115.286 (b) states:

"Within 30 days of the conclusion of every sexual abuse investigation, a review will be conducted (unless the allegation was unfounded)."

The facility uploaded two Sexual Abuse Incident Review Reports (SAIR) from allegations in 2023 as supportive evidence. The two cases were determined to be Unsubstantiated; a third case was uploaded in the PAQ that was Unfounded. The auditor observed that the Director and Assistant Director participated on the review team, and the director signed both documents.

The completed Sexual Abuse Incident Review forms are signed, and dated 3/14/2023, and 3/28/2023, within 30 days of the conclusion of the allegation (2/15/2023, 3/4/2023). Based on the evidence provided, the facility meets this provision.

115.286(c) The facility PAQ indicates the Sexual Abuse Incident Review Team consists of upper-level management officials, and includes input from investigators, line supervisors, medical and mental health professionals. The facility provided the PREA policy as supportive documentation. The facility director/PREA coordinator reports to the Agency Head (Chief Executive Officer/owner). The Assistant Director of Operations reports to the facility director, who also serves as the primary person responsible for PREA investigations. One SAIR identifies four individuals, including the PREA coordinator, as part of the Review team. The second SAIR identifies three different staff, and the PREA coordinator as the review team. The auditor was provided an employee roster on day-1 of the onsite facility review. The auditor confirmed that all individuals who participate in the SAIR are management staff, and counselors. Collectively, the team represents 'upper-level management', and internal program staff (counselors). Based on the evidence provided, the facility meets this provision.

115.286(d) The facility PAQ indicates the facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section and any recommendations for improvement, and submits such report to the facility head and PREA Coordinator. Two documented Sexual Abuse Incident Review (SAIR) Report forms from two 2023 documented PREA investigations (Unsubstantiated) were uploaded in the PAQ as supportive documentation. The forms cover the five aspects required in section (d)1-5 of this standard, each of which requires a 'yes/no', or narrative response. The form contains a response to each of the five components of this provision. The PREA coordinator stated during her interview that she is the designated team member to complete the SAIR Report, as part of the review team. During onsite interviews with 20 random clients, none stated they reported an

	<p>allegation of sexual abuse. Review of 20 client files did not result in identifying any allegation(s) of sexual abuse. Based on the evidence provided, the facility meets this provision.</p> <p>115.286(e) The facility PAQ indicates the facility implements the recommendations for improvement or documents its reasons for not doing so. The PREA coordinator stated during her interview that she normally prepares the incident review report; the SAIR document was observed by the auditor to coincide with the investigative reports uploaded in the PAQ, and supports the initial investigation outcome. She further stated she, along with the Asst. Director work as a team, along with other managers and relevant staff. She indicated that she would review any recommendations for improvement with the CTS owner(s) for consideration and final approval. Based on the evidence provided, the facility meets this provision.</p> <p>Based on the evidence provided, the facility meets this standard. Corrective Action: No corrective action is recommended.</p>
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115.287	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. CTS Master PREA Policy 2. PREA 2023 Investigative files 3. CTS SAIR Reports <p>Interviews:</p> <p>None</p> <p>Findings:</p> <p>115.287(a) The facility PAQ indicates the agency collects accurate, uniform data for every allegation of sexual abuse, using a standardized instrument and set of definitions. The facility's PREA policy and Community Confinement Sexual Offense Allegation Report documents were provided in the PAQ as evidence of a standardized instrument. The facility PAQ indicates there have been three allegations of client sexual abuse in the last 12 months. The auditor reviewed three completed PREA Investigative Report from February, March, and December 2023. Based on the evidence provided, the facility meets this provision.</p> <p>115.287(b) The facility PAQ indicates the aggregated incident-based sexual abuse data is reviewed at least annually. The CTS master PREA policy section SEXUAL</p>

	<p>ABUSE DATA COLLECTION states, "...CTS will aggregate the incident-based sexual abuse data at least annually." The auditor observed the agency's 2023 aggregated data collection report posted on its website: www.c-t-susa.com. Based on the evidence provided, the facility meets this provision.</p> <p>115.287(c) The facility PAQ indicates the aggregated incident-based data includes the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. A review of the PREA policy's Data Collection section corroborates the PAQ response that such data is maintained. Based on the evidence provided, the facility meets this provision.</p> <p>115.287(d) The facility PAQ indicates the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The agency master PREA Policy Data Collection section was reviewed as supportive documentation. The policy section states: "All data from available incident-based documents related to allegations of sexual abuse will be collected, reviewed, and maintained as needed from all available incident-based documents including reports, investigation files, and sexual abuse incident reviews." The auditor verified that the final report is posted on the CTS website. All allegation records of sexual abuse are securely maintained. During the onsite audit, the auditor observed client files in locked cabinets in the Director's office area. Based on the evidence provided, the facility meets this provision.</p> <p>115.287(e)(f) These provisions are not applicable, as the agency does not contract for the confinement of its clients, and the Department of Justice has not requested agency data. Based on the evidence provided, the facility meets this provision.</p> <p>Based on the evidence provided, the facility meets this standard. Corrective Action: No corrective action is recommended.</p>
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115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents: 1. CTS master PREA Policy</p> <p>2. Agency website: www.c-t-susa.com</p> <p>3. PREA Allegation Summary Report 2023</p> <p>Interviews:</p>

1. Agency Head

2. PREA coordinator

Findings:

115.288(a) The facility PAQ indicates that the agency reviews data collected and aggregated pursuant to 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including: (a) identifying problem areas; (b) taking corrective action on an ongoing basis; and (c) preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole.

