

**Prison Rape Elimination Act (PREA) Audit Report
Community Confinement Facilities**

Final Report

Date of Report: July 23, 2021

Auditor Information

Name: Brian D. Bivens	Email: briandbivens@gmail.com
Company Name: Brian D. Bivens and Associates	
Mailing Address: P.O. Box 51787	City, State, Zip: Knoxville, TN 37950
Telephone: 865-789-1037	Date of Facility Visit: July 19-20, 2021

Agency Information

Name of Agency: The Healing Place 1020 W. Market Street		Governing Authority or Parent Agency (If Applicable):	
Mailing Address: Same		City, State, Zip: Louisville, KY 40202	
The Agency Is:		City, State, Zip: Same	
<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input checked="" type="checkbox"/> Private not for Profit	
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency Website with PREA Information: thehealingplace.org			

Agency Chief Executive Officer

Name: Karyn Hascal	
Email: karyn.hascal@thehealingplace.org	Telephone: 502-585-4848

Agency-Wide PREA Coordinator

Name: Shannon Gray	
Email: Shannon.gray@thehealingplace.org	Telephone: 270-403-6755
PREA Coordinator Reports to: Karyn Hascal	Number of Compliance Managers who report to the PREA Coordinator: 1

Facility Information

Name of Facility: The Brady Center

Physical Address: 1000 W. Market Street

City, State, Zip: Louisville, KY 40202

Mailing Address (if different from above):
Same

City, State, Zip:

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Website with PREA Information: thehealingplace.org

Has the facility been accredited within the past 3 years? Yes No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

ACA

NCCHC

CALEA

Other (please name or describe:

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
The facility is inspected by the Kentucky Department of Corrections twice each year.

Facility Director

Name: April Emerson

Email: april.emerson@thehealingplace.org

Telephone: 502-901-8341

Facility PREA Compliance Manager

Name: April Emerson

Email: april.emerson@thehealingplace.org

Telephone: 502-901-8341

Facility Health Service Administrator N/A

Name:

Email:

Telephone:

Facility Characteristics

Designated Facility Capacity:	155	
Current Population of Facility:	52	
Average daily population for the past 12 months:	72	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	18-83	
Average length of stay or time under supervision	120 days	
Facility security levels/Residents custody levels	Community	
Number of residents admitted to facility during the past 12 months	439	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for <i>72 hours or more</i> :	363	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for <i>30 days or more</i> :	348	
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):</p>	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input checked="" type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with residents:	12	
Number of staff hired by the facility during the past 12 months who may have contact with residents:	5	

Number of contracts in the past 12 months for services with contractors who may have contact with residents:	1
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0
Physical Plant	
<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	1
<p>Number of Residents housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	4
Number of single Residents cells, rooms, or other enclosures:	0
Number of multiple occupancy cells, rooms, or other enclosures:	35
Number of open bay/dorm housing units:	2
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Medical and Mental Health Services and Forensic Medical Exams

Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic University of Louisville Hospital <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe:

Investigations

Criminal Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	0
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-Residents or Residents-on-Residents), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input checked="" type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <input type="checkbox"/> N/A

Administrative Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	2
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-Residents or Residents-on-Residents), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <input checked="" type="checkbox"/> N/A

Audit Findings

Audit Narrative

The on-site PREA audit of The Brady Center in Louisville, Kentucky was conducted July 19-20, 2021, by Department of Justice Certified PREA Auditor Brian D. Bivens. Pre-audit preparation included a thorough review of all policies, procedures, training curriculums, Pre-Audit Questionnaire, and supporting documentation provided by the facility to demonstrate compliance to the PREA standards. The auditors and the facility's PREA Manager had ongoing communication for several weeks prior to the audit to prepare for the on-site visit.

The on-site audit began with an entrance meeting being conducted on Monday, July 19, 2021 at approximately 09:05 A.M. in the Site Director's Office. The following staff attended the entrance meeting:

April Emerson, Site Director

Following the entrance meeting, the auditors conducted a comprehensive site review that began at approximately 09:25 A. M. and continued throughout the onsite visit. During the site review the auditors reviewed camera placement, blind spots, staff placement and documentation to assist in determining standard compliance. While touring the facilities the auditors observed the notices of this PREA audit in the housing units, as well as posters that called attention to the agency's Zero Tolerance Policy, advocacy services available, and how to report allegations of sexual abuse and sexual harassment. Random staff and resident interviews were conducted in a private office provided.

April Emerson, Site Director accompanied the auditor on the site review.

All housing units, common areas, residents program areas, administrative area, laundry, dining area, and all other resident accessible areas were toured (See CHART 1). While touring several residents and staff were questioned about their knowledge of PREA standards, procedures for reporting, services available, and their responsibilities. All staff and residents informally interviewed during the tour acknowledged receiving training and procedures for reporting sexual abuse, sexual harassment, and/or retaliation for reporting.

CHART 1 (Areas Toured)

Location	Comments
Laundry	One Washer and One Dryer
Monitor Office	Camera Monitors (18 Cameras)
Conference Room	
Housing Units	Three Floors (See Chart 5)
Common Areas	
Outdoor Smoking Area	Courtyard
Custodial Closet	Multiple
Activity Room	Equipped with Television and pool table

The facility supplied a list of resident names sorted by housing units, and special designations, as well as a list of facility staff names to the auditor. From these lists the auditor selected, at random, a sampling of residents and staff to be interviewed during the on-site visit. This decision was made to ensure all residents throughout the facility were receiving the same information and education related to all aspects of the PREA program instituted at this facility.

The auditors interviewed a total of six random staff members during the course of this audit. (See CHART 2) below for specialized interviews.) All staff interviewed was well versed in their respective areas of responsibility regarding PREA and affirmed compliance with the applicable PREA standards. Staff interviewed was well versed in their responsibilities in reporting sexual abuse, sexual harassment, staff negligence, and retaliation for reporting. When questioned about evidence preservation, all staff responses reflected knowledge of agency policies and procedures. Monitors on all shifts were interviewed.

CHART 2 (Staff Interviews 15 Total) 6 Random and 10 Specialized

Type	Number	Comments
Agency Head, designee	1	Site Director
Site Director	1	Also the PREA Manager
SANE/SAFE Staff	0	University of Louisville Hospital
PREA Coordinator	1	Agency-wide PREA Coordinator
Advocacy Services	1	Center for Women and Families
PREA Manager	1	Site Director
Administrative Investigator	1	Agency-wide PREA Coordinator
Criminal Investigator	0	Kentucky State Police
Random Staff	6	All Shifts
Medical Staff	1	None Onsite
Mental Health Staff	0	None onsite
Screening Staff	1	Also a Facility Monitor
Volunteer	0	The Facility does not utilize volunteers
Contract Employees	0	No Contract employees at the facility

Human Resources	1	Site Director
Retaliation Monitor	1	Site Director
Incident Review Team	1	Agency Wide PREA Coordinator
Agency Contract Admin.	0	N/A
Staff supervising Juveniles	0	N/A
First Responder	0	No reported PREA allegations in past 12 months

There is no SAFE or SANE staff at the facility; they are made available at the University of Louisville Hospital in Louisville, Kentucky. The facility has a Memorandum of Understanding with the Center for Women and Families to provide victim advocacy services to the resident as the Brady Center if needed.

There were 16 residents interviewed during the on-site visit (See CHART 3). These residents consisted of: 7 residents selected at random and 9 targeted residents. Targeted residents included 2 with a physical impairment, 1 screened at risk of victimization, 1 screened at risk of abusiveness, 1 with low vision, 1 self-identified LBGTI, 1 limited English proficient, and 2 with a cognitive impairment. All of the residents interviewed acknowledged receiving PREA training and written materials (posters, pamphlets, and residents handouts) outlining the agencies zero tolerance policies towards sexual abuse, sexual harassment, and retaliation for reporting, as well as the procedures for reporting. All residents interviewed felt if they had to file a PREA complaint the facility would respond appropriately to their complaint and that all PREA complaints were taken very serious by staff at this facility. Fifteen out of sixteen residents stated they felt safe at the Brady Center. The one resident did admit that he had been incarcerated for many years and did not like the fact that the doors to the resident rooms did not lock; he did acknowledge he felt this way due to the fact of his length of incarceration.

CHART 3 (16 Resident Interviews) 7 general population and 9 targeted

Residents Type	Number Interviewed
General Population	7
Limited English Proficient	1
Blind/Low Vision	1
Deaf/Hard of Hearing	None during the onsite visit
Screened at Risk of Victimization	1
Screened at Risk of Abusiveness	1
Physical Disability	2
Self-Identified as LBGTI	1
Reported Sexual Abuse while incarcerated	None
Cognitive Impairment	2
Juvenile	N/A

The auditor selected and carefully examined 6 human resource files, 6 staff training files; there are no volunteers or contract employs at the Brady Center. (See Chart 4). The personnel files

were very well organized and contained all the necessary background check information and signed statements regarding previous sexual misconduct described in the standards. Background checks are completed by The Brady Center and the Kentucky Department of Corrections. The Brady Center also completed 5-year background checks on each employee. The training records were also very complete and included written documentation that staff received the required training and understood what was being trained.

CHART 4 (File Review)

Type	Amount	Comments
Staff Training Files	6	
Staff Human Resource Files	6	
Volunteer Training Files	0	The facility does not utilize volunteers
Volunteer Human Resource Files	0	The facility does not utilize volunteers
Contractor Training Files	0	The facility does not have contract employees
Contractor Human Resource Files	0	The facility does not have contract employees
Residents Intake Files	10	
Investigation Files	0	No investigations in the past 12 months

The auditor also reviewed 10 residents' files and saw documentation of offender education, as well as documentation of the initial risk screenings, the 30-day re-screenings, and screenings upon additional information being completed as required by the standard. Rescreening are completed by screening staff within the first 30 days of confinement. Ten out of ten records reviewed showed that residents receive PREA Information on the first day of admittance to the facility. Sixteen out of sixteen resident interviews confirmed this practice.