The PAQ includes an annual report from 2023, as supportive documentation. The PREA Policy is provided as supportive documentation. The policy Data Collection section coincides with the three (a-c) required elements of this provision.

The agency head stated in his interview that the PREA coordinator provides the annual report pursuant to 115.287. The PREA coordinator confirmed during her interview that data is collected for review, and there have been three reported allegations of client sexual abuse in the last 12 months. Based on the evidence provided, the facility meets this provision.

115.288(b) The facility PAQ indicates the annual report includes a comparison of the current year's data and corrective actions with those from prior years. It further states that the annual report provides an assessment of the agency's progress in addressing sexual abuse. The master PREA policy was provided as supportive documentation. The policy Data Collection section states:

"The report will 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."

The agency head stated during his interview that the agency prepares an annual report, which the PREA coordinator oversees. The auditor verified the facility's annual report posted on the agency website: www.c-t-susa.com. The agency PREA coordinator stated during her interview that she is the primary person responsible for preparing the facility's annual report. Based on the evidence provided, the facility meets this provision.

115.288(c) The facility PAQ indicates the agency's report shall be 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. The CTS master PREA Policy was reviewed as supportive documentation. Policy section Data Collection states:

"The report will be approved by the CTS CEO. ...Data will be made available to the public annually via the CTS website: www.c-t-susa.com and clicking on the "PREA" tab."

The auditor reviewed the agency's website at: www.c-t-susa.com. The 2023 annual report was observed posted on the site. The agency's website contains a clickable tab to access the 2021 PREA Final audit report. Based on the evidence, the facility meets this provision.

	<p>115.288(d) The facility PAQ indicates when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. The master PREA Policy was reviewed as supportive documentation. The policy states in the Data Collection section:</p> <p><i>"Specific material may be redacted in publications if the material would present a clear and specific threat to tthe safety and security of the facility, but the nature of the redacted material will be indicated."</i></p> <p>The agency head stated during his interview that the PREA coordinator prepared the annual report. He has the ultimate approval of what goes on the website, but he and the PREA coordinator are designees to prepare, and oversee the process. The two other CTS owners review the information with he and the PREA coordinator to keep them abreast. The agency PREA coordinator confirmed that she prepares the annual report, and reviews it with the agency CEO(s). Information may be redacted, if there is any Personal Identifying Information (PII). Based on the evidence provided, the facility meets this provision.</p> <p>Based on the evidence provided, the facility meets this standard. Corrective Action: No corrective action is recommended.</p>
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115.289	Data storage, publication, and destruction
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. CTS master PREA policy 2. CTS website: www.c-t-susa.com <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Director/PREA coordinator <p>Findings:</p> <p>115.289(a), (b), (c) The facility PAQ indicates that the agency ensures incident-based and aggregate data are securely retained. The facility uploaded PREA policy as supportive documentation. The policy states in section Sexual Abuse Data Collection:</p> <p><i>"CTS will collect accurate, uniform data for every allegation of sexual abuse using the Sexual Offense Allegation Reporting Form and set of definitions that contain data necessary to answer all questions from the Survey of Sexual Violence requested annually from the Department of</i></p>

Justice. All data collected will be securely maintained for no less than 10 years. CTS will aggregate the incident-based sexual abuse data at least annually."

The PREA coordinator corroborated that she collects and maintains sexual abuse data for creating the annual report; keeping confidential data secure in "under lock and key" in her office. She articulated that she creates the annual report, and ensures personal identifying information (PII) is not included.

The agency has no private facilities under its control. The PAQ indicates that aggregated sexual abuse data is made readily available on its website. The auditor verified that the annual report is currently available on the agency website. The link to the agency website is: www.c-t-susa.com. Based on the evidence provided, the facility meets this provision(s).

115.289(d) The facility PAQ indicates the agency shall 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. The facility master PREA Policy was reviewed as supportive documentation. Policy states:

"...All data collected will be securely maintained for no less than 10 years. CTS will aggregate the incident-based sexual abuse data at least annually."

The auditor reviewed the facility's annual report. The report only provides aggregated data; no 'PII' is included to redact. Therefore, the facility meets this provision.

Based on the evidence provided, the facility meets this standard.