In the 12 months preceding the audit, The Brady Center had not received any PREA complaints regarding sexual harassment or sexual abuse. Policy and procedure required that criminal investigative referrals were to be documented and proper referrals were made as warranted. The Kentucky Department of Corrections and Kentucky State Police would be responsible for investigating any potential criminal activity.

CHART 5 (PREA Investigations)

Type of Incident	Mode of Reporting	Residents on Residents or Staff on Residents	Disposition	Comments
None	N/A	N/A	N/A	N/A

At the conclusion of the on-site visit, an exit meeting was held to discuss the audit findings. The following staff attended:

April Emerson, Site Director

During the exit, the auditor explained the process that would follow the on-site visit. The auditor also explained any areas found not meeting the standards during the audit would require corrective measures and he would be working closely with the PREA team to accomplish compliance. Finally, the auditor acknowledged the willingness of all staff involved to accomplish PREA compliance and advised the PREA team of their requirements to post the how to obtain a copy of the final report on the facility website once compliance with all standards was achieved.

Facility Characteristics

The Brady Center in Louisville is located at 1000 West Market Street, Louisville, Kentucky. The Brady Center is one of four facilities under the umbrella of the Healing Place. The facility supports those individuals leaving the Kentucky Department of Corrections. The facility provides housing and helps residents find job opportunities. Generally, the Department of Corrections will pay for the resident's housing up to 120 days. Residents may choose to stay beyond the 120 for a nominal fee. Residents participate in the custodial duties in the facility. The Brady Center gets meals delivered daily from the Healing Place for Men; which is next door to the Brady Center and is another facility operated by the Healing Place. The facility has a community room, outdoor courtyard and laundry room for resident usage. The facility does provide some programming including MRT (Morale Recognitive Therapy) and Portals (Life Skills Training).

The facility has 18 cameras and video is stored for up to two weeks. The facility has at least to staff members on duty at all times. Monitors are required to complete walk-throughs every hour to ensure the safety and security of all residents. Rounds are documented in a logbook; the auditor reviewed the logbook and found rounds were being conducted according to the Brady Center's mandated procedures. Monitors work three 8-hour shifts (7-3, 3-11, and 11-7). The facility has three housing floors. (See Chart 5)

All residents are referred to Our Lady of Peace for mental health examinations. If a resident needs emergency medical care or a SANE/SAFE exam, he would be transported to the University of Louisville Hospital. The Brady Center has a Memorandum of Understanding with the Center for Women and Families for sexual victimization advocacy services. The phone number and the physical address of the Center for Women and Families are given to each new resident during orientation. According to the Site Director, these services have not been requested during the last calendar year.

The Brady Center does not have any contract employees. The Brady Center does not have any Medical or Mental Health staff onsite. The Brady Center does utilize services of any volunteers. Staff conduct all MRT and Portals training. The Brady Center has a clothing closet that can be accessed by new residents coming from the Kentucky Department of Corrections. Unless prohibited by the Office of Probation and Parole, residents at the Brady Center can have a cellular phone; this phone can be utilized to contact 911 to report sexual abuse.

The Brady Center is inspected by the Kentucky Department of Corrections twice per year. The facility is not certified by any other entity. PREA criminal investigations are completed in cooperation with the Office of Probation and Parole from the Kentucky Department of Corrections and the Kentucky State Police. Administrative investigations are conducted by the agency-wide PREA Coordinator; there has not been any administrative PREA investigations in the past twelve months. All agency criminal and administrative investigators have completed specialized PREA training. and all There has not been a PREA allegation at the Brady Center in the past twelve months.

CHART 5 (Housing Locations) Rooms have 4-6 beds.

Type	Beds	Comments
1 st Floor	46	Rooms 101 -111
2 nd Floor	55	Rooms 201 - 212
3 rd Floor	72	Rooms 301- 312

Summary of Audit Findings

The facility exceeded two standards and was found to be in compliance with the other 39 standards. The facility has demonstrated compliance during this audit cycle.

Standards Exceeded

Number of Standards Exceeded: 2
List of Standards Exceeded: 115.231 and 115.251

Standards Met

Number of Standards Met: 39
List of Standards Met: 115.211, 115.212, 115.213, 115.215, 115.216, 115.217, 115.218, 115.221, 115.222, 115.232, 115.233, 115.234, 115.235, 115.241, 115.242, 115.252, 115.253, 115.254, 115.261, 115.262, 115.263, 115.2264, 155.265, 115.266, 115.267, 115.271, 115.272, 115.273, 115.276, 115.277, 115.278, 115.282, 115.283, 115.286, 115.287, 115.288, 115.289, 115.401, 115.403

Standards Not Met

Number of Standards Not Met: 0
List of Standards Not Met:

PREVENTION PLANNING

Standard 115.211: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.211 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.211 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- 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 facilities?
 Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

115.211 (a): The agency has a written policy and procedure mandating zero tolerance for all forms of sexual abuse and sexual harassment. This policy outlines the agency's approach to preventing, detecting and responding to such conduct. The procedures for all staff were clearly outlined in The Brady Center PREA Policies and Procedures. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.211 (B): The agency employs an upper-level, agency-wide State PREA Coordinator. The facility also employs a agency-wide PREA Coordinator and a facility PREA Manager. Shannon Gray is the PREA Coordinator at The Brady Center. April Emerson is the PREA Manager and Site Director. Mr.

Gray and Ms. Emerson are very knowledgeable of the PREA standards and actively assists the facility with compliance. Ms. Emerson as the Site Director has the authority to develop, implement, and oversee PREA compliance. She is actively updating the facility as new FAQ's are published on the PREA Resource Center website. Mr. Gray and Ms. Emerson acknowledged during their interviews they had enough time to perform their PREA duties. Therefore, the facility meets compliance with this part of the standard during this audit.

Standard 115.212: Contracting with other entities for the confinement of residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.212 (a)

- 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 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.) Yes No NA

115.212 (b)

- 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.) Yes No NA

115.212 (c)

- If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) Yes No NA
- In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The Brady Center is a private provider and does not contract with other agencies for the confinement of its residents. This was confirmed by reviewing The Healing Place Policies and Procedures, interview with the PREA Coordinator, and auditor observation during the onsite portion of the audit. Therefore, this standard was found to be in compliance during this audit cycle.

Standard 115.213: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.213 (a)

- 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 No
- 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 No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the Residents population?
 Yes No
- 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 No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? Yes No

115.213 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
 Yes No NA

115.213 (c)

- 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 No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns? Yes No
- 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 No
- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based on staff interviews, review of documentation provided, and review of The Healing Place PREA Policies and Procedures; the following delineates the audit findings regarding this standard:

115.213 (a) The facility has developed, documented, and made its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing as described and required by this standard. The established staffing plan uses the criteria found in the standard 115.213 (a) to include the physical layout of the facility, composition of the residents housed, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, and any other relevant factors identified. Video monitoring has also been deployed and upgraded to assist with the protection of residents against sexual abuse. The facility has 18 cameras, no cameras are in the resident rooms and shower/toilet areas. Monitors are required to walkthrough the facility at least every hours to ensure the safety of all residents, review of the Monitor Log Book clearly showed compliance with this directive. The staffing levels are monitored daily by review of shift rosters. A review of the plan was last completed in January 2021. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.213 (b) The Brady Center has procedures in place to ensure all deviations are covered by:

1. Utilization of on-call administrative staff
2. Overtime Pay

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

115.213 (c) The staffing plan is reviewed annually by the Agency Vice President of Programming and Site Director and is approved by the Kentucky Department of Corrections. The Site Director approves any recommendations made which would include changes to policy and procedures, physical plant, video monitoring, or staffing levels. The last Annual Staffing Plan assessment was completed January 2021. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.215: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.215 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
 Yes No

115.215 (b)

- 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 residents.)
 Yes No 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 residents.) Yes No NA

115.215 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female residents? (N/A if the facility does not have female residents). Yes No NA

115.215 (d)

- Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without nonmedical 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 No
- Does the facility have procedures that enables residents to shower, perform bodily functions, and change clothing without nonmedical 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 No
- 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 No

115.215 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the Residents genital status? Yes No
- If a Residents genital status is unknown, does the facility determine genital status during conversations with the Residents, 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 No

115.215 (f)

- 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 No
- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based on The Healing Place PREA Policies and Procedures, training curriculums, staff interviews, training file reviews, Kentucky Department of Corrections CPP 9.8 Search Policy, and documentation provided, the following delineates the audit findings regarding this standard:

115.215 (a)The Healing Place PREA Policies and Procedures, prohibits all resident strip-searches and that staff shall not conduct cross-gender strip searches or gross-gender visual body cavity searches (meaning a search of the anal or genital opening). Training staff can complete a putdown search. The review of training curriculums and staff interviews revealed cross-gender strip searches are prohibited. There have been no documented cross-gender visual body cavity or strip searches reported in the past 12 months. In the event there is a suspicion of contraband or the need for a body search, the Site Director will be notified and will determine how to proceed. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.215 (b)The Brady Center is a male-only facility. This was confirmed during random staff interviews and auditor observation. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.215 (c)The Brady Center is an all-male facility. This was confirmed during random staff interviews. Sixteen out of sixteen residents stated they have never been strip-searched by anyone and never been patted down by a female employee during their stay at the Brady Center. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.215 (d)The Healing Place PREA Policies and Procedures outlines that residents shall be permitted to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks or genitalia. Sixteen out of sixteen residents confirmed during interviews they have privacy when showering, using the toilets and while changing their clothes. The Healing Place PREA Policies and Procedures also require staff of the opposite gender to announce their presence prior to entering the housing units. Policy requires female staff, volunteers, and contractors to be escorted by male staff at all times. Residents and staff interviews revealed that opposite gender announcements were common practice at this facility. Sixteen out of sixteen residents stated females are never in their housing areas. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.215 (e) The Healing Place PREA Policies and Procedures, training curriculum (The Brady Center PowerPoint) provided and staff interviews the facility prohibits staff from physically examining transgender or intersex residents for the sole purpose of determining genital status. If the residents' genital status is unknown, it is determined during conversations with the residents and by reviewing medical records. There were no transgender or intersex residents housed at The Brady Center at the time of the onsite review. Staff training records were reviewed. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.215 (f) Based on The Healing Place PREA Policies and Procedures, training curriculum (The Brady Center PowerPoint) provided, staff training file reviews, and staff interviews the facility trains staff not to conduct cross-gender pat-down searches, and searches of transgender and intersex residents. Sixteen out of sixteen resident interviews and six out of six random staff interviews confirmed that pat-downs are done in a professional manner. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.216: Residents with disabilities and residents who are limited English proficient

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.216 (a)

- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? Yes No
- 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 No
- 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 No

- 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 No
- 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: Are blind or have low vision? Yes No

115.216 (b)

- 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 No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.216 (c)

- Does the agency always refrain from relying on Residents interpreters, Residents readers, or other types of Residents assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the Residents's safety, the performance of first-response duties under §115.264, or the investigation of the Residents's allegations? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based on The Healing Place PREA Policies and Procedures, review of the lesson plans, PREA handouts, and review of Language Link contract, as well as staff and resident interviews; the following delineates the audit findings regarding this standard:

115.216 (a)The Healing Place PREA Policies and Procedures and staff ensures appropriate steps are taken to provide residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of its efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including steps to

provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. PREA handouts, PREA posters, and the facility posters are provided in both English and Spanish. The agency utilizes the Language Link as resources for communicating with residents with disabilities. During interviews with one resident with blind/low vision, two with a physical; impairment, one limited English proficient, and two with a cognitive impairment; all resident with disabilities clearly understood the agency's zero tolerance policy for sexual abuse and sexual harassment, how to report sex abuse/sexual harassment and the availability of victim advocacy services available if needed. Interviews with screening staff also confirmed this statement. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.216 (b)The Healing Place PREA Policies and Procedures, Residents and staff takes reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient, including steps to provide interpreters who can interpret effectively accurately and impartially. During interviews with one resident with blind/low vision, two with a physical; impairment, one limited English proficient, and two with a cognitive impairment; all resident with disabilities clearly understood the agency's zero tolerance policy for sexual abuse and sexual harassment, how to report sex abuse/sexual harassment and the availability of victim advocacy services available if needed. Interviews with screening staff also confirmed this statement. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.216 (c)The Brady Center does not rely on residents interpreters, residents readers, or other types of residents assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety. During interviews with one resident with blind/low vision, two with a physical; impairment, one limited English proficient, and two with a cognitive impairment; all resident with disabilities clearly understood the agency's zero tolerance policy for sexual abuse and sexual harassment, how to report sex abuse/sexual harassment and the availability of victim advocacy services available if needed. Interviews with screening staff also confirmed this statement. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.217: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.217 (a)

- 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 No
- 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 No

- 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 question immediately above? Yes No
- Does the agency prohibit the enlistment of 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 No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the enlistment of 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 question immediately above? Yes No

115.217 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents? Yes No
- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor, who may have contact with residents? Yes No

115.217 (c)

- Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check? Yes No
- 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 No

115.217 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? Yes No

115.217 (e)

- 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 No

115.217 (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 No
- 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 No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.217 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? Yes No

115.217 (h)

- 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based on The Healing Place PREA Policies and Procedures, Human Resource staff interviews, and personnel file reviews; the following delineates the audit findings regarding this standard:

115.217 (a)The Brady Center does not hire or promote anyone who may have contact with residents, and does not enlist the services of any contractor or volunteer who may have contact with residents, who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution, has been convicted of engaging or attempting to engage in sexual activity

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

115.217 (b) The Healing Place considers any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor or volunteer, who may have contact with residents. All applicants and employees must sign the agency's "PREA Training Points for Staff Checklist" form. The PREA Manager supplied the auditor with every "PREA Training Points for Staff Checklist" form that has been completed in the past twelve months. Each employee signs the form annually. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.217 (c)-1 The Healing Place PREA Policies and Procedures requires a criminal background records check be completed before hiring any new employee. The Healing Place will also make reasonable attempt to determine if the candidate has been civilly or administratively adjudicated to have engaged in inappropriate sexual conduct as described in the PREA standard. Contact with prior institutional employers will be made if applicable. Applicants will also be asked about previous misconduct. The Healing Place completes background checks every five years on all employees. Supervisors will send the NCIC to the department of corrections. Once approved, Supervisors will submit form to the agency's Human Resources Department to be placed in the employee's file. The approval will be sent to the DOC coordinator for compliance documentation. This was confirmed during file review and during an interview with the Site Director. Therefore, the facility meets compliance with this part of the standard during this audit.

115.217 (c)-2 The Healing Place makes their best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any pending investigations of allegation of sexual abuse. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.217 (d) The Healing Place PREA Policies and Procedures requires a criminal background records check be completed before enlisting the services of any contractor or volunteer who may have contact with the residents. Currently, there are no contract employees or volunteers working or volunteering in the Brady Center. The Healing Place completes background checks every five years on all employees. The Brady Center does not have anyone currently employed at the facility that been working there for more than 5 years. This was confirmed during file review and during an interview with the Site Director. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.217 (e) The Healing Place PREA Policies and Procedures requires a criminal background records check be completed on all current employees at least every five years. This was confirmed during file review and during an interview with the Site Director. The Brady Center does not have anyone currently employed at the facility that been working there for more than 5 years. The facility has exceeded compliance with this part of the standard.

115.217 (f) The Brady Center instills upon all employees a continuing affirmative duty to disclose any sexual misconduct as required by this standard. A "PREA Training Points for Staff Checklist" form is completed by all applicants, unescorted contractors (if any) or volunteers, employees upon being

hired, and employees being considered for a promotion to document this requirement. The Site Director supplied the audit with every “PREA Training Points for Staff Checklist” form that has been completed in the past twelve months. Each employee signs the form annually. This was confirmed during file review and during interviews with six random staff. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

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

115.217 (h) The Healing Place PREA Policies and Procedures requires that the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a current or former employee upon receiving a request from an institutional employer for whom such employee has applied to work. During an interview with the Site Director, it was noted that there has not been such an occurrence in the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.218: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.218 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

115.218 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency’s ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based upon review of The Healing Place PREA Policies and Procedures, staff interviews, review of camera placement, and review of documentation provided; the following delineates the audit findings regarding this standard:

115.218 (a) The Healing Place PREA Policies and Procedures requires when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.218 (b) The Healing Place PREA Policies and Procedures requires when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect residents from sexual abuse. This was confirmed during an interview with the Site Director. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.221 (a)

- 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 No NA

115.221 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No 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? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.221 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- 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 No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.221 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- 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? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.221 (e)

- 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 No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.221 (f)

- 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 No NA

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (h)

- 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 *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based upon review of The Healing Place PREA Policies and Procedures, investigative staff interviews, and review of documentation provided; the following delineates the audit findings regarding this standard:

115.221 (a) and (b)The Brady Center complies with all elements of this standard. The agency follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings. The Kentucky Department of Corrections and the Kentucky State Police investigates all PREA complaints for potential criminal activity and maintains a close working relationship with the Jefferson County District Attorney's Office and Kentucky State Police investigator on each case. The PREA Manager stated there has not been an incident of alleged sexual abuse in this audit cycle. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.221 (c)The Brady Center offers all victims of sexual abuse access to forensic medical examinations at University of Louisville Hospital in Louisville without financial cost, where evidentiary or medically appropriate. Such examinations are to be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) as required at University of Louisville. The agency has an MOU with the Center for Women and Families; who provides advocacy services. The PREA Manager stated there has not been an incident of alleged sexual abuse in this audit cycle. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.221 (d) The Healing Place has entered into a Memorandum of Understanding with Center for Women and Families which agrees to provide outside victim advocacies services to the residents. The services of these victim advocates have not been requested or used by the residents during this audit cycle according to the Site Director. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.221 (e)The Healing Place has entered into a Memorandum of Understanding with Center for Women and Families which agrees to provide outside victim advocacies services to the residents upon request. The facility also makes available a victim advocate through Center for Women and Families upon request by the victim, who will accompany and support the victim through the forensic medical examination process and investigatory interviews and provide emotional support, crisis intervention, information, and referrals as warranted. The PREA Manager stated there has not been an incident of alleged sexual abuse in this audit cycle. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.221 (f) The PREA Coordinator are responsible for administrative investigations.

115.221 (g) The Healing Place is exempt from this section of the standard.

115.221 (h) The Healing Center has entered into a Memorandum of Understanding with Center for Women and Families which agrees to provide outside victim advocacies services to the residents upon request.

Standard 115.222: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.222 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? Yes No

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? Yes No

115.222 (b)

- Does the agency have a policy and practice 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 No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.222 (c)

- 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 No NA

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based upon review of The Healing Center PREA Policies and Procedures, Kentucky Department of Corrections Policy 14.7 and review of documentation provided; the following delineates the audit findings regarding this standard:

115.222 (a) The Healing Center PREA Policies and Procedures requires an administrative or criminal investigation be completed for all allegations of sexual abuse and sexual harassment. Kentucky Department of Corrections Policy 14.7 requires that all potential criminal activity is referred

to the Kentucky Department of Corrections and the Kentucky State Police for criminal investigation. The Brady Center employees do not investigate such allegations. During this audit cycle there had been any PREA complaints reported at this facility. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.222 (b) 14.7 Kentucky Department of Corrections PREA Policies and Procedures requires that all PREA allegations are investigated for potential criminal activity. If it is determined that the allegation involves potential criminal activity, it is referred to the Kentucky Department of Corrections and the Kentucky State Police for criminal investigation and prosecution as warranted. This policy is available to the public upon request. The Site Director advised there has not been any investigations in the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.222 (c)The Healing Place PREA Policies and Procedures and Kentucky Department of Corrections Policy 14.7, outlines the responsibilities of both the Kentucky Department of Corrections and the Kentucky State Police. The Site Director that there have not been any investigations in the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

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

TRAINING AND EDUCATION

Standard 115.231: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- 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 No
- 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 No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No

- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims? Yes No
- 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 No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? Yes No
- 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 No
- 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 No

115.231 (b)

- Is such training tailored to the gender of the residents at the employee's facility? Yes No
- 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 No

115.231 (c)

- Have all current employees who may have contact with residents received such training? Yes No
- 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 No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.231 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based upon review of The Healing Place PREA Policies and Procedures, training files, staff interviews, random staff training file review, 14.7 Kentucky Department of Corrections Sexual Abuse Prevention and Intervention Program Policy and review of documentation provided (power points, certificates, sign-in sheets, signed acknowledgement forms, training curriculums, and employee handouts). The following delineates the audit findings regarding this standard:

115.231 (a) 14.7 Kentucky Department of Corrections Sexual Abuse Prevention and Intervention Program Policy and The Healing Place PREA Policies and Procedures mandate The Brady Center train all their employees who have contact with residents on:

- (1) Its zero-tolerance policy for sexual abuse and sexual harassment;
- (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
- (3) Residents' right to be free from sexual abuse and sexual harassment;
- (4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- (5) The dynamics of sexual abuse and sexual harassment in confinement;
- (6) The common reactions of sexual abuse and sexual harassment victims;
- (7) How to detect and respond to signs of threatened and actual sexual abuse;
- (8) How to avoid inappropriate relationships with residents;
- (9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and
- (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

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

115.231 (b) The training is tailored male residents at The Brady Center. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.231 (c) The training staff provided a report containing all staff that had been PREA trained which confirmed the requirements needed to meet the standard and proved that all current staff was trained within one year of the effective date of the PREA standards. The PREA Manager supplied the auditor with a complete list; that showed all employees have been trained on the facility policy and procedure as it pertains to PREA. Staff receives the Brady Center PREA Training or staff checklist; notating the most important thing is to "protect the residents at all costs". The agency conducts staff training sessions every other Tuesday. Each year, PREA is covered in these training sessions at least twice. All staff receives PREA training during in-service each year which exceeds

the requirements of this standard. Six out of six staff were well-versed in the facility's policy and procedure. Therefore, the facility exceeded this part of the standard during this audit.

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

Standard 115.232: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.232 (a)

- 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 No

115.232 (b)

- 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 No

115.232 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based upon review of The Healing Place PREA Policies and Procedures, 14.7 Kentucky Department of Corrections Sexual Abuse Prevention and Intervention Program Policy pages 4 and 5, random training file review, and review of documentation provided (PowerPoint, certificates, sign in sheets, signed acknowledgement forms, and handouts). The following delineates the audit findings regarding this standard:

115.232 (a) The Healing Place PREA Policies and Procedures and the 14.7 Kentucky Department of Corrections Sexual Abuse Prevention and Intervention Program Policy pages 4 and 5, mandates that all volunteers who have contact with residents have been trained on their responsibilities under the agency's PREA protocol. The facility does not have any volunteers or contract employees. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.232 (b) The level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with residents, but all volunteers who have contact with residents are notified of The Healing Place PREA Policies and Procedures regarding sexual abuse and sexual harassment and their requirements to report such incidents. The Brady Center does not have any volunteers or contract employees. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.232 (c) The Brady Center documents through volunteer signature on an acknowledgement form that volunteers understand the training they have received. The Brady Center does not have any volunteers or contract employees. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.233: Residents education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.233 (a)

- During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment? Yes No
- During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents? Yes No
- During intake, do residents receive information regarding agency policies and procedures for responding to such incidents? Yes No

115.233 (b)

- Does the agency provide refresher information whenever a Residents is transferred to a different facility? Yes No

115.233 (c)

- Does the agency provide Residents education in formats accessible to all residents, including those who: Are limited English proficient? Yes No
- Does the agency provide Residents education in formats accessible to all residents, including those who: Are deaf? Yes No
- Does the agency provide Residents education in formats accessible to all residents, including those who: Are visually impaired? Yes No
- Does the agency provide Residents education in formats accessible to all residents, including those who: Are otherwise disabled? Yes No
- Does the agency provide Residents education in formats accessible to all residents, including those who: Have limited reading skills? Yes No

115.233 (d)

- Does the agency maintain documentation of Residents participation in these education sessions? Yes No

115.233 (e)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, Residents handbooks, or other written formats? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based on review of The Healing Place PREA Policies and Procedures, PREA Handout, Facility Orientation documentation, and PREA Posters; as well as interviews with random residents and staff - the following delineates the audit findings regarding this standard:

115.233 (a) During the orientation process, residents receive 2-page information packet explaining The Brady Center PREA zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and harassment, and to be free from retaliation for reporting such incidents, as well as procedures for responding to these types of incidents. Residents sign for the packet "Understanding the Prison Rape Elimination Act for Offenders" during initial orientation upon entrance to the facility. Sixteen out of sixteen residents stated they did receive the PREA information during orientation. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.233 (b) The agency does not transfer residents from one facility to another. Therefore, this part of the standard is not applicable.

115.233 (c) The Brady Center provides residents education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills. The agency utilizes the Language Link as resources for communicating who are limited English proficient. During interviews with one resident with blind/low vision, two with a physical; impairment, one limited English proficient, and two with a cognitive impairment; all resident with disabilities and the LEP resident clearly understood the agency's zero tolerance policy for sexual abuse and sexual harassment, how to report sex abuse/sexual harassment and the availability of victim advocacy services available if needed. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.233 (d) There was documentation provided of resident's participation in PREA educational sessions as required by this part of the standard. Review of residents training files indicated that ten out of ten inmates received PREA education. Sixteen out of sixteen residents stated they received PREA information during their orientation. The agency utilizes the Language Link as resources for communicating with limited English proficiency; the Site Director state they have not had to utilized the Language Link in the past twelve months. During interviews with one resident with blind/low vision, two with a physical; impairment, one limited English proficient, and two with a cognitive impairment; all resident with disabilities and the LEP resident clearly understood the agency's zero tolerance policy for sexual abuse and sexual harassment, how to report sex abuse/sexual harassment and the availability of victim advocacy services available if needed. Key information shall be posted so that it is visible and readily available to all residents; include DOC Poster and the Healing Place PREA Policies and Procedures. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.233 (e) The Brady Center does provide the residents with posters and handouts in English and Spanish outlining the zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. There was one resident who were limited English proficient at the time of the on-site visit. The agency utilizes the Language Link as resources for communicating for resident that are limited English proficient. During interviews with one residents with blind/low vision, two with a physical; impairment, one deaf/hard of hearing and two with a cognitive impairment; all resident with disabilities clearly understood the agency's zero tolerance policy for sexual abuse and sexual harassment, how to report sex abuse/sexual harassment and the availability of victim advocacy services available if needed. Key information

shall be posted so that it is visible and readily available to all residents; include DOC Poster and the Healing Place PREA Policies and Procedures. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.234: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.234 (a)

- In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)
 Yes No NA

115.234 (b)

- Does this specialized training include: Techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) Yes No NA
- Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) Yes No NA
- Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) Yes No NA
- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)
 Yes No NA

115.234 (c)

- 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 administrative or criminal sexual abuse investigations. See 115.221(a).)
 Yes No NA

115.234 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based on review of The Healing Place PREA Policies and Procedures, 14.7 Kentucky Department of Corrections Sexual Abuse Prevention and Intervention Program Policy page 10, as well as the Kentucky Department of Corrections Specialized Investigator Training curriculums provided, Investigators training file review and investigative staff interview; the following delineates the audit findings regarding this standard:

115.234 (a) In addition to the general training provided to all employees The Healing Place PREA Policies and Procedures and the Kentucky Department of Corrections Sexual Abuse Prevention and Intervention Program Policy page 10, mandates that their investigator receives training in conducting investigations in confinement settings. This was confirmed during an interview with the Healing Place PREA Coordinator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.234 (b) The specialized training included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Documentation from the Kentucky State Police Academy Commander specifies that all Kentucky State Police receive training in sexual abuse investigations during basic training at the Kentucky State Police Academy including techniques for interviewing sexual abuse victims, proper use of Miranda warnings, sexual abuse evidence collection at the crime scenes(including the application thereto in a confinement setting), and the criteria and evidence required to substantiate a case for prosecution referral. This was confirmed during an interview with the agency-wide PREA Coordinator. There were no investigations during the past twelve months at the Brady Center. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.234 (c) The Kentucky Department of Corrections maintains documentation the agency investigator has completed the required specialized training in conducting sexual abuse investigations. Documentation from the Kentucky State Police Academy Commander specifies that all Kentucky State Police receive training in sexual abuse investigations during basic training at the Kentucky State Police Academy including techniques for interviewing sexual abuse victims, proper use of Miranda warnings, sexual abuse evidence collection at the crime scenes(including the application thereto in a confinement setting), and the criteria and evidence required to substantiate a case for prosecution referral. Records review showed the Site Director and the agency-wide PREA Coordinator have received specialized PREA Investigator training. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.234 (d) Documentation from the Kentucky State Police Academy Commander specifies that all Kentucky State Police receive training in sexual abuse investigations during basic training at the Kentucky State Police Academy including techniques for interviewing sexual abuse victims, proper use of Miranda warnings, sexual abuse evidence collection at the crime scenes (including the application thereto in a confinement setting), and the criteria and evidence required to substantiate a case for prosecution referral. Documentation from the Kentucky State Police Academy Commander specifies that all Kentucky State Police receive training in sexual abuse investigations during basic training at the Kentucky State Police Academy including techniques for interviewing sexual abuse victims, proper use of Miranda warnings, sexual abuse evidence collection at the crime scenes(including the application thereto in a confinement setting), and the criteria and evidence required to substantiate a case for prosecution referral.

Standard 115.235: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.235 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
 Yes No 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.) Yes No 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.) Yes No 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.)
 Yes No NA

115.235 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)

Yes No NA

115.235 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.) Yes No NA
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based on review of The Healing Place PREA Policies and Procedures and an interview with the Site Director; the following delineates the audit findings regarding this standard:

115.235 (a) The Brady Center does not have any full-time or part-time medical or mental health staff. This was confirmed during an interview with the Site Director by auditor observations. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.235 (b) The medical staff at this facility does not conduct forensic exams. Therefore, this part of the standard is not applicable to this facility.

115.235 (c) The Brady Center does not have any full-time or part-time medical or mental health staff. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.235 (d) The Brady Center does not have any full-time or part-time medical or mental health staff. This was confirmed during an interview with the Site Director by auditor observations. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.241 (a)

- 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 No
- 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 No

115.241 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
 Yes No

115.241 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
 Yes No

115.241 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the Residents has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the Residents? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the Residents? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the Residents has previously been incarcerated?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the Residents's criminal history is exclusively nonviolent?
 Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the Residents has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the Residents is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the Residents about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the Residents is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the Residents has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The Residents's own perception of vulnerability? Yes No

115.241 (e)

- 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 No
- 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 No
- 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 No

115.241 (f)

- Within a set time period not more than 30 days from the Residents's arrival at the facility, does the facility reassess the Residents risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? Yes No

115.241 (g)

- Does the facility reassess a Residents risk level when warranted due to a: Referral? Yes No
- Does the facility reassess a Residents risk level when warranted due to a: Request? Yes No
- Does the facility reassess a Residents risk level when warranted due to a: Incident of sexual abuse? Yes No

- Does the facility reassess a Residents risk level when warranted due to a: Receipt of additional information that bears on the Residents risk of sexual victimization or abusiveness?
 Yes No

115.241 (h)

- 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 No

115.241 (i)

- 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 Residents detriment by staff or other residents?
 Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based on The Healing Place PREA Policies and Procedures, 14.7 Kentucky Department of Corrections Sexual Abuse Prevention and Intervention Program Policy page 7, residents and staff interviews, Residents file reviews, KOMS Records, and a review of the objective "Sexual Abuse Screening" tool; the following delineates the audit findings regarding this standard:

115.241 (a) The Healing Place PREA Policies and Procedures and 14.7 Kentucky Department of Corrections Sexual Abuse Prevention and Intervention Program Policy page 7, mandates that all residents are assessed during intake and upon transfer to another facility for risk of being sexually abused by other residents or sexually abusive toward other residents. This was confirmed during interviews with the screening staff. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.241 (b) The Healing Place documentation provided mandates that screenings be conducted within 72 hours of arrival at the facility. Kentucky Department of Corrections Screening for Risk of Victimization and Risk of Abusiveness objective screening tool is used and stored in the Kentucky Offender Management System (KOMS). Review of ten records confirmed 100% compliance. Sixteen out of sixteen residents stated they received orientation within the first day at the facility. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.241 (c) Based on the documentation provided and residents file reviews the facility utilizes an objective screening instrument that covers all aspects of this standard. Kentucky Department of Corrections Screening for Risk of Victimization and Risk of Abusiveness objective screening tool is used and stored in the Kentucky Offender Management System (KOMS). Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.241 (d) The screening tool is accompanied by Kentucky Department of Corrections PREA Risk Assessment –Scoring Guide; outlining guidance in the properly utilization of the screening form. The intake screening instrument used considers, at a minimum, the following criteria to assess residents for risk of sexual victimization:

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

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

115.241 (e) Kentucky Department of Corrections Screening for Risk of Victimization and Risk of Abusiveness objective screening tool is used and stored in the Kentucky Offender Management System (KOMS). The screening tool is accompanied by Kentucky Department of Corrections PREA Risk Assessment –Scoring Guide; outlining guidance in the properly utilization of the screening form. The initial screening considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to The Brady Center in assessing residents for risk of being sexually abusive. Sixteen out of sixteen residents stated they had been screened during orientation. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.241 (f) 14.7 Kentucky Department of Corrections Sexual Abuse Prevention and Intervention Program Policy page 7, within 30 days from the residents’ arrival, The Brady Center reassess the resident’s risk of victimization or abusiveness based upon any additional, relevant information received by the Brady Center since the intake screening. Review of ten records confirmed 100% compliance. The Site Director makes notations in KOMS for each reassessment. Sixteen out of sixteen residents stated they received reassessment within at the facility 30 days of intake by The Brady Center Assistant Site Director or Site Director. Therefore, the facility meets compliance with this part of the standard during this audit.

115.241 (g) The Brady Center will reassess a resident's risk level when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness. Screening staff stated he has not received any additional information that would warrant a reassessment. The PREA Manager stated the facility has not received any additional information on a resident within the past twelve months that would warrant a reassessment. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.241 (h) The Brady Center does not discipline residents for refusing to answer screening questions or not disclosing complete information. 14.7 Kentucky Department of Corrections Sexual Abuse Prevention and Intervention Program Policy page 8 mandates this practice. This was confirmed during an interview with the Site Director. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.241 (i) The Brady Center implements appropriate controls on the dissemination of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents. Access to screening are limited by security access in KOMS - Kentucky Offender Management System. Based on policy review, interview with the Site Director, and interviews with the staff responsible for completing the screening, all information gathered on the screening instrument is restricted to staff making housing, work and program assignments. Staff who are authorized to have access to KOMS are required to sign a Kentucky Offender Management System (KOMS) "Employee Confidentiality and Security Agreement". Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.242: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.242 (a)

- 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 No
- 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 No
- 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 No

- 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 No
- 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 No

115.242 (b)

- Does the agency make individualized determinations about how to ensure the safety of each Residents? Yes No

115.242 (c)

- When deciding whether to assign a transgender or intersex Residents to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the Residents 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 No
- 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 Residents health and safety, and whether a placement would present management or security problems? Yes No

115.242 (d)

- Are each transgender or intersex Residents own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? Yes No

115.242 (e)

- Are transgender and intersex residents given the opportunity to shower separately from other residents? Yes No

115.242 (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 judgment.) Yes No NA

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgment.) Yes No NA

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgment.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based on The Healing Place PREA Policies and Procedures, 14.7 Kentucky Department of Corrections Sexual Abuse Prevention and Intervention Program Policy page 6 residents and staff interviews, file review, and a review of the objective “Sexual Abuse Screening” tool; the following delineates the audit findings regarding this standard:

115.242 (a) The Brady Center uses information from the risk screening to decide housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive. The Site Director stated those that screen as potential victims are never housed in the same room as those who screen as potential predators. The facility has an internal way to inform staff of the risk of victimization or abusiveness; staff interviewed stated the reason for the risk is considered confidential. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.242 (b) The Brady Center makes individualized determinations about how to ensure the safety of each residents. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.242 (c) The Brady Center outlines the procedures to be followed in deciding a transgender housing and programming assignments, on case by case basis as required by this standard. 14.7 Kentucky Department of Corrections Sexual Abuse Prevention and Intervention Program Policy page 6 mandates this process. There were no transgender or intersex housed in The Brady Center at the time of the onsite visit. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.242 (d) The Brady Center requires that a transgender and intersex resident's own view regarding their own safety are given serious consideration. There were no transgender or intersex housed in The Brady Center at the time of the onsite visit. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.242 (e) The Brady Center requires that transgender and intersex residents be given the opportunity to shower separately from other residents. There were no transgender or intersex housed in The Brady Center at the time of the onsite visit. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.242 (f) The Brady Center does not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such residents. This was confirmed by the PREA Manager. There were no transgender or intersex housed in The Brady Center at the time of the on-site visit. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

REPORTING

Standard 115.251: Residents reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.251 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? Yes No
- 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 No
- 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 No

115.251 (b)

- 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 No

- Is that private entity or office able to receive and immediately forward Residents reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the Residents to remain anonymous upon request? Yes No

115.251 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? Yes No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? Yes No

115.251 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based on The Healing Place PREA Policies and Procedures, PREA Handout, and posters provided to residents were utilized to verify compliance with this standard. Staff and residents interviews verified the residents have multiple internal ways to report incidents of abuse or harassment.

115.251 (a)The Healing Place PREA Policies and Procedures outlines multiple internal ways for residents to report incidents of sexual abuse, sexual harassment, and retaliation by other residents or staff for reporting sexual abuse, sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Residents can report by:

Kentucky Department of Corrections PREA Tip Line 1-833-362-PREA

Center for Women and Families 1-844-237-2331 or send a letter 927 South 2nd Street
Louisville, KY, 40203

Call 911 on any house telephone or for some residents on their cell phone

Complete a Grievance

Inform a Staff Member verbally, in writing or anonymously

Tell a Family Member or Friend (Third Party)

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

115.251 (b) The Brady Center provides at least six ways for residents to report abuse or harassment to a public or private entity or office that is not part of The Brady Center, and that is able to receive and immediately forward residents reports of sexual abuse and sexual harassment to agency officials, allowing the residents to remain anonymous upon request. The Brady Center has by Memorandum of Understanding provided the address and phone number for the Center for Women and Families to the residents satisfying the requirements of this standard. This information is given to residents during orientation and is posted on the resident informational bulletin boards throughout the facility.

There are multiple phones throughout the facility that residents can make outside calls that are free and confidential. Therefore, the facility exceeds compliance with this part of the standard during this audit.

115.251 (c) The Healing Place PREA Policies and Procedures requires all staff to accept reports made verbally, in writing, anonymously and from third parties. All allegations shall be promptly documented in an incident report and reported to the Site Director. Six out of six random staff confirmed this practice. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.251 (d) The Brady Center staff may privately report sexual abuse and sexual harassment to the Kentucky Department of Corrections Hotline, the Site Director, or the PREA Coordinator. Six out of six random staff interviews showed compliance. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.252: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.252 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address Residents grievances regarding sexual abuse. This does not mean the agency is exempt simply because a Residents does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No

115.252 (b)

- 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 No NA

- Does the agency always refrain from requiring a Residents to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (c)

- Does the agency ensure that: A Residents 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 No NA
- 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 No NA

115.252 (d)

- 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 No NA
- 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 of time to respond is 70 days per 115.252(d)(3)) , does the agency notify the Residents 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 No NA
- At any level of the administrative process, including the final level, if the Residents does not receive a response within the time allotted for reply, including any properly noticed extension, may a Residents consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (e)

- 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 No NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third-party files such a request on behalf of a Residents, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) Yes No NA

- If the Residents declines to have the request processed on his or her behalf, does the agency document the Residents's decision? (N/A if agency is exempt from this standard.)
 Yes No NA

115.252 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a Residents is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging a Residents 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 No NA
- 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 No NA
- 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 No NA
- Does the initial response and final agency decision document the agency's determination whether the Residents is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- 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 No NA
- 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 No NA

115.252 (g)

- If the agency disciplines a residents for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the Residents filed the grievance in bad faith? (N/A if agency is exempt from this standard.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based on the Healing Place PREA Policies and Procedures, staff interviews, PREA Coordinator interview, and documentation review; the following delineates the audit findings regarding this standard:

115.252 (a) According to the Healing Place PREA Policy, the agency investigates all report of sexual abuse and takes appropriate actions whether or not such information is received in the form of a grievance. During this audit cycle, The Brady Center has not received a grievance concerning sexual abuse. Interview with the PREA Coordinator confirms this process. The agency follows this section of the standard.

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

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

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

115.252 (e) The Healing Place PREA Policies and Procedures, states third parties including fellow residents, staff members, family members, attorneys and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies related to allegations of sexual abuse and shall also be permitted to file such requests on behalf of residents. If the inmate declines to have the request processed on his or her behalf, the agency shall document the inmate's decision. During this audit cycle, The Brady Center has not received a grievance concerning sexual abuse. The PREA Coordinator confirmed this process. Therefore, the agency compiles with this section of the standard.

115.252 (f) The Healing Place PREA Policies and Procedures, states when an inmate is subject to a substantial risk of imminent threat of sexual abuse, the inmate may file a grievance through the grievance process on the kiosk system and the grievance will be considered an emergency grievance. The initial response to the grievance must be made within 48 hours and the final determination must be made within 5 calendar days, except in circumstances of county holidays and

significant events. The agency's immediate focus must be to act to prevent the potential sexual abuse. Corrective and protective action must be pursued promptly. The Healing Place PREA Policies and Procedures mandates that staff must treat the information as confidential, only to be revealed to their supervisors in the chain-of-command to ensure prompt action is taken. During this audit cycle, The Brady Center has not received a grievance concerning sexual abuse. Interview with the PREA Coordinator confirms this practice; therefore the agency complies with this standard.

Standard 115.253: Residents access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.253 (a)

- 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 No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? Yes No

115.253 (b)

- 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 No

115.253 (c)

- 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 No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based on The Healing Place PREA Policies and Procedures, staff interviews, Residents interviews and documentation review; the following delineates the audit findings regarding this standard:

115.253 (a) The agency has entered into a Memorandum of Understanding with Center for Women and Families which agrees to provide confidential outside victim advocacies services to the residents at The Brady Center The mailing address and telephone number for this agency are made available to all residents at the facility. The Brady Center enables reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible. The services of these victim advocates have not been requested or used by the residents during this audit cycle, verified by phone call. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.253 (b)The Brady Center informs 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. Posters located throughout the facility, inform the residents that communications with Center for Women and Families is free and confidential. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.253 (c)The Healing Place maintains a Memorandum of Understanding with Center for Women and Families Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Center for Women and Families 1-844-237-2331 or send a letter 927 South 2nd Street
Louisville, KY, 40203

Standard 115.254: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.254 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a Residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based on the review of The Healing Place PREA Policies and Procedures, as well as a review of the website outlining third party reporting; the following delineates the audit findings regarding this standard:

115.54 The Brady Center provides multiple methods for receiving third-party reports of sexual abuse and sexual harassment on the agency website. The information available on the website (www.thehealingplace.org) explains how to report sexual abuse and sexual harassment on behalf of a residents. The facility takes all reports seriously no matter how they are received and investigates each reported incident. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

OFFICIAL RESPONSE FOLLOWING A RESIDENTS REPORT

Standard 115.261: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.261 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No
- 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 No
- 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 No

115.261 (b)

- 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 No

115.261 (c)

- 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 No
- 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 No

115.261 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable person's statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? Yes No

115.261 (e)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based on The Healing Place PREA Policies and Procedures, 14.7 Kentucky Department of Corrections Sexual Abuse Prevention and Intervention Program Policy page 8, staff interviews, and documentation provided; the following delineates the audit findings regarding this standard:

115.261 (a) The Healing Place PREA Policies and Procedures and 14.7 Kentucky Department of Corrections Sexual Abuse Prevention and Intervention Program Policy page 8, requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not

it is part of The Brady Center; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The Site Director stated there has not been a report of sexual harassment or sexual abuse during this audit cycle. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.261 (b) Other than reporting to immediate supervisors, The Brady Center staff, volunteers and contractors (if any) shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in the agency's policy, to make treatment, investigations, and other security and management decisions. The Site Director stated there has not been a report of sexual harassment or sexual abuse during this audit cycle. Note: there are no contract employees or volunteers at the Brady Center at the time of the on-site visit. Therefore, this part of the standard is not applicable during this audit.

115.261 (c) The Brady Center does not have any part-time or full-time medical or mental health staff. The Site Director stated there has not been a report of sexual harassment or sexual abuse during this audit cycle. Therefore, this part of the standard is not applicable during this audit.

115.261 (d) If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, The Brady Center reports the allegation to the designated state or local services agency. The Site Director stated there has not been a report of sexual harassment or sexual abuse during this audit cycle. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.261 (e) The Brady Center reports all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the agency investigator as required. The Site Director stated there has not been a report of sexual harassment or sexual abuse during this audit cycle. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.262: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.262 (a)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based on The Healing Place PREA Policies and Procedures, staff interviews, and documentation provided; the following delineates the audit findings regarding this standard:

115.262 Policy and staff training requires all staff to take immediate action and staff acknowledged during their interviews the requirement of all staff to protect residents when it is learned that a residents at The Brady Center is subject to a substantial risk of imminent sexual abuse. The Site Director stated there has not been a report of sexual harassment or sexual abuse during this audit cycle. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.263: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.263 (a)

- Upon receiving an allegation that a Residents 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 No

115.263 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? Yes No

115.263 (c)

- Does the agency document that it has provided such notification? Yes No

115.263 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based on The Healing Place PREA Policies and Procedures, staff interviews, and documentation provided; the following delineates the audit findings regarding this standard:

115.263 (a) Upon receiving an allegation that a residents was sexually abused while confined at another facility, the Site Director of The Healing Place that received the allegation notifies the head of the facility or appropriate office where the alleged abuse occurred. The Site Director stated they had not received such an allegation during the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.263 (b) and (c) Such notification is provided as soon as possible, but no later than 72 hours after receiving the allegation, and all actions are thoroughly documented. The notification is documented. The Site Director stated they had not received such an allegation during the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.263 (d) Upon receiving a call from an outside facility that a resident had been sexually abused while in the custody of the Brady Center, the allegation is referred immediately to the Kentucky State Police to be investigated. The Site Director stated they had not received such an allegation during the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.264: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.264 (a)

- Upon learning of an allegation that a Residents was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
 Yes No
- Upon learning of an allegation that a Residents 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 No
- Upon learning of an allegation that a Residents was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No
- Upon learning of an allegation that a Residents 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 No

115.264 (b)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based on The Healing Place PREA Policies and Procedures, staff interviews, and documentation provided; the following delineates the audit findings regarding this standard:

115.264 (a) The Healing Place PREA Policies and Procedures outlines the responsibilities of all security staff members upon learning of an allegation that a resident was sexually abused, the first responding security staff member shall follow these guidelines:

- (1) Separate the alleged victim and abuser;
- (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;
- (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and
- (4) If the abuse occurred within a 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. The Site Director stated they had not received such an allegation during the past twelve months. Six out of six random staff interviewed were well-versed on evidence protection. Therefore, the facility meets compliance with this part of the standard during this audit.

115.264 (b) The Healing Place PREA Policies and Procedures mandates when the first staff responder is not a security staff member, they shall advise the alleged victim not to take any actions that could destroy physical evidence, and then notify security staff immediately. The auditor confirmed compliance based on interviews with and training records of non-security staff. The Site Director stated they had not received such an allegation during the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.265: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.265 (a)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based on The Healing Place PREA Policies and Procedures, staff interviews, and documentation provided; the following delineates the audit findings regarding this standard:

115.265 The Brady Center has a written plan (Sexual Abuse Incident Checklist) to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators and facility leadership. The plan clearly defines the roles and responsibilities of each person involved and the procedures to be followed in detail. Interviews with response team members confirmed their knowledge of the response plan. The Brady Center has not received a PREA allegation in the past twelve months, according to the Site Director. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.266: Preservation of ability to protect residents from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.266 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual

abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.266 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based on interviews with The Brady Center Site Director; the following delineates the audit findings regarding this standard:

The Brady Center does not participate in collective bargaining. This was confirmed by the Site Director. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.267: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.267 (a)

- 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 No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.267 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for Residents victims or abusers, removal of alleged staff or residents 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

No

115.267 (c)

- 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 No
- 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 No
- 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 No
- 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 Residents disciplinary reports? Yes No
- 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 Residents housing changes? Yes No
- 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 Residents program changes? Yes No
- 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 No
- 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 reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.267 (d)

- In the case of residents, does such monitoring also include periodic status checks?
 Yes No

115.267 (e)

- 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 No

115.267 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based on The Healing Center PREA Policies and Procedures, staff interviews, residents interviews, and documentation provided, the following delineates the audit findings regarding this standard:

115.267 (a) The Brady Center has a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff, and designates which staff members or departments are charged with monitoring retaliation. The Site Director is the facility's Retaliation Monitor. The facility has not received any allegation of sexual abuse during this audit cycle. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

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

115.267 (c) and (d) For at least 90 days following a report of sexual abuse, The Brady Center monitors the conduct and treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff, and act promptly to remedy any such retaliation. There are periodic status checks performed and documented. The Brady Center monitoring includes any residents' disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. Such monitoring continues beyond 90 days if the initial monitoring indicates a continuing need. The Site Director is the facility's Retaliation Monitor. The facility has not received any allegation of sexual abuse during this audit cycle. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

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

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.271 (a)

- 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 No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).) Yes No NA

115.271 (b)

- 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 No

115.271 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses? Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.271 (d)

- 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 No

115.271 (e)

- 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 Residents or staff?
 Yes No
- Does the agency investigate allegations of sexual abuse without requiring a Residents who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.271 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- 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 No

115.271 (g)

- 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 No

115.271 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?
 Yes No

115.271 (i)

- 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 No

115.271 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?
 Yes No

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (l)

- 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 administrative or criminal sexual abuse investigations. See 115.221(a.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based upon review of The Healing Place PREA Policies and Procedures, 14.7 Kentucky Department of Corrections Sexual Abuse Prevention and Intervention Program Policy page 11, investigative staff interviews, training certificates, PREA Investigation and Report Writing Guide for Community Confinement Facilities, as well as interviews with the PREA Coordinator, and the Program Director; the following delineates the audit findings regarding this standard:

115.271 (a) Kentucky State Police investigates immediately when notified of an allegation of sexual abuse and sexual harassment. There were no investigation files for the past twelve months according to the Site Director. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.271 (b) Based on training curriculums provided, Kentucky State Police training file review, and investigative staff interviews, it was evident the facility provided, in addition to the general training received by all employees, specialized training to its investigators. This training included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Kentucky Department of Corrections – PREA Investigation and Report Writing Guide for Community Confinement Facilities is a seven-page document outlining the proper PREA investigation report writing procedures that should be followed. There were no investigation files for the past twelve months according to the Site Director. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.271 (c) Kentucky State Police gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; interview alleged victims, suspected perpetrators, and witnesses; and review prior complaints and reports of sexual abuse involving the suspected perpetrator. Kentucky Department of Corrections – PREA Investigation and Report Writing Guide for Community Confinement Facilities is a seven-page document outlining the proper PREA investigation report writing procedures that should be followed. There were no investigation files for the past twelve months according to the Site Director. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

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

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

115.271 (f) Administrative investigations include efforts to determine whether staff actions or failures to act contributed to the abuse; and are documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Documentation from the Kentucky State Police Academy Commander specifies that all Kentucky State Police receive training in sexual abuse investigations during basic training at the Kentucky State Police Academy including techniques for interviewing sexual abuse victims, proper use of Miranda warnings, sexual abuse evidence collection at the crime scenes, and the criteria and evidence required to substantiate a case for prosecution referral. There were no investigation files for the past twelve months, according to the Site Director. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.271 (g) Criminal investigations are documented by the Kentucky State Police in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. Documentation from the Kentucky State Police Academy Commander specifies that all Kentucky State Police receive training in sexual abuse investigations during basic training at the Kentucky State Police Academy including techniques for interviewing sexual abuse victims, proper use of Miranda warnings, sexual abuse evidence collection at the crime scenes, and the criteria and evidence required to substantiate a case for prosecution referral. According to the Site Director, there have not been any allegations of sexual abuse at The Brady Center in the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.271 (h) The Kentucky State Police refer all sexual abuse investigations to the Jefferson County District Attorney's Office and prosecution when warranted. According to the Site Director, there have not been any allegations of sexual abuse at The Brady Center in the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

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

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

115.271 (k) The Kentucky Department of Corrections and the Kentucky State Police conducts criminal sexual abuse investigations pursuant to the requirements of this standard. The Brady Center

PREA Policies and Procedures and 14.7 Kentucky Department of Corrections Sexual Abuse Prevention and Intervention Program Policy page 11, outlines the requirements of the criminal investigation and complies with all aspects of this standard. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.271 (l)The Brady Center refers all criminal cases to the Kentucky State Police and cooperates with their investigators during the entire investigation. Documentation from the Kentucky State Police Academy Commander specifies that all Kentucky State Police receive training in sexual abuse investigations during basic training at the Kentucky State Police Academy including techniques for interviewing sexual abuse victims, proper use of Miranda warnings, sexual abuse evidence collection at the crime scenes, and the criteria and evidence require3d to substantiate a case for prosecution referral. The facility remains informed of the progress of the investigation through communication between the agency investigator and the Kentucky State Police agent handling the case. There were no investigation files for the past twelve months according to the Site Director. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.272: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.272 (a)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based upon review of The Brady Center PREA Policies and Procedures and investigative staff interviews; the following delineates the audit findings regarding this standard:

115.272 (a) 14.7 Kentucky Department of Corrections Sexual Abuse Prevention and Intervention Program Policy page 8 and the Kentucky State Police impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. This was confirmed during an interview with the agency-wide PREA Coordinator. There were no investigation files for the past twelve months at the Brady Center

according to the Site Director. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.273: Reporting to residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.273 (a)

- Following an investigation into a Residents's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the Residents as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? Yes No

115.273 (b)

- If the agency did not conduct the investigation into a Residents's allegation of sexual abuse in the agency's facility, does the agency request the relevant information from the investigative agency in order to inform the Residents? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.273 (c)

- Following a Resident's allegation that a staff member has committed sexual abuse against the Residents, unless the agency has determined that the allegation is unfounded, or unless the Residents has been released from custody, does the agency subsequently inform the Residents whenever: The staff member is no longer posted within the Resident's unit? Yes No
- Following a Resident's allegation that a staff member has committed sexual abuse against the Residents, unless the agency has determined that the allegation is unfounded, or unless the Residents has been released from custody, does the agency subsequently inform the Residents whenever: The staff member is no longer employed at the facility? Yes No
- Following a Resident's allegation that a staff member has committed sexual abuse against the Residents, unless the agency has determined that the allegation is unfounded, or unless the Residents has been released from custody, does the agency subsequently inform the Residents whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No
- Following a Resident's allegation that a staff member has committed sexual abuse against the Residents, unless the agency has determined that the allegation is unfounded, or unless the Residents has been released from custody, does the agency subsequently inform the Residents whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? Yes No

115.273 (d)

- Following a Resident's allegation that he or she has been sexually abused by another Residents, 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 No
- Following a Resident's allegation that he or she has been sexually abused by another Residents, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? Yes No

115.273 (e)

- Does the agency document all such notifications or attempted notifications? Yes No

115.273 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based upon review of The Healing Place PREA Policies and Procedures, 14.7 Kentucky Department of Corrections Sexual Abuse Prevention and Intervention Program Policy page 8, and investigative staff interviews; the following delineates the audit findings regarding this standard:

115.273 (a) Based on The Healing Place PREA Policies and Procedures, and it was confirmed that following an investigation into a resident's allegation he suffered sexual abuse in the facility, the residents was to be informed whether the allegation had been determined to be substantiated, unsubstantiated, or unfounded. The documentation provided confirmed that residents will be provided this notification on the "Offender Notification - PREA Alleged Sexual Abuse/Sexual Harassment Form". The residents will be required to sign the form documenting acknowledgement of this notification as required. However, there were no PREA incidents reported during this audit cycle so compliance was determined on policy and sample forms. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.273 (b) The agency will request all relevant information from the criminal investigation conducted by the Kentucky Department of Corrections and the Kentucky State Police in order to inform the residents as required by this standard. The PREA Manager revealed there were no PREA

investigation for the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.273 (c) Based on The Healing Place PREA Policies and Procedures and documentation provided, it was confirmed that following a resident's allegation that a staff member has committed sexual abuse against the residents, the agency shall subsequently inform the Residents (unless the agency has determined that the allegation is unfounded) whenever:

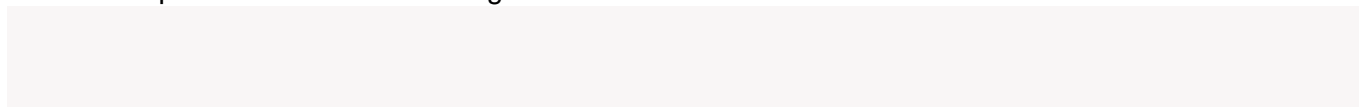
- (1) The staff member is no longer posted within the resident's unit;
- (2) The staff member is no longer employed at the facility;
- (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the Brady Center.; or
- (4) The agency learns that the staff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

The documentation provided confirmed the residents will be provided this notification on the "Offender Notification - PREA Alleged Sexual Abuse/Sexual Harassment Form". The residents are required to sign the form documenting acknowledgement of this notification as required. The PREA Manager stated there were no PREA investigations during the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

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

115.273 (e) All such notifications or attempted notifications are documented, based on the "Offender Notification - PREA Alleged Sexual Abuse/Sexual Harassment Form". The PREA Manager stated there were no PREA investigations during the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.273 (f) Policy outlines the agency's obligation to report under this standard terminates if the residents is released from The Brady Center custody. The PREA Manager stated there were no PREA investigations during the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.



DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.276 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.276 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.276 (c)

- 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 No

115.276 (d)

- 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 No
- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based upon review of The Healing Place PREA Policies and Procedures, documentation provided, Site Director, and PREA Coordinator interviews; the following delineates the audit findings regarding this standard:

115.276 (a) and (b) Staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse. The PREA Manager stated there were no PREA investigations during the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.276 (c) Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. The PREA Manager stated there were no PREA investigations during the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.276 (d) All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement, unless the activity was clearly not criminal, and to any relevant licensing bodies. The PREA Manager stated there were no PREA investigations during the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.277: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.277 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies unless the activity was clearly not criminal? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.277 (b)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based upon review of The Healing Place PREA Policies and Procedures, documentation provided, agency head, and PREA Coordinator interviews; the following delineates the audit findings regarding this standard:

115.277 (a) Any contractor or volunteer who engages in sexual abuse is prohibited from contact with residents and are reported to law enforcement, unless the activity was clearly not criminal, and to relevant licensing bodies. During an interview with the PREA Manager, it was determined The Brady Center has not had a volunteer by accused of any form of sexual misconduct. The Brady Center does not have any contract employees. The PREA Manager stated there were no PREA investigations during the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.277 (b) The Brady Center takes appropriate remedial measures, and considers whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. During an interview with the PREA Manager, it was determined The Brady Center has not had a volunteer be accused of any form of sexual misconduct. The Brady Center does not have any contracted employees. The PREA Manager stated there were no PREA investigations during the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.278: Interventions and disciplinary sanctions for residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.278 (a)

- Following an administrative finding that a Residents engaged in Residents-on-Residents sexual abuse, or following a criminal finding of guilt for Residents-on-Residents sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?
 Yes No

115.278 (b)

- 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 No

115.278 (c)

- 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 No

115.278 (d)

- 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 Residents to participate in such interventions as a condition of access to programming and other benefits? Yes No

115.278 (e)

- Does the agency discipline a Residents for sexual contact with staff only upon a finding that the staff member did not consent to such contact? Yes No

115.278 (f)

- 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 No

115.278 (g)

- If the agency prohibits all sexual activity between 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based upon review of The Healing Place PREA Policies and Procedures, 14.7 Kentucky Department of Corrections Sexual Abuse Prevention and Intervention Program Policy page 12 documentation provided, agency head, and PREA Coordinator interviews; the following delineates the audit findings regarding this standard:

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

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

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

115.278 (d) There is are therapy, counseling, and other interventions designed to address and correct underlying reasons or motivations for the abuse offered at the facility, through outpatient treatment. During an interview with the PREA Manager, it was determined The Brady Center has not had a resident by accused of any form of sexual misconduct. Therefore, this part of the standard was found to be non-applicable to this facility during this audit cycle.

115.278 (e) The Brady Center disciplines a residents for sexual contact with staff only upon a finding that the staff member did not consent to such contact. During an interview with the PREA Manager, it was determined The Brady Center has not had a resident by accused of any form of sexual misconduct. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.278 (f) The Site Director reported that a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred does not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. During an interview with the PREA Manager, it was determined The Brady Center has not had a resident by accused of any form of sexual misconduct. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.278 (f)The Healing Place Policies and Procedures and 14.7 Kentucky Department of Corrections Sexual Abuse Prevention and Intervention Program Policy page 12, prohibits all sexual activity between residents and may discipline residents for such activity. This was confirmed during an interview with the PREA Manager. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.282 (a)

- Do Residents 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 No

115.282 (b)

- 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 No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.282 (c)

- Are Residents victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? Yes No

115.282 (d)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based on The Healing Place PREA Policies and Procedures, Site Director interview, and the PREA Coordinator interview; the following delineates the audit findings regarding this standard:

115.282 (a)The Healing Place has an agreement with the Center for Women and Families to ensure Residents 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. An interview with medical employee confirmed this practice. There has not been any PREA allegations during the past twelve months; therefore, there has not been any request for services by The Brady Center residents for their services pertaining to sexual assault inside the facility. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.282 (b)The Brady Center Policies and Procedures outlines the procedures to be followed in the event of a sexual abuse at the facility. There are no qualified medical or mental health practitioners at the facility, these services are provided by the Center for Women and Families Security staff first responders take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners and arrange transport to the University of Louisville Hospital for treatment. The PREA Manager confirmed this practice. There has not been any PREA allegations during the past twelve months; therefore, there has not been any request for services by The Brady Center residents for their services pertaining to sexual assault inside the facility. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.282 (c)The Brady Center ensures residents victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. These services are offered by the Center for Women and Families These services would be offered at University of Louisville Hospital according to the PREA Manager. The Brady Center has not had an allegation of sexual abuse during this audit cycle according to the Site Director. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.282 (d)The Brady Center requires that all treatment services provided to the victim are without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The Brady Center has not had an allegation of sexual abuse during this audit cycle according to the Site Director. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.283: Ongoing medical and mental health care for sexual abuse victims and abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.283 (a)

- 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 No

115.283 (b)

- 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 No

115.283 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.283 (d)

- Are Residents victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.283 (e)

- If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.283 (f)

- Are Residents victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.283 (g)

- 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 No

115.283 (h)

- Does the facility attempt to conduct a mental health evaluation of all known Residents-on-Residents abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based on the Program Director and PREA Coordinator interviews, documentation provided, and The Healing Center PREA Policies and Procedures; the following delineates the audit findings regarding this standard:

115.283 (a) The Brady Center offers medical and mental health evaluations at the University of Louisville, KY and as appropriate, treatment to all residents who have been victimized by sexual abuse in any facility. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

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

115.283 (c) The Brady Center provides all victims with medical and mental health services at the University of Louisville Hospital in Louisville KY that is a community level of care facility. The Brady Center has not had an allegation of sexual abuse during this audit cycle according to the Site Director. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.283 (d and e) The Brady Center is an all-male facility. The Brady Center has not had an allegation of sexual abuse during this audit cycle according to the Site Director. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.283 (f) The Brady Center is an all-male facility. The Brady Center has not had an allegation of sexual abuse during this audit cycle according to the Site Director. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.283 (g) The Brady Center provides treatment services to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The Brady Center has not had an allegation of sexual abuse during this audit cycle according to the Site Director. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.283 (h) The Brady Center will attempt to have a mental health evaluation conduct on all known resident-on-resident abusers within 60 days of learning such abuse history and offer treatment when deemed appropriate by the mental health practitioners. However, as of this audit there have been no sexual abuse cases reported requiring these services. There has not been any PREA allegations during the past twelve months; therefore, there has not been any request for services by The Brady Center residents for their services pertaining to sexual assault inside the facility. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.286 (a)

- 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 No

115.286 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? Yes No

115.286 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.286 (d)

- 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 No
- 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 No
- 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 No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No

- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- 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 No

115.286 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based on interviews with the Program Director, PREA Coordinator, Investigator, and documentation provided as well as The Healing Center PREA Policies and Procures and 14.7 Kentucky Department of Corrections Sexual Abuse Prevention and Intervention Program Policy page 11 and Sexual Abuse Incident Reviews CPP 14.7 Attachment; the following delineates the audit findings regarding this standard:

115.286 (a)The Healing Place PREA Policies and Procures and 14.7 Kentucky Department of Corrections Sexual Abuse Prevention and Intervention Program Policy page 11, mandates The Brady Center 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. However, there have been no incidents of sexual abuse reported during the audit cycle to document a review. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.286 (b)The Brady Center will ensure that these reviews occur within 30 days of the conclusion of the investigation and shall document the review on the "PREA Sexual Abuse Incident Review" form. However, there have been no incidents of sexual abuse reported during the audit cycle to document a review. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.286 (c) The review team consist of upper-level management officials. The PREA Manager confirmed, The Brady Center has not had a PREA incident to review in the past twelve months. Sexual Abuse Incident Reviews CPP 14.7 Attachment would be the document utilized for such a review. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.286 (d) The review team considers whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; and they examine the area in The Brady Center. where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; assess the adequacy of staffing levels in that area during different shifts; assess whether monitoring technology should be deployed or augmented to supplement supervision by staff. The agency has deployed an excellent PREA after action review form which addresses all elements of the standard. The Brady Center conducts an incident review for all cases and reviews all findings with the agency wide PREA Coordinator for additional clarification and guidance. Sexual Abuse Incident Reviews CPP 14.7 Attachment would be the document utilized for such a review. The PREA Manager confirmed, The Brady Center has not had a PREA incident to review in the past twelve months. Therefore, the facility meets the intent of this part of the standard.

115.286 (e) The Brady Center shall implement the recommendations for improvement, or shall document its reasons for not doing so. The PREA Manager confirmed, The Brady Center has not had a PREA incident to review in the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.287: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.287 (a)

- 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 No

115.287 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? Yes No

115.287 (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 No

115.287 (d)

- 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 No

115.287 (e)

- 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.) Yes No NA

115.287 (f)

- 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.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based on interviews with the Program Director, PREA Coordinator, and documentation provided as well as The Healing Center PREA Policies and Procedures; the following delineates the audit findings regarding this standard:

115.287 (a), (b) and (c) The Brady Center collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions, and aggregates the incident-based sexual abuse data at least annually. Data collection is a function that is done by the Brady Center. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

The incident-based data collected is based on the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.287 (d)The Brady Center maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

This was confirmed during an interview with the Site Director. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.287 (e) The Brady Center does not contract its residents to other facilities. Therefore, this part of the standard was found not applicable during this audit cycle.

115.287 (f) Upon request, The Brady Center provides all such data from the previous calendar year to the Department of Justice no later than June 30 when required. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.288: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.288 (a)

- 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 No
- 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 No
- 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 No

115.288 (b)

- 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 No

115.288 (c)

- 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 No

115.288 (d)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based on interviews with the Program Director, PREA Coordinator, and documentation provided as well as The Healing Center PREA Policies and Procedures; the following delineates the audit findings regarding this standard:

115.288 (a) The Brady Center reviews data collected to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings and corrective actions for each facility. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.288 (b) Such reports includes a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of The Brady Center progress in addressing sexual abuse. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.288 (c) The Brady Center report is approved by the agency Coordinator and made readily available to the public through its website. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.288 (d) The Brady Center may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of the facility, but must indicate the nature of the material redacted. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.289: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.289 (a)

- Does the agency ensure that data collected pursuant to § 115.287 are securely retained?
 Yes No

115.289 (b)

- 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 No

115.289 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.289 (d)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based on interviews with the Program Director, PREA Coordinator, and documentation provided as well as The Healing Center PREA Policies and Procedures; the following delineates the audit findings regarding this standard:

115.289 (a) through (d)The Brady Center Staff makes all aggregated sexual abuse data, from facilities under direct control readily available to the public at least annually through its agencies website.

All reports are securely retained and maintained for at least 10 years after the date of the initial collection unless Federal, State, or Local law requires otherwise. This was corroborated during an interview with the PREA Manager. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- 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 No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes 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.) Yes No 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 No NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with residents? Yes No

115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

115.401 (a) and (b) The Brady Center did have an audit during the first audit cycle. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.401 (h) The auditor has full access to all location/areas of The Brady Center. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.401 (i) The auditor did obtain all necessary copies of audit items. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.401 (m) The auditor was allowed to interview residents in a private setting. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.401 (n) The auditor did not receive any correspondence from any The Brady Center residents. Audit notices were observed in every housing unit; as well as all common areas. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY 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 that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

115.403 The agency has made the final report during the first audit cycle through posting on the agency's website (www.thehealingplace.org)

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any Residents or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Brian D. Bivens

July 23, 2021

Auditor Signature

Date