Corrective Action: No corrective action is recommended

115.401	Frequency and scope of audits
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none">1. Emails regarding Notice of PREA audit <p>Interviews: 1. PREA coordinator</p> <p>Onsite facility review:</p> <ol style="list-style-type: none">1. Client room/dorm boards2. Client pay phone areas

3. Control room/Coverage office

Findings:

115.401(a) The facility PAQ indicates that during the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency ensures that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once. The auditor reviewed the agency website at: www.c-t-susa.com. The agency website contains live links named PREA Report, DOJ PREA Audit, PREA Notice, and PREA Audit. The PREA Audit link opens to the facility's 2023 annual data report. The report covers PREA allegation data from 2023. The PREA coordinator stated the facility was audited in 2021, which is posted on the facility website; the 2021 audit completes the facility's first audit cycle. Based on the evidence provided, the facility meets this provision.

115.401(b) The facility PAQ indicates that during each one-year period starting on August 20, 2013, the agency shall ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited. This PREA compliance audit is the third audit of PREA cycle 2 for the facility. The agency has one location, which was audited in 2018, and 2021 respectively. The 2021 PREA compliance audit was conducted at the same facility as the 2018 PREA audit. Based on the evidence provided, the facility meets this provision.

115.401(h) The facility PAQ indicates the auditor shall have access to, and shall observe, all areas of the audited facilities. The PREA coordinator guided the auditor onsite through the all areas of the facility. The PREA coordinator uploaded in the OAS agency policies, procedures, reports, documents, and forms, where such was requested. Those not uploaded, were provided to the auditor onsite. Based on the evidence provided, the facility meets this provision.

115.401(i) The facility PAQ indicates the auditor shall be permitted to request and receive copies of any relevant documents (including electronically stored information). The auditor was permitted to request and receive copies of any relevant documents (including electronically stored information). During the onsite facility review, the Resident Monitor Supervisor provided access to, and explained the functionality of the facility's security video surveillance system, including the system's capacity to retain footage for approximately 30 or more days, and to record isolated video footage onto an external flash drive. Client files are maintained in hard copy files, and staff files are maintained in hard copy form, and were available for the auditor's review. Based on the evidence provided, the facility meets this provision.

115.401(m) The facility PAQ indicates the auditor shall be permitted to conduct private interviews with residents. During the onsite audit, the auditor was provided space and time to conduct private interviews with clients on a one-on-one basis. The auditor selected and interviewed a representative sample of 20 clients chosen at random, as well as targeted populations (i.e., LGBTI, disabled), as identified in the PREA Compliance Audit Instrument Interview protocols, retrieved from the National PREA Resource Center website. The number of clients interviewed were based on

	<p>the population grid outlined in the 2017 PREA Auditor Handbook. Based on the evidence provided, the facility meets this provision.</p> <p>115.401(n) The facility PAQ indicates that residents shall be permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. Upon entering into an agreement with CTS to conduct a PREA compliance audit, the auditor sent to the facility PREA coordinator, who was the designated point of contact, instructions for the pre-audit phase, to begin six weeks prior to the onsite audit.</p> <p>The auditor provided PREA audit notices in English, and Spanish, to be posted in conspicuous locations throughout the facility. The notices contained Auditor contact information for staff, or clients who may wish to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. The auditor advised that such notice be posted on brightly colored paper. The notices were not printed on brightly colored paper, as requested, but were conspicuously placed, and not hidden or blended among unrelated postings. During the onsite facility site review, the auditor verified via observation that the notices were posted, as instructed. Based on the evidence provided, the facility meets this provision. Based on the evidence provided, the facility meets this provision.</p> <p>Based on the evidence provided, the facility meets this standard. Corrective Action: No corrective action is recommended.</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Agency website, listed as www.tc-t-susa.com <p>Findings:</p> <p>115.403(f) The facility PAQ indicates that the agency shall ensure that the auditor’s final report is published on the agency’s website if it has one, or is otherwise made readily available to the public. The auditor reviewed the CTS website, and verified that the facility 2021 PREA Final audit report is a live link. Based on the evidence provided, the facility meets this provision.</p>

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

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

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

	perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes
115.215 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.215 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.216 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes

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

	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.216 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes
115.217 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of	yes

	force, or coercion, or if the victim did not consent or was unable to consent or refuse?	
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
115.217 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
115.217 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.217 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
115.217 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.217	Hiring and promotion decisions	

(f)		
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.217 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.217 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.218 (a)	Upgrades to facilities and technology	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	na
115.218 (b)	Upgrades to facilities and technology	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the	na

	agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	
115.221 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	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.)	yes
115.221 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

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

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

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

	and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	
115.241 (a)	Screening for risk of victimization and abusiveness	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	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.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
115.251 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.251 (b)	Resident reporting	

	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.252 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.252 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve	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?	no
115.267 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes

	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.267 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.267 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes

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

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

(h)		
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.271 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.271 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
115.271 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
115.272 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.273 (a)	Reporting to residents	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.273 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency	yes

	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.)	na
115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive	na

	information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	
115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.286 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	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.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with residents?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the	yes

	same manner as if they were communicating with legal counsel?	
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes