

PREA Facility Audit Report: Final

Name of Facility: KPEP Calhoun County

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 08/22/2025

Auditor Certification

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



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



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



Auditor Full Name as Signed: Amy J. Fairbanks

Date of Signature: 08/22/2025

AUDITOR INFORMATION

Auditor name: Fairbanks, Amy

Email: fairbaa@comcast.net

Start Date of On-Site Audit: 07/10/2025

End Date of On-Site Audit: 07/11/2025

FACILITY INFORMATION

Facility name: KPEP Calhoun County

Facility physical address: 203 Brigden Drive , Battle Creek, Michigan - 49014

Facility mailing address:

Primary Contact

Name:	Joshua Jacobus
Email Address:	jjacobus@kpep.com
Telephone Number:	269-282-7101

Facility Director	
Name:	Joshua Jacobus
Email Address:	jjacobus@kpep.com
Telephone Number:	269-282-7101

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

Facility Characteristics	
Designed facility capacity:	65
Current population of facility:	25
Average daily population for the past 12 months:	43
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Men/boys
In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For	

definitions of “intersex” and “transgender,” please see https://www.prearesourcecenter.org/standard/115-5	
Age range of population:	18 and up
Facility security levels/resident custody levels:	Community Confinement
Number of staff currently employed at the facility who may have contact with residents:	16
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:	1

AGENCY INFORMATION	
Name of agency:	Kalamazoo Probation Enhancement Program (KPEP)
Governing authority or parent agency (if applicable):	
Physical Address:	519 South Park Street, Kalamazoo, Michigan - 49007
Mailing Address:	
Telephone number:	2693830450

Agency Chief Executive Officer Information:	
Name:	William DeBoer
Email Address:	wdeboer@kpep.com
Telephone Number:	2699030510

Agency-Wide PREA Coordinator Information

Name:	Andelin Goolsby	Email Address:	agoolsby@kpep.com
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Facility AUDIT FINDINGS

Summary of Audit Findings

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

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

Number of standards exceeded:

2

- 115.217 - Hiring and promotion decisions
- 115.231 - Employee training

Number of standards met:

39

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

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

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-07-10
2. End date of the onsite portion of the audit:	2025-07-11

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	☒ Yes ☐ No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Just Detention International

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	65
15. Average daily population for the past 12 months:	43
16. Number of inmate/resident/detainee housing units:	1
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	☐ Yes ☐ No ☒ Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	34
25. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	3
26. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	2
27. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
28. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	1
29. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
30. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0

31. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
32. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
33. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	2
34. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
36. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	16
37. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	1

38. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	5
41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☒ Age ☒ Race ☒ Ethnicity (e.g., Hispanic, Non-Hispanic) ☒ Length of time in the facility ☒ Housing assignment ☐ Gender ☐ Other ☐ None
42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	There is only one housing unit in which resident interviews can be selected.
43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	☒ Yes ☐ No

44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	5
As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".	
47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	3
48. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	2
49. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Overall observations and informal and formal conversations did not lead to any indication to the contrary.
50. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	1
51. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Overall observations and informal and formal conversations did not lead to any indication to the contrary.

52. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Overall observations and informal and formal conversations did not lead to any indication to the contrary.
53. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Overall observations and informal and formal conversations did not lead to any indication to the contrary.

54. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Overall observations and informal and formal conversations did not lead to any indication to the contrary. Review of investigations did not identify a resident still present who reported sexual abuse or sexual harassment.
55. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	3
56. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Overall observations and informal and formal conversations did not lead to any indication to the contrary. There is no segregation unit at this operation.
57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
58. Enter the total number of RANDOM STAFF who were interviewed:	7
59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☒ Length of tenure in the facility ☒ Shift assignment ☒ Work assignment ☒ Rank (or equivalent) ☐ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
60. Were you able to conduct the minimum number of RANDOM STAFF interviews?	☐ Yes ☒ No

a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)	☐ Too many staff declined to participate in interviews. ☒ Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles). ☐ Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews. ☐ Other
61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	All staff present for all shifts during the onsite audit were interviewed.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	8
63. Were you able to interview the Agency Head?	☒ Yes ☐ No
64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	☒ Yes ☐ No

65. Were you able to interview the PREA Coordinator?	☒ Yes ☐ No
66. Were you able to interview the PREA Compliance Manager?	☐ Yes ☐ No ☒ NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

	☐ Other
If "Other," provide additional specialized staff roles interviewed:	Vice President for Residential Services/ADA Coordinator
68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	☐ Yes ☒ No
69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	☐ Yes ☒ No
70. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

71. Did you have access to all areas of the facility?	☒ Yes ☐ No
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Was the site review an active, inquiring process that included the following:

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

☒ Yes
☐ No

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

☒ Yes
☐ No

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

☒ Yes
☐ No

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

☒ Yes
☐ No

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

No text provided.

Documentation Sampling

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

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

☒ Yes
☐ No

78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	No text provided.
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SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

0

a. Explain why you were unable to review any sexual abuse investigation files:

There was no sexual abuse allegations made during the twelve-month review period.

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

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

Staff-on-inmate sexual harassment investigation files

98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:

0

99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?

☐ Yes

☐ No

☒ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?

☐ Yes

☐ No

☒ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.

No text provided.

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

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

☐ Yes

☒ No

Non-certified Support Staff

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

☐ Yes

☒ No

AUDITING ARRANGEMENTS AND COMPENSATION

108. Who paid you to conduct this audit?

☒ The audited facility or its parent agency

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

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

☐ Other

Standards
Auditor Overall Determination Definitions
- Exceeds Standard (Substantially exceeds requirement of standard) - Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) - Does Not Meet Standard (requires corrective actions)
Auditor Discussion Instructions
Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, analyzed, reviewed and/or retained the following evidence related to this standard: - Policy #2-500.1 Zero Tolerance & Sexual Assault Control Plan - Policy #2-500.2 PREA Coordinator - Policy #6-100.8 Offender Rights (Protection from Sexual Harassment) - Established definitions related to Sexual Abuse - Organization chart - Interview with the President/CEO and Vice President of Residential Services - Interview with the PREA Coordinator - FAQ

	Evidence reviewed/analyzed by provision: (a)KPEP has a policy, 2-500.1 Zero Tolerance & Sexual Assault Control Plan, updated October 2019. In this policy, it mandates a zero tolerance towards all forms of sexual abuse and sexual harassment. It provides a set of definitions of behaviors. It outlines Prevention, Detection/Reporting, and Intervention. Another policy 6-100.8 Offender Rights: Protection form Sexual Harassment, updated October 2019, further addresses that KPEP will not tolerate any form of discrimination and/or sexual harassment, whether it is directed toward clients or staff. (b) 2-500.2 PREA Coordinator supports that the President/CEO shall designate an upper-level agency-wide PREA coordinator who is responsible for overseeing agency efforts to comply with PREA standards. The agency operates four community centers. There is an established PREA Coordinator who works closely with each of the facility's Program Managers in all efforts to ensure compliance with the PREA standards. Responsibilities include developing and maintain written policies, developing and implementing a training plan, monitoring screening procedures and investigations, supervising data collection efforts and ensuring the auditor has access to materials needed. According to the organization chart, the PREA Coordinator reports directly to the Vice-President of Residential Services, who then reports directly to the President/CEO. Interviews with the President/CEO and Vice-President demonstrated to the auditor that both strongly support all efforts to comply with PREA requirements. The interview with the PREA Coordinator supports that she has sufficient time to manage her PREA related responsibilities. She indicates this is accomplished through continual communication with the Executive staff, Program Managers and other stakeholders. This was demonstrated to the auditor during the audit as she was present during the entire onsite audit. Checklists have been developed to address various aspects of compliance with the PREA standards and are noted in the report. This provides quality assurance review to ensure compliance that include risk assessments, intake activities, response plans and investigations. Currently, she also oversees all training requirements for the organization, and personnel practices, allowing her oversight to ensure training needs are met and hiring practices comply with the standard. Summary of evidence supporting a finding of compliance: Policy supports the requirement of the standard, supporting the position of PREA Coordinator and providing information on the facility's plan to prevent, detect and respond to sexual abuse and sexual harassment. Additionally, the organization chart, interviews and observations provided the auditor with sufficient evidence to support a finding of compliance with the requirements of this standard.
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115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard

	Auditor Discussion The auditor gathered, analyzed and/or retained the following evidence related to this standard: · Interview with the President/CEO and Vice President of Residential Services · Interview with the PREA Coordinator/Accreditation manager · Observations Summary of evidence supporting a finding of compliance: KPEP does not contract for the confinement of residents (nor has the Agency entered into or renewed any contracts since August 20, 2012). This was confirmed by interviews with the President/CEO, PREA Coordinator and observations during the onsite audit. The auditor found no reason to dispute this during the audit process. Therefore, this standard does not apply to this facility; the facility is compliant with the standard.
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115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard Auditor Discussion The auditor gathered, analyzed and/or retained the following evidence related to this standard: · 2.100.4 Staffing (Adequate Staffing) · Facility Description and Staffing Plan Review · Staffing Plan · Documentation Demonstrating PREA Coordinator involvement · Staffing rosters - randomly requested · Observation of video monitoring · Interview with the President/CEO · Interview with Human Resources/PREA Coordinator · Observations during the tour · PAQ The PAQ indicates that the staffing plan is predicated on the average daily population of the facility, forty-three residents. It indicates that they do not deviate from the staffing plan.

Evidence reviewed/analyzed by provision:

(a) 2.100.4 Staffing (Adequate Staffing) supports that staffing levels are based on the physical layout, the composition of the resident population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, contract requirements, and budget provisions. Interviews with the PREA Coordinator/Human Resources President/CEO, and Program Manager all confirm that the staffing plan is reviewed annually but monitored frequently. Examples of this process were provided to the auditor which demonstrated continual reviews. Interviews also confirmed that staffing is monitored weekly as adjustments are made based on the count of the population which fluctuates. The Program Manager indicated to the auditor that as they make the schedule each week, they are able to monitor the staffing. The auditor viewed during the onsite audit that the staffing plan aligned with the staff present; it is based on the count of the facility and accommodates both male and female housing supervision needs.

(b) As noted in the PAQ, the facility does not deviate from the staffing plan; overtime is utilized to ensure staffing is available as determined.

(c) The staffing plan review for 2024 assesses staffing levels, acknowledges that use of Residential Counselors and the Manager can be utilized if needed in addition to the authorization of overtime. It reviews the layout of the facility with specifics regarding video monitoring and assessment of blind spots. As evidenced by an email, it was communicated with the President/CEO and the PREA Coordinator. The narrative review addresses the physical layout of each facility; the composition of the resident population; the prevalence of substantiated and unsubstantiated incidents of sexual abuse; and any other relevant factors. It details an analysis of current staffing, staffing patterns, video monitoring and resources to ensure adequate staffing levels.

The interview with the President/CEO confirmed that staffing plans are reviewed each year and approved by the Board of Directors. He indicated that the staffing plan is monitored at least every two weeks. He further indicated that he does not recall a time when staffing levels were not met. He articulated that a system has been developed to address time off and when staff cannot fill their shift that may include mandatory overtime. Informal conversations with Resident Officers confirmed that overtime is used, including mandatory which has not been required often.

Observations supported that the Resident Coordinator workstation provides direct supervision of the common areas, including entrance to and from the shower, toilet and sink area. They have monitors to cameras which observe the hallway to the living area, and program areas not in their direct view at this station, out of sight from the residents.

Summary of evidence supporting a finding of compliance: Policy, review of camera operations, review of the staffing plan documentation, interviews with the PREA Coordinator, President/CEO, staff on site and observations during the onsite audit gave the auditor sufficient evidence to support a finding of compliance with the

	requirements of this standard.
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115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, analyzed and/or retained the following evidence related to this standard: · Policy 2-300.2 Contraband (Searches) · Policy 2-300.4 Offender Searches (Body Cavity Examination) · Policy 2-300.5 Offender Searches (Inspection/Body Cavity) · Policy 2-300.6 Strip Searches (Procedure) · Policy 7-200.15 (Training, Sexual Abuse, PREA) · Interviews random staff · Interviews with residents · Pat Search Guidelines · View of security monitors · Staff training records · Observations · PAQ · FAQ (Frequently Asked Questions, PREA Resource Center) December 2016 The PAQ indicates that no cross-gender strip searches occurred during the 12-month audit review period that involved exigent circumstance. The auditor found no reason to dispute this during the audit process. The PAQ indicates that 100% of all security staff received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs. Evidence reviewed/analyzed by provision: (a)Policy 2-300.2 Contraband (Searches) requires that Strip searches MUST be conducted by a staff member of the same sex as the resident.” . . . they must be in a designated private room closing all window blinds and doors. And Policy 2-300.6

Strip Searches (Procedure) requires that only staff of the same sex as the client will participate in the strip search. Policy 2-300.4 Offender Searches (Body Cavity Examination) and Policy 2-300.5 Offender Searches (Inspection/Body Cavity) indicates that these searches are only authorized by the President/CEO and will only be conducted in private by licensed health care personnel and that the reasons shall be documented. The PAQ indicates there have been no cross-gender searches; the auditor found this credible after conducting the preaudit and onsite audit activities.

(b) Only males are housed at this facility. Interviews with the residents confirmed that although rare, an opposite gender staff “always” announced when they are in the area. They will not enter a room until they knock and receive confirmation that it is ok to enter.

(c) Policy 2-300.6 Strip Searches (Procedure) requires that body searches shall be documented in the “Enter Searches” log in the computer system. Policy 2-300.4 Offender Searches (Body Cavity Examination) and Policy 2-300.5 Offender Searches (Inspection/Body Cavity) indicates that these searches are only authorized by the President/CEO and will only be conducted in private by licensed health care personnel and that the reasons shall be documented. There were no reported occurrences to review. The auditor found this credible.

(d) Policy 2-300.2 Contraband (Searches) requires that residents are able to shower, perform bodily functions, and change clothing without staff of the opposite gender viewing their breast, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine checks. Staff of the opposite genders shall announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing. Observations during the tour of bathroom/shower areas demonstrated that showers have curtains, and there are sufficient barriers for toilets and urinals. Resident rooms have a small window that allows observation. All residents interviewed confirmed that female staff knock before entering. Residents indicated that female staff do not enter the bathroom; if there are concerns, they get the assistance of the male Resident Coordinator to check. Female treatment staff and residents confirmed they do not go near the residence bathrooms and bedrooms in the normal course of their business but were aware of the standard provisions to announce. Observations of the security monitors confirmed they do not have any views of the bathrooms/showers, or resident rooms (where they would change clothes).

(e) Policy 2-300.2 Contraband (Searches) requires that staff shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident’s genital status. This information will be obtained from the referral source prior to admission to the program. All random staff interviews confirmed that they absolutely know that policy forbids the search of or physical exam of a transgender or intersex resident for the sole purpose of determining the resident’s genital status.

(f) The Pat Search Guidance Card provided directions on how to pat search both males and females, providing specific techniques for each. Training records reflect

	that both male and female staff receive the same training. Additionally, staff indicated that if the opposite gender staff are required to conduct a pat search, they may accomplish this by using a wand (metal detector). This was also true for a transgender if their preferred gender was not on site. This reflects compliance with the FAQ. Summary of evidence supporting the finding of compliance: Policy addresses the requirements of the standard. Training curriculums, training records and staff interviews all confirmed that staff have been trained on cross-gender and transgender searches and searches would not be conducted just to determine genital status. Privacy has been afforded to the residents for showering, changing clothes and using the toilet. Residents confirmed, staff confirmed, and the auditor observed cross-gender acknowledgement (a male resident coordinator ensured bathrooms were cleared before the auditor entered). Residents expressed that this is normal operation and said they do not recall a female staff entering the bathroom to check on them. It was articulated that a transgender resident could pick the gender they are most comfortable with, or they would just be “wanded” with the metal detector unless circumstances dictated other. The auditor supports that this meets the clarification established in the FAQ. This evidence provides the auditor with sufficient evidence to support the finding of compliance for this standard.
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115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, analyzed and/or retained the following evidence related to this standard: · Policy 2-500.3 Accommodating Special Needs: Sexual Assault Control Plan · Policy 3-100.5 Rules & Regulations (Reception and Orientation) · Random staff interviews · Resident interviews · Interview with the Disability Coordinator (Vice President for Residential Services) · Resources Information – Voices for Health · Observations during the tour · PAQ

The PAQ indicates there have been no instances where another resident was used to interpret for a LEP offender. The auditor found no reason to dispute this during the audit process.

Evidence reviewed/analyzed by provision:

(a)Policy 2-500.3 entitled Accommodating Special Needs: Sexual Assault Control Plan requires that KPEP shall ensure that residents with disabilities have an equal opportunity to participate in or benefit from KPEP's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. It requires that the Disability Coordinator ensure that each facility has access to appropriate resources that can provide assistance as needed. For this operation, the auditor was informed that the Program Manager, with the assistance of the Vice President for Residential Services will ensure appropriate accommodations are met. Voices for Health will provide assistance with residents that are deaf or hard of hearing, if needed.

The auditor interviewed three residents who were physically disabled, and one hard of hearing two cognitively challenged residents during the onsite audit. The auditor was assured by these interviews there were no communication barriers or barriers to 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.

(b)Policy 3-100.5 Rules & Regulations (Reception and Orientation) states that residents shall receive written orientation materials. A translation of the materials in their own language will be provided, if they do not understand English. When a literacy problem exists, staff shall assist the client in understanding the material. The Program Manager/Counselor shall determine the resident's existing language barrier or literacy problem and communicate this to all staff concerned. Whenever possible, the staff person taking the referral shall obtain this information from the referral source to ensure timely access to resources. Upon becoming aware of existing barriers, staff shall consult with their respective supervisor and determine the course of action to ensure accommodations are made to assist with understanding materials and access to services. Some resources include: Literacy Council, Michigan Relay Service and Voices for Health. During intake/orientation process, staff shall read aloud the rules and regulations to the resident(s) identified as having limited English proficiency/language or literacy barriers. Staff may request a resident to re-state what he has heard to ensure the resident comprehends the instruction. The intake forms and orientation checklist shall be completed and signed by both the residents and staff. Communication problems (language or literacy) shall be given special attention, especially if it affects comprehension of intake materials, incident/violation reports and the disciplinary hearing process. Information regarding resident's communication problem shall be noted in an incident report and case notes. Identified communication/language barrier shall be addressed in the resident's Client Service Plan. Residents shall be provided options from which to choose, in order to facilitate their ability to communicate.

Policy 2-500.3 entitled Accommodating Special Needs: Sexual Assault Control Plan indicates that written materials are verbally conveyed to all residents at intake and

	orientation and stipulates that access to interpreters will be provided. It requires that the Disability Coordinator ensure that each facility has access to appropriate resources that can provide assistance as needed. It was reported that this has been a rare occurrence that a resident does not speak English. Based on observations during the tour, the auditor found this credible. Staff informed the auditor that there is a Spanish speaking staff possibly available at another residential facility that can be called upon to assist. The Program Manager has resources to consult if a Limited English resident arrives this facility – Voices for Health. Information was provided to the auditor to support that this service is available, if and when needed. Additionally, as staff can retain their cell phones, they all confirmed they can use google translate until better services are arranged. (c) Policy 2-500.3 entitled Accommodating Special Needs: Sexual Assault Control Plan requires that KPEP residents will not be used as interpreters per this policy. Random staff interviews supported that this has not occurred. Staff articulated that they would contact their supervisor for directions on how to access an interpreter in this situation. With prompting, they agreed that they could use another resident if it was an exigent circumstance. Summary of evidence supporting the finding of compliance: Observations made during the on-site visit, policy, resources for communicating with deaf/hard of hearing and LEP residents, interviews with staff and residents provided the auditor with sufficient evidence to support the finding of compliance.
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115.217	Hiring and promotion decisions
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	The auditor gathered, analyzed and/or retained the following evidence related to this standard: · 7-200.4 Employee Selection, Retention, & Promotions · 7-200.5 Applicant Background (Investigation) · 7-200.6 Performance Evaluations · Application · Interview Form · Interview with Human Resources Operation Manager (PREA Coordinator) · Employee Manual · Annual disclosure Statement/Personnel Manual Acknowledgment

- Documents observed from personnel files
- Documentation of background check status employees
- PAQ

The PAQ indicates there have been fifteen (15) staff hired in the last twelve months for the agency, zero contractual staff. The interview with the PREA Coordinator and Program Manager confirmed that there are no contractual staff who work at this facility.

Evidence reviewed/analyzed by provision:

(a)(b)(f)(g) 7-200.4 Employee Selection, Retention, & Promotions requires the following: KPEP shall not knowingly hire a new employee, promote an existing employee, or enlist the services of any contractor who may have contact with residents who: 1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution. Incidents of sexual harassment will also be considered. 2. Has been convicted of, or civilly or administratively adjudicated of engaging in 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. All applicants shall be asked about previous misconduct noted above. Omissions regarding such conduct, or the provision of materially false information, shall be grounds for termination. Employees have an ongoing affirmative duty to disclose any such conduct.

The auditor reviewed the interview questions for applicants. It addresses the questions in provision (a) and provision (b). The application requires the candidate to sign certifying that information provided is true and false statements or omissions may result in not getting hired or terminated. The Employee Manual reinforces the requirement to report any violations or deviations from the established standards of conduct which includes behavior outside the workplace (i.e. overfamiliarity or criminal conduct.) The applicant process and Annual Disclosure Statement/ Personnel Manual Acknowledgment was reviewed by the auditor in the personnel files. Applicants are asked to list any criminal arrests, sanctions, or charges for the past year.

(c)(d) 7-200.5 Applicant Background (Investigation) - requires criminal background checks on all applicants for employment. It further requires that criminal background checks are conducted at least every five years for all current employees and contractors who may have contact with residents. It further requires that all employees with prior institutional experience have prior employers contacted for information on substantiated allegations of sexual abuse consistent with federal, state and local law. Upon receiving a request from an institutional employer, unless prohibited by law, KPEP shall provide this information to the potential employer.

Review of employee files confirmed to the auditor that a background check is conducted. Sixteen total files were reviewed for the agency to include newly hired

staff, promoted staff and status employees. Three staff revealed to the auditor during their interview that they had prior institutional experience; evidence of the reference check was provided for two (as requested by the auditor).

(f) 7-200.6 Performance Evaluations ensures that employees are affirmatively notified of their continuing duty to disclose misconduct and that failure to do so will be grounds for termination.

The auditor interviewed the Human Resources Operations Manager (PREA Coordinator). She confirmed that all applicants are asked the required questions at the time of the application. Review of the application process confirmed that they are directly asked the following questions: (1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. § 1997); (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section 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. They are additionally asked about prior sexual harassment. A background check is conducted as required based on the agency in which they contract (MDOC conducts Law Enforcement Information Network (LEIN) check - which is a national check). Then annually, she states, another background check is conducted on all staff (in October) therefore exceeding the requirement. Documentation demonstrating that this annual background check has been completed was provided to the auditor, randomly requested by first letter of the last name.

The Human Resource Operations Manager/PREA Coordinator verified that all employees are aware they have a continuing duty to report and that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. This is noted on the application which the potential employee signs acknowledging such.

(h) Unless prohibited by law, the agency shall 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.

As stated in policy and confirmed by this interview, the agency would 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, with a signed release.

Summary of evidence supporting the finding of compliance: As outlined above, the auditor randomly requested documentation regarding the hiring and promotional process and background checks which all demonstrated compliance. Policy supports the requirements of the standard. Staff were generically asked the questions in provision (a) upon hiring, promotion and annually. The application

	requires the candidate to sign certifying that information provided is true and false statements or omissions may result in not getting hired or terminated. Interviews with staff who hire and fire support that they would, with proper releases, provide information on former employees regarding substantiated allegations of sexual abuse. Therefore, the standard is deemed to be compliant.
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115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, analyzed and/or retained the following evidence related to this standard: · 2-500.1 Zero Tolerance & Sexual Assault Control Plan · Staffing Plan Summary · Observations during the tour · View of security monitors · Interview with the PREA Coordinator and Residential Manager · PAQ · Interview with the President/CEO The PAQ indicates there has been no substantial expansion or modification of existing facilities; There has been no upgrades to the video monitoring system. Evidence reviewed/analyzed by provision: (a)(b) 2-500.1 Zero Tolerance & Sexual Assault Control Plan states that security measures within the facilities shall attempt to maximize the use of procedures, staffing, and technology (including video monitoring) which provide for direct sight/ sound supervision of all residents to protect against sexual abuse. When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities or when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the effect such will have in protecting residents from sexual abuse shall be considered. The interview with PREA Coordinator and the Program Manager indicates that there have been no substantial modifications to the facility; there has been no video monitoring added. This facility currently has cameras that monitor specific security areas of the facility. Per the interview with the President/CEO, these cameras are monitored daily to enhance security. Summary of evidence supporting a finding of compliance: Policy, interview with the

	President/CEO, PREA Coordinator and Residential Manager, in addition to observations provided sufficient evidence for the auditor to support a finding of compliance.
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115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, analyzed and/or retained the following evidence related to this standard: · 2-500.1 Zero Tolerance & Sexual Assault Control Plan · 2-500.6 Confidential Support Services · Letter to the local PD (Battle Creek Police Department) · Sexual Assault Services of Calhoun County (organization that provides support services to survivors of sexual assault) · Interview with the President/CEO · Interview with the Vice President of Residential Services · Interview with the PREA Coordinator · Interview with the Program Manager · Interview with Director Mental Health Services · Verification of SANE Services at Bronson Hospital Calhoun County · Random staff interviews · PREA Incident Checklist The PAQ indicates there have been no SANE/SAFE exam, no forensic medical examinations or examinations conducted by a qualified medical practitioner in response to a sexual abuse allegation. The auditor found no reason to dispute this during the audit process. Evidence reviewed/analyzed by provision: (a)(b)(c)(d)(e)(f)(g)(h) 2-500.1 Zero Tolerance & Sexual Assault Control Plan states, all sexually assaultive behavior within the program shall be reported to law enforcement for investigation and prosecution. Perpetrators found guilty of sexually assaultive behavior shall be removed from employment or from the program. It also states, in regard to an allegation involving sexual abuse, the law enforcement

authorities will be contacted. If they request, the arrangements will be made for the victim to go to the area hospital for medical examination and collection of evidence. All victims of sexual abuse will be referred for forensic medical exams performed by a qualified medical examiner (SANE or SAFE). This shall be documented with a critical incident in accordance with KPEP's Critical Incident policy (1-300.1).

As stated, policy supports that an investigation will be conducted immediately regarding any allegations of sexual abuse or sexual harassment. This was confirmed by the interviews with the President/CEO, Vice President, PREA Coordinator, Program Manager and random staff interviews.

2-500.6 Confidential Support Services assures that Residents are permitted to access outside victim advocates for confidential emotional support services related to sexual abuse. It assures that the contact is confidential. Additionally, it indicates that KPEP will make available referrals to a victim advocate to accompany the victim through the forensic medical exam process and investigatory interview as well as provide emotional support, crisis intervention, information and referrals.

The auditor researched the law in the State of Michigan. The State of Michigan has implemented a Sexual Assault Kit Tracking and Reporting System (SAEK) in accordance with MCL 752.962. That Act charged the Commission with developing plans and guidelines for (1) a uniform statewide system to track the submission and status of sexual assault evidence kits (kits), with secure electronic access for victims, (2) a uniform system to audit untested kits that were collected on or before March 1, 2015, and were released by the victims to law enforcement, and (3) auditing the ongoing submission of kits under the Sexual Assault Kit Evidence Submission Act, MCL 752.931-752.935. According to the michigan.gov webpage, A Sexual Assault Evidence Kit Submission Act established time frames for submission and retrieval of SAEKS. The legislature established a Sexual Assault Evidence Kit Tracking and Reporting Commission. Evidence collected at the hospital would be collected in accordance with this law.

The auditor researched the services provided for the local hospital which included SANE exams and victim and survivor advocacy services. The PREA Incident Checklist supports that if a report of sexual assault happened in a time period where evidence collection is possible, staff are to coordinate with the law enforcement to ensure access to a medical forensic exam and ensure a victim from a rape crisis center is made available as requested by the victim.

The interview with the Director of Mental Health Services informed the auditor that she would be contacted, regardless of date and time, immediately, to arrange for the agency to provide mental health crisis services as needed.

Summary of evidence supporting a finding of compliance: Policy supports all aspects of the requirement of this standard. Interviews with administrative staff and review of the investigations support a finding of compliance as they reflected that the police will be used to collect evidence, a forensic exam will be conducted, SANE exam, and the exam will be provided free of costs, the agency has written to the local police requesting they follow the requirements of paragraphs (a) through (e) of

	this section, and the agreement from Sexual Assault Services of Calhoun County confirming that this organization will provide support services to survivors of sexual assault upon referrals from KPEP. These steps are noted in the PREA Incident Checklist.
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115.222	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, analyzed and/or retained the following evidence related to this standard: · 2-500.1 Zero Tolerance & Sexual Assault Control Plan · 6-100.8 Offender Rights: Protection from Sexual Harassment · Review of investigations (Sexual abuse and sexual harassment) · Letter to local police department · PAQ The PAQ indicates there has been one allegation of sexual abuse and/or sexual harassment during the previous twelve months, one investigation conducted administratively. Evidence reviewed/analyzed by provision: (a)(b)(c) 2-500.1 Zero Tolerance & Sexual Assault Control Plan states, all sexually assaultive behavior within the program shall be reported to law enforcement for investigation and prosecution. Perpetrators found guilty of sexually assaultive behavior shall be removed from employment or from the program. It also states, in regard to an allegation involving sexual abuse, the law enforcement authorities will be contacted. If they request, the arrangements will be made for the victim to go to the area hospital for medical examination and collection of evidence. All victims of sexual abuse will be referred for forensic medical exams performed by a qualified medical examiner (SANE or SAFE). This shall be documented with a critical incident in accordance with KPEP’s Critical Incident policy (1-300.1). 6-100.8 Offender Rights: Protection from Sexual Harassment states that KPEP will not tolerate any form of discrimination and/or sexual harassment, whether it is directed toward clients or staff. An investigation shall be completed promptly, thoroughly, and objectively for all allegations of sexual harassment. Should the allegation involve potentially criminal behavior, it shall be referred to authorities for criminal investigation. Local police conduct the sexual assault investigation. Subpart (d) and Subpart (e) are not applicable.

	The auditor was able to review the complete investigation packet for the investigation. It supported that an investigation is conducted immediately. During the audit process, the auditor found no evidence of any allegation that was not addressed immediately. For allegations of sexual abuse, the facility contacts the local police. The auditor was presented with a letter to the Chief of Police for Battle Creek informing him of the requirement of PREA, and a request to have his agency follow these standards. Summary of evidence supporting the finding of compliance: As stated, policy supports that an investigation will be conducted immediately regarding any allegations of sexual abuse or sexual harassment. It confirms that sexually assaultive behavior will be reported to the police. The information on the KPEP website states this also. Review of the is process was confirmed by the interviews with the President/CEO, Vice President, PREA Coordinator and Program Manager. It was confirmed to the auditor by all staff interviewed that all allegations, even suspicions, would be investigated. During the audit process, the auditor found no evidence of any allegation that was not addressed immediately. Based on this, the auditor found sufficient evidence to support a finding of compliance with this standard.
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115.231	Employee training
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	The auditor gathered, analyzed and/or retained the following evidence related to this standard: · Policy 7-200.15 (Training, Sexual Abuse, PREA) · Training curriculum · Training records · Interviews with random staff · FAQ October 2014 · PAQ Evidence reviewed/analyzed by provision: (a)(b) Policy/Procedure 7-200.15-1 states that all staff who have contact with residents will receive training on KPEP's Sexual Assault control plan as part of new employee orientation and annual update training. It will address the following areas: (1) KPEP's zero-tolerance policy for sexual abuse and sexual harassment; (2) How to fulfill their responsibilities under the 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.

The auditor reviewed the training curriculum. It addresses the following: zero tolerance policy; dynamics of sexual abuse in detention, detecting signs of sexual abuse, handling disclosures of abuse; common reactions to abuse; professional communication; appropriate interactions; compromised professionalism; duty to report: knowledge, suspicion, or information; ways staff can report; first responder responsibilities; securing the victim (requesting) and perpetrator (preventing them); securing the crime scene; completing a PREA Incident Report; resident privacy/housing unit announcements; pat searches and urine drops; take all reports seriously; dynamics of sexual abuse in a correctional setting; and communicating effectively with LGBTI residents. Differences between male and female residents are noted throughout the training. Additionally, due to the contract with the Michigan Department of Corrections and Bureau of Prisons, staff also complete the training required by them.

(c) The auditor requested and received documentation to support that all staff have been trained in the previous 12 months. Training is conducted annually as supported by documentation. All staff interviewed confirmed they have received this training, at least annually. This facility houses male residents; it was reported that no staff have transferred from a facility that houses females. However, the training does address differences between male and female residents. PREA training is included in new employee training. Policy indicates that all staff who may have contact with residents will receive training on the Sexual Assault Control plan as a part of new employee orientation and annual update training. Staff receive this before working alone with the residents as confirmed by interviews with the PREA Coordinator and random staff interviews. Accordingly, this supports that the facility is compliant with the clarification in the most recent FAQ, indicating that staff will not have unsupervised contact with residents until they have received this training.

(d) Policy/Procedure 7-200.15-1 additionally indicates that training will be documented through employee signature or electronic verification. The training records show that staff have to pass a quiz in order to be considered to have understood and completed the training. Staff take a quiz; (twenty questions) at the end of the training to support that they understood the training. A score of 80% is required to be considered to have passed the course. The training records reflected a passing score for all employees listed.

Summary of evidence supporting a finding of compliance: Policy, review of training

	curriculum, review of training records, and interviews with staff all provide ample evidence to support a finding of compliance, exceeds compliance due to the numerous trainings received to comply with contractual requirements.
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115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, analyzed and/or retained the following evidence related to this standard: · Policy 7-200.16 Training (Part Time Staff/Volunteers/Interns) · Handbook for Volunteer/Intern/Contractors · Interview with the volunteer coordinator (Program Manager) · Volunteer acknowledgement form · Observations · PAQ The PAQ states there is no contractual employee who has contact with residents who were trained or retrained on the PREA requirements. Currently one volunteer for the agency is active. Evidence reviewed/analyzed by provision: (a)(b) Policies & Procedures 7-200.16 require that all part-time staff, volunteers, student interns and contract personnel receive formal orientation appropriate to their assignment and additional training as needed. This policy requires that orientation include the KPEP sexual abuse and sexual harassment prevention, detection, and response policies and procedures. This includes acknowledging receipt of the volunteer handbook which addresses the followings topics: maintain boundaries, zero tolerance policy for sexual abuse and sexual harassment, and duty to report. (c) Contractors, interns, and volunteers sign the following: "I acknowledge that I have completed and have received and understand training as outlined above." This form acknowledges completion of orientation, which includes the following: Volunteer/Intern/Contractor handbook and Zero Tolerance policy, responsibility and how to report: sexual abuse/sexual harassment reviewed. Although volunteers were not present during the onsite audit, the auditor reviewed current volunteer files which confirmed training/orientation which includes the required information regarding PREA.

	Summary of evidence supporting the finding of compliance: Policy, interviews with the PREA Coordinator, Program Manager, Volunteer/Intern/Contractor Handbook, Orientation checklist, and review of all files (volunteers) provided sufficient evidence to support the finding of compliance with the provisions of the standard.
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115.233	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, analyzed and/or retained the following evidence related to this standard: · Policy 3-100.4 Rules & Regulations (New Resident Orientation) · Resident Intake Checklist · Resident Training & Education: Sexual Abuse/Harassment · Intake Staff interviews (Case manager) · Random resident interviews · Documentation of resident education (review of ten files) · KPEP Sexual Abuse and Awareness Pamphlet The PAQ indicates that 209 residents were admitted to the program and were given resident education at intake in the previous twelve months, zero transferred from another facility. Evidence reviewed/analyzed by provision: (a)(b) Policy and Procedure 3-100.4 Rules and Regulations (New Resident Orientation) address this requirement of this standard. It requires that residents receive the resident handbook and intake packet upon admission to the operation. It further requires that within three business days, the Case Manager will ensure that the orientation process is completed. This policy confirms that part of this process is specifically a Notice of Resident Training & Education: Sexual Abuse Harassment (residents' sign acknowledging receipt) and the KPEP Sexual Assault Awareness pamphlet. This pamphlet informs the residents how to report including staff, a grievance, and to their probation or parole office, or directly to the police. The Case manager confirmed that all residents receive the pamphlet upon admission to the facility. This is part of the admission checklist. During resident interviews, all residents acknowledged receiving this pamphlet and confirmed they participated in the orientation process. They were able to articulate the various ways they could report sexual abuse and sexual harassment during the interviews.

	The auditor reviewed Resident Training & Education: Sexual Abuse/Harassment. It addresses the following: · Zero tolerance of all forms of sexual abuse and sexual harassment · Numerous methods on how to report which includes the policy and the probation/parole officer · Review of need for information in a different language or different format · Confidential contact with outside support services · Signature acknowledging orientation and written information (c) As indicated, the checklist explores the need for additional education to ensure communication is efficient. The items are discussed verbally with the residents. This was confirmed by resident interviews and the interview with the Case Manager who conducts the orientation. It is done individually. As noted in response to 115.216, resources are available to assist with communication if identified. (d) To further support compliance, the auditor requested to review the files of the ten randomly selected resident (all files were available to the auditor to review) to assess that they signed for resident education including the information sheet specific to PREA. All demonstrated compliance with signatures acknowledging the information. All the resident interviews supported that they were educated on their rights to be free from sexual abuse and sexual harassment, and they were aware they should not have to experience retaliation for doing so. (e) Information educating the residents on their right to be free of sexual abuse and sexual harassment and the zero-tolerance policy were visible in the facility at areas where residents are likely to congregate. Summary of evidence supporting a finding of compliance: Based on the policy, review of randomly requested resident files acknowledging receipt of orientation materials, observation of the posters and the resident interviews that confirmed the orientation process, their knowledge of their rights, and the posters, the auditor finds that the facility does educate all residents who enter the facility on the topics required, in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled as well as residents who have limited reading skills (see 115.216) and provides key information which is continuously and readily available or visible to residents through posters and pamphlets.
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115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	The auditor gathered, analyzed and/or retained the following evidence related to this standard: · Interview with the PREA Coordinator · PAQ · Review of sexual abuse investigations The PAQ indicates that this facility does not have trained investigators; allegations of criminal abuse are referred to the local police. Evidence reviewed/analyzed by provision: Summary of evidence supporting the finding of compliance: The auditor concluded that the agency does not conduct investigations into sexual abuse; they are all referred to the local police department. Review of the investigations for three facilities confirmed this.
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115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion The auditor gathered, analyzed and/or retained the following evidence related to this standard: · Policy #2-500.1 Zero Tolerance & Sexual Assault · Policy 7-200.15-1 Training (Sexual Abuse, PREA) · Interview with PREA Coordinator · Interview with the Mental Health Director · Interview with a mental health staff · Training curriculum for mental health staff (National PREA Resource Center) · Documentation of training for mental health · PAQ According to the PAQ, the facility/agency does employ mental health staff, no medical staff. One hundred percent (100%) have received the training. Evidence reviewed/analyzed by provision: (a)(c)(d) Policy 7-200.15-1 Training (Sexual Abuse, PREA) states, In addition to the

	training for all staff, all mental health staff who work regularly in facilities shall be trained in: 1. How to detect and assess signs of sexual abuse and sexual harassment; 2. How to preserve evidence of sexual abuse; 3. How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and 4. How and whom to report allegations or suspicions of sexual abuse and sexual harassment. C. Training will be documented through employee signature or electronic verification. Policy #2-500.1 Zero Tolerance & Sexual Assault states, all staff working at the facility are given the PREA Training including the medical and mental health staff. They are trained in how to detect signs of sexual abuse and sexual harassment (covered in the general PREA training) how to protect and preserve physical evidence, how and whom to report allegations or suspicions of sexual abuse and sexual harassment and how to effectively and professionally respond to the victims. However, all forensic examinations are conducted at the local hospital. Documentation was provided that demonstrated that mental health staff complete the regular PREA training and specialized training for Medical and Mental Health staff. The interview with the Clinical Services Supervisor and mental health staff on site provided the auditor with confidence that staff are knowledgeable and trained regarding (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. The auditor reviewed the National PREA Resource Center, Just Detention International (JDI) and National Commission on Correctional Health Care (NCCHC) presentation provided to mental health staff at this facility and concluded that it addresses the four requirements of the provision. (b) This is not applicable to this facility. Residents are sent to the local hospital for a SANE exam when indicated. Summary of evidence supporting the finding of compliance: Based on the evidence outlined above, the auditor found sufficient evidence to support the finding of compliance.
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115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, analyzed and/or retained the following evidence related to this standard: · Policy 2-500.4 Sexual Assault Control Plan

- PREA Profile
- PREA Profile Instructions
- Randomly requested risk forms
- Interviews staff who perform risk screens (two case managers)
- Interview random residents
- Interview PREA Coordinator
- FAQ
- PAQ

The PAQ indicates that 195 residents entered the facility in the twelve-month review period that were screening within 72 hours for risk of victimization and/or sexual abusiveness towards other residents, 105 residents remained for at least 30 days and were reassessed for their risk of victimization or of being sexually abusive.

Evidence reviewed/analyzed by provision:

(a)(b)(c)(d)(e)(h) Policy 2-500.4 Sexual Assault Control Plan states, All newly admitted residents transferred from another facility are assessed for their risk of being sexually abused by other residents or for them being sexually abusive toward other residents. This is completed within the first 72 hours of their arrival to the facility. The information gathered for risk of sexual victimization includes, previous incarcerations, nonviolent criminal history, prior convictions of sexual offenses against adults or children, prior sexual abuse acts, prior convictions for violent offenses, and a history of prior institutional violence and sexual abuse. The information gleaned from the assessment is used to notify and determine their housing, their bed, their work assignment, education and program assignments. The screening process (COMPAS PREA Profile) considers the following risks of sexual victimization:

Mental, physical or developmental disabilities

Physical build

Age of resident

Perception of gay, lesbian, bisexual, transgender, intersex, or gender nonconforming

Previous sexual victimization

Residents own perception of vulnerability

Within the 30 days of arrival the Counselor reassesses the resident's risk of victimization. Additionally, the resident is reassessed if there is reason to believe: due to referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk factors.

It further states, the resident is not compelled to answer certain questions (marked with an asterisk on the form).

A PREA Profile checklist has been developed. It addresses the following to ascertain risk for sexual victimization:

1. Survivor of sexual assault in a correctional setting?
2. History of facility consensual sexual activity during prior incarceration?
3. Resident under the age of 24 or over the age of 55?
4. Physical/developmental disability or mental illness
5. First confinement
6. Identify as lesbian, gay or bisexual
7. Identify as gender non-conforming, transgender or intersex
8. Prior conviction or sex offenses against an adult or child
9. History of sexual abuse
10. Expresses concern regarding vulnerability
11. Criminal record exclusively nonviolent

It addresses the following to determine risk for predatory behavior:

1. History of sexually aggressive behavior toward other offenders or staff while housed in a correctional setting
2. Current charge, pending charge for sexual offense
3. History of sexual abuse towards others
4. Convictions for violent offenses
5. History of domestic violence
6. Gang affiliation

Policy supports that the information is sensitive and should not be shared, in addition to ensuring that the screening form is placed in the confidential client file. Policy supports that information obtained through the process shall only be shared/disseminated on an as needed basis. The interview with the staff that completes this risk assessment confirmed compliance with this. Resident interviews confirmed they are asked privately and verbally. This supports compliance with the FAQ issued October 2016. Residents were asked if they thought they would be disciplined if they did not answer; all quickly indicated they did not believe they would be disciplined. The instructions for the screen indicate that a subjective opinion is to be made if the screener believed the resident represents as gay, bi-sexual or

	effeminate; comments of this subjective opinion would be entered. This supports compliance with the FAQ issued October 2016. August 2019. (f)(g) To further support compliance, the auditor requested to review the files of eleven randomly selected resident files to assess that they were appropriately screened, and a determination of aggressiveness or vulnerability was made. All files demonstrate compliance; the risk assessment addresses the required questions as based on the standard; no additional information is added for this assessment other than what the standard requires. The assessment of victim or predator is computed by the PREA Profile system. Review of the randomly requested files indicated that a re-review in person within thirty days of arrival was conducted. Random resident interviews confirmed this to the auditor as well. This supports compliance with the FAQ issued in August 2019. It was reported that no risk assessment was reassessed due to warranted, referred or updated information. The auditor found this credible. The program is for 90 days; review of files occurred for the previous 90 days. (i)The auditor viewed the area where the resident confidential files are stored and confirmed it is secure. Additionally, staff who conduct the risk assessment and the PREA Coordinator confirmed that only staff who conduct the risk assessment (case manager), Program Manager, and PREA Coordinator would access these files. Any other requests would be evaluated to determine if the information is needed based on the request. Summary of evidence supporting the finding of compliance: In making a conclusion of compliance, the auditor analyzed the policy, analyzed the risk assessment profile and instructions, reviewed the resident interview responses, responses from the interview with staff who conduct the risk assessment, review of randomly requested risk assessment screenings, and the interview with the PREA Coordinator. The auditor observed that the information is computerized, and a copy is maintained in the resident file which is securely stored in the case manager's office. Policy supports all aspects of the standard provisions. Therefore, the auditor found ample evidence to support the finding of compliance.
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115.242	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, analyzed and/or retained the following evidence related to this standard: · 2-500.4 Sexual Assault Control Plan · Risk assessment tool · Observations facility tour - housing/living conditions

- Interview PREA Coordinator
- Interview Program Manager
- Interview staff who conduct risk screens
- Interview Resident Coordinators
- Observations

Evidence reviewed/analyzed by provision:

(a)(b) 2-500.4 Sexual Assault Control Plan states, that all residents are screened within the first 72 hours to make classification and placement determinations. If there is a history of victimization, this is reported to the Program Manager. Upon review the Program Manager and/or the Limited License Psychologist (LLP) may deem a resident unsuitable for placement at KPEP. The counselor shall review the screening results and make an individualized determination about how to ensure the safety of each resident. Decisions regarding housing and programming for transgender/intersex residents shall be considered on a case-by-case basis to ensure the health and safety of the resident and determining whether the placement would present management or security problems. A transgender/intersex resident's own views with respect to his or her own safety shall be given serious consideration. Transgender/intersex residents shall be given the opportunity to shower separately from other residents. Lesbian, gay, bisexual, transgender, or intersex residents are not placed in dedicated facilities, rooms, or wings solely on the basis of such identification or status.

Per the interview with the case managers, due to the small size of the operation, placement of residents is made on a case-by-case determination to decide who would be compatible with other residents and who would be better housed closer to the operations area of the facility. Those deemed potential victims are not housed with those deemed potential predators. All group program areas are in the vicinity of direct staff supervision in addition to the staff conducting the group, and camera monitoring. In addition, if concerns arise, residents can be moved to another bed assignment or possibly to another residential facility.

(c)(d)(e) At the time of the audit, it was reported that there were no transgender/intersex residents housed at this operation. The auditor found this credible based on formal and informal conversations. Staff interviews (Resident Coordinators, Case Manager, Program Manager and PREA Coordinator) all ensured that they would allow a transgender/intersex resident to have a private shower time. There is a second smaller shower/bathroom area which would be used to designate for a private shower. In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, the agency does consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems. The auditor concludes this from having conducted audits for this agency for the last six years and having

	observation and anecdotal information supporting that the transgender/intersex resident has a strong influence in this decision. For this operation, it is based on programming and transferring to a female residency could impede a transgender/intersex progress towards parole which would have to be considered. (f)The auditor confirmed (observations, interviews) that the agency shall 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. Summary of evidence supporting the finding of compliance: The auditor concluded the facility is compliant with the standard based on review of the policy, observations made during the on-site audit, interviews with residents and staff. The overall culture presented by staff is to ensure the success of the residents. As such, the views and concerns are taken seriously. The auditor concludes that the agency, nor this facility places lesbian, gay, bisexual, transgender, or intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status. There is no consent decree, legal settlement, or legal judgment in place requiring this. With this accumulation of evidence, the auditor finds the facility compliant with all standard provisions.
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115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, analyzed and/or retained the following evidence related to this standard: · Policy 2-500.5 Reporting · Review of investigations · Interviews with residents · Interview random staff · FAQ Evidence reviewed/analyzed by provision: (a)(b) Agency Policy 2-500.5 Reporting: Sexual Assault Control Plan ensures the following: KPEP shall provide multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of

	responsibilities that may have contributed to such incidents. During intake, residents will be informed of ways to privately report sexual abuse and sexual harassments. Residents may report abuse or harassment directly to their Counselor, Therapist or any other staff person. Residents may file a grievance. . residents shall be advised of at least one way to report abuse or harassment to a public or private entity or office that is not part of the agency and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document an Incident Report and report to the Program Manager. Staff can privately report sexual abuse and sexual harassment of residents to the Program Manager, Vice President-Residential Services, Vice President of Treatment Services, PREA Coordinator or other member of the management team. The Sexual Assault Awareness Pamphlet and posted information observed in the facility all provide the residents information on how to report sexual abuse or sexual harassment. When asked, residents ensured the auditor they could access a phone when needed. Most of the interviews supported that they are aware of the options available to them for reporting, including calling the local police directly if they believed the situation warranted this, or their probation/parole agent who would allow them to remain anonymous. Staff assured the auditor that they could report to whomever they were comfortable with, privately, verbally, or in writing. Review of the investigation noted that the reports were made verbally to mental health staff. Analysis of resident interviews confirmed that they would report to the Resident Coordinator, case manager, or directly to the police. (c)All staff interviews assured the auditor their awareness of responding to any knowledge or suspicion that occurred through an anonymous source or a third-party source. Resident interviews confirmed their awareness of these options. (d) All staff interviewed provided the auditor with information that they can report privately and how they would report privately. Some indicated they are aware they can call the CEO directly, others commented they could report to the PREA Coordinator, if they were concerned that reporting to staff at their operation would present an issue. Summary of evidence supporting the finding of compliance: Review of the policy, confirmation that the residents were provided the pamphlets with reporting information, interviews with the residents and staff gave the auditor sufficient evidence to support the finding of compliance.
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115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard

	Auditor Discussion The auditor gathered, analyzed and/or retained the following evidence related to this standard: · Policy 6-200.3 Discrimination & Grievance · Policy 2-500.5 Reporting: Sexual Assault Control Plan · Review of Grievances for the previous 12 months · Interview PREA Coordinator/Grievance Coordinator · PAQ The PAQ indicated the following: zero grievances regarding sexual abuse zero emergency grievances zero grievances written in bad faith zero third party grievances. Evidence reviewed/analyzed by provision: (a)(b)(c)(d)(e)(f)(g) Policy 6-200.3 Discrimination & Grievance addresses all requirements of the standard. Policy 2-500.5 Reporting: Sexual Assault Control Plan states that the facility has a grievance policy that also covers the sexual assault and sexual harassment incidents. The policy outlines the grievance process including time frames. Time frames are not imposed when residents submit a grievance regarding allegations of sexual abuse. All allegations of sexual abuse are immediately forwarded to the Program Manager and processed under the sexual assault control plan. To this date there have been no grievances filed by a resident at this facility alleging sexual abuse, sexual harassment, staff neglect or retaliation. The auditor found no reason to dispute this during the audit process and verified this when interviewing the PREA Coordinator/Grievance Coordinator. Resident interviews relayed to the auditor their knowledge that they can file a grievance regarding sexual abuse. Summary of evidence supporting the finding of compliance: Review of the policies, grievances and interviews with the PREA Coordinator (grievance coordinator for the agency), provided the auditor with sufficient evidence to support the finding of compliance.
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115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditor gathered, analyzed and/or retained the following evidence related to this standard:

- 2-500.6 Confidential Support Services
- Interviews with residents
- PREA pamphlet – Sexual Assault Awareness
- Observations

Evidence reviewed/analyzed by provision:

(a)(b) 2-500.6 Confidential Support Services: Sexual Assault Control Plan ensures that residents are permitted access to outside victim advocates for confidential emotional support services related to sexual abuse. It states, mailing and telephone numbers (toll free) will be available, residents permitted confidential contact and communication with victim advocate and support services. . . KPEP shall make available and/or provide referrals to a victim advocate to accompany the victim through the forensic medical exam process and investigatory interviews as well as provide emotional support, crisis intervention, information and referrals.

Policy supports the requirement of the standards. As noted above, several options are available to the residents to obtain services. The information posted was visible informing residents of the services provided by the phone number. The phone number is available 24 hours a day, 7 days a week. The phone number for the Sexual Assault Services of Calhoun County 24 Hour Crisis Hotline and the Michigan Sexual Assault 24-hour crisis hotline are provided to the residents on the PREA brochure. Staff and residents both confirmed to the auditor that house phones are available for use upon request, free of charge, and there is a private room that can be used to make the phone call therefore providing reasonable communication. Resident Coordinators verified to the auditor that they would provide the phone upon request. These phones are not monitored (confirmed by staff and residents). Residents, depending on which program they are participating in, can have access to their personal cell phones. Otherwise, they can request the use of the house phone (verified by resident interviews).

(c) There is no signed agreement; the agency/facility has attempted to secure an MOU but are informed that there is no need as these services are available to anyone in the community. The auditor found this credible, evaluating and analyzing access to these services by a resident and confirmed it is unimpeded.

Summary of evidence supporting the finding of compliance: The facility does provide access to outside victim support advocated for emotional support services by giving both a phone number and mailing address. Residents are informed that it is confidential; additionally, they have the ability to use the house phone. Therefore, they are provided reasonable communication. They are able to send mail without having to have a staff do it for them. As such, the auditor finds the facility compliant

	with the standard provisions.
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115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, analyzed and/or retained the following evidence related to this standard: · Policy 2-500.1 Zero Tolerance & Sexual Assault Control Plan · Policy 2.500.5 Reporting: Sexual Assault Control Plan · Interviews random residents · Interviews with random staff · Publicly distributed information on how to report resident sexual abuse or sexual harassment on behalf of residents – facility website kpep.com · Visitor guide · Testing of process for reporting on the facility website · Observations · PAQ · FAQ The PAQ indicates that information regarding how to file a third-party complaint is posted on the facility website. Evidence reviewed/analyzed by provision: 2-500.1 Zero Tolerance & Sexual Assault Control Plan states, KPEP shall publicly post information in each facility on how to report sexual abuse and sexual harassment on behalf of a resident. Policy 2.500.5 Reporting: Sexual Assault Control Plan states, KPEP shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall publicly post information on how to report sexual abuse and sexual harassment on behalf of a resident. KPEP has posted on the Bulletin Board at the front reception area for all visitors, volunteers and residents to see a posting of pertinent information on the facility. The last notation on the posting reads: KPEP has a zero-tolerance policy for sexual abuse and sexual harassment. If you wish to report an alleged Incident of sexual abuse or sexual harassment on behalf of a resident click on the resident section at

	www.kpep.com. The auditor confirmed that this information is posted on the website at the address noted. It provides information (phone numbers, names) for reporting and who to report concerns regarding sexual abuse or sexual harassment. The agency website, kpep.com has the following information: PREA Compliance The Prison Rape Elimination Act (PREA) was passed in 2003. The purpose of the act was to “provide for the analysis of the incidence and effects of prison rape in Federal, State, and local institutions and to provide information, resources, recommendations and funding to protect individuals from prison rape.” KPEP has zero tolerance towards all forms of sexual abuse and harassment. All sexually assaultive behavior within the program shall be reported to local law enforcement for investigation and prosecution. Anyone can report an allegation of sexual abuse or harassment. To make a report you may call Andelin Goolsby at 269-903-0532 or email agoolsby@kpep.com. The auditor sent an email per the directions on the agency website and received a response back within the hour. This meets the clarifications issued in the FAQ October 2015 requiring a specific method be noted for making such reports. The facility reports that no third-party allegations have been received in the previous twelve months. During the audit process, the auditor found no reason to dispute this. Summary of evidence supporting the finding of compliance: Policy, facility website and random staff interviews all confirm that information is publicly posted regarding how to report, and all staff are aware that they are to accept third party allegations. Interviews with residents mostly confirmed that they are aware they can report on behalf of another resident. With this, the auditor finds the facility compliant with the standard provision.
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115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, analyzed and/or retained the following evidence related to this standard: · 2-500.1 Zero Tolerance & Sexual Assault Control · Interviews staff · Interview with the investigator/PREA Coordinator · Mental Health Handbook

Evidence reviewed/analyzed by provision:

(a)(b)(c)(d)(e) 2-500.1 Zero Tolerance & Sexual Assault Control Plan states, Staff shall immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment, retaliation against residents or staff who reported such an incident, and staff neglect or violation of responsibilities that may have contributed to an incident or retaliation to the Program Manager. Apart from reporting to the Program Manager, staff shall not reveal any information related to a sexual abuse report to anyone other than those designated by the Program Manager. All mental health practitioners are required to report sexual abuse as indicated in section B. 2. above, unless precluded by law. The resident shall be informed at the initiation of services of the practitioner's duty to report. If the alleged victim is under the age of 18 or is considered a vulnerable adult, KPEP shall report the allegation to the appropriate State or local services agency under mandatory reporting laws. All instances of alleged sexual assault shall be referred to local authorities for investigation with a recommendation that any resident /staff suspected of sexual assault be prosecuted to the full extent of the law.

All staff interviewed confirmed they would report immediately any information they received allegation sexual abuse or sexual harassment, including suspicions, anonymous complaints, verbally, in writing, or third-party complaints. Staff stated these allegations/suspicions would be documented in an incident report in accordance with the agency policy. They assured the auditor they were aware of the requirement to maintain confidentiality. This was further verified by reviewing the investigation specific to sexual abuse at this facility (verbal report, immediate response to the police and others required to be notified).

The age of majority is now 18 pursuant to the "Raise the Age" law in Michigan. As confirmed by the policy and the interview with the PREA Coordinator, any abuse involving someone who is protected by the Elder Abuse law in Michigan would be reported by the police conducting the investigation. Staff at her organization could report as well by contacting the Michigan Department of Health & Human Services (DHS), Adult Protective Services; Statewide 24-Hour Hotline: 855-444-3911. The facility reports there have not been any reports to designated State agency in accordance with mandatory reporting for those under 18 years old or those considered a vulnerable adult. The interview with the PREA Coordinator confirmed she would ensure that if an allegation was regarding an elder as defined by state law, a report would be forwarded to the Elder Abuse hotline number. They confirmed that the facility has not had any residents under the age of 18 housed at this program. The auditor found no reason to dispute this during the audit process. Additionally, the law in Michigan was changed, effective October 2021 to define the age of majority as 18 years old.

The interview with the mental health clinician confirmed that residents are informed of the limitations of confidentiality at the initiation of services, this is noted in the KPEP The auditor finds there is ample evidence to support the finding of compliance. The auditor was provided the Treatment Services Handbook, which further verified this.

	All random staff confirmed their knowledge of who completes investigations. The PREA Coordinator/investigator confirmed that all investigations, or potential investigations (knowledge, suspicion, retaliation, staff neglect) have been immediately reported to the person assigned to conduct the investigation - the Program Manager for harassment or the police for abuse. Summary of evidence supporting a finding of compliance: Policy supports the requirements of the standard. Resident and staff interviews all confirmed to the auditor that if an allegation or suspicion is received, it will be immediately forwarded to the supervisor. Staff all confirmed they are aware of the requirement to maintain confidentiality. The PREA Coordinator/investigator confirmed that mandatory reporting to other agencies would occur. The auditor finds there is ample evidence to support the finding of compliance.
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115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion The auditor gathered, analyzed and/or retained the following evidence related to this standard: · 2-500.1 Zero Tolerance & Sexual Assault Control Plan · Interview President/CEO, Vice President of Residential Services and the Residential Manager · Interviews with random staff The PAQ indicates there have been no instances in which a resident was subject to substantial risk of imminent sexual abuse. The auditor found no reason to dispute this during the audit process. Evidence reviewed/analyzed by provision: 2-500.1 Zero Tolerance & Sexual Assault Control Plan, section B. 6. states, Immediate action to protect the resident shall be taken should a resident be at substantial risk of imminent sexual abuse. All staff interviewed reported confidently that they were empowered to take immediate action in the event they believed a resident was at imminent risk of sexual abuse. Staff articulated action they could take which included the ability to separate the residents and contact the Program Manager, regardless of what time of day this occurred. The PAQ indicates there has been no incident of a resident at risk of imminent sexual abuse. During the audit process (interviews, review of policies, documents, investigations, etc.) the auditor found no evidence to dispute this. Interviews all random staff confirmed that intervention would occur if a staff

	believed a resident was at imminent risk of sexual abuse, and this action would be supported by supervisors, management and administration. Interviews with the President/CEO, Vice President of Residential Services, Program Managers supported that protective action would take place before abuse occurred. It was relayed to the auditor that they can reassign the resident to a different housing area, or even another facility if the situation warranted it. Summary of evidence supporting the finding of compliance: Policy supports the findings of the standard. Based on the interviews with staff, the auditor believes this facility has a culture of supporting all staff who believe an incident is prevalent and are taking action to protect the residents.
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115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion The auditor gathered, analyzed and/or retained the following evidence related to this standard: · 2-500.1 Zero Tolerance & Sexual Assault Control Plan · Interview President/CEO · Interview with the Vice President for Residential Services · Interview with the Program Coordinator · Interview PREA Coordinator The PAQ indicates there were no allegations received that residents were abused while confined at another facility, no allegations received from another facility. The auditor found this statistic credible. Evidence reviewed/analyzed by provision: (a)(b)(c)(d) 2-500.1 Zero Tolerance & Sexual Assault Control Plan states, upon receiving an allegation that a resident was sexually abused while confined at another facility, the Chief Operating Officer shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. Notification will be made as soon as possible, but no later than 72 hours after receiving the allegation. Notifications shall be documented. In the event that KPEP is notified by another agency of an allegation that a resident was sexually abused while confined at a KPEP facility, the Chief Operating Officer shall ensure that the allegation is investigated in accordance with policy. The PAQ indicates that zero reports of sexual abuse/harassment have been received

	from another agency, zero notices have been sent during the past 12 months. Interviews with the President/CEO, Vice President of Residential Services, PREA Coordinator and Program Manager gave the auditor sufficient assurance that all staff are aware of this requirement and that it would be acted upon immediately, well within the 72-hour requirement, in writing to the head of the facility, or would be immediately investigated if received from another agency. Summary of evidence supporting the finding of compliance: Policy supports compliance with the standard. Interviews with the President/CEO, PREA Coordinator, the PAQ and observations provided the auditor with sufficient evidence to support a finding of compliance.
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115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion The auditor gathered, analyzed and/or retained the following evidence related to this standard: · 2-500.1 Zero Tolerance & Sexual Assault Control Plan · Observations · Interviews with Random staff · Interviews with the President/CEO · PAQ The PAQ indicates there was one allegation that a resident was sexually harassed but zero allegations of sexual abuse or an incident that would allow for the collection of evidence. Evidence reviewed/analyzed by provision: (a)(b) 2-500.1 Zero Tolerance & Sexual Assault Control Plan requires that staff upon learning of an allegation that a resident was sexually abused or if there is reason to believe an assault may have occurred, the first staff member to respond shall do the following: a. Separate the alleged victim and abuser; b. Consistent with KPEP's Preservation of Physical Evidence policy (2-300.3), the staff shall immediately secure the location of the assault and not allow other staff or residents to enter the area. No evidence in the area should be touched or removed pending the arrival of law enforcement personnel. c. With regard to the victim, the following procedures shall be utilized: The victim shall be continually observed and monitored; Staff should respond in a sensitive, supportive and nonjudgmental fashion; the victim shall not be allowed to sign-out of the facility; If the abuse occurred within a time

	period that allows for collection of physical evidence, the victim shall not shower, wash, brush their teeth, eat, drink, urinate, defecate, smoke or change clothing until after they have been initially evaluated by a forensic medical examiner. d. With regards to the perpetrator, the following procedures shall be utilized: Pending arrival of authorities, the perpetrator shall be confined to his/her room and not allowed to sign out. If possible, staff shall not alert the alleged perpetrator of the investigation until after the arrival of the authorities. If the perpetrator is signed-out of the facility when the assault is brought to the attention of staff, authorities shall be notified of the sign-out location in order to make a decision to apprehend the perpetrator at that location or have staff order him/her to return to the facility. Pending the arrival of authorities, staff shall not interrogate or question the perpetrator regarding the assault. Staff shall attempt to maintain the integrity of any evidence by not granting the perpetrator permission to use the toilet or bath facilities, change clothing, eat or drink if the abuse occurred within a time period that allows for collection of physical evidence. The PAQ indicates there was no incident where sexual abuse was reported in a time period that allowed for the collection of evidence. The auditor found this credible. Interviews with all staff (case managers, mental health practitioners, Resident Coordinators and the Program Manager) confirmed that they were fully trained and articulated the steps to take if a resident reported a sexual assault to them to include asking the victim to not shower, brush teeth use the restroom, drink or eat, change clothes, urinate, defecate or smoke and ensure the alleged perpetrator does not do these things. Staff responses additionally reported the process of separation, preserving the scene, calling the police and the Program Manager immediately, then completing an incident report. Summary of evidence supporting the finding of compliance: Review of the policy and staff interviews provided the auditor with sufficient evidence to support the finding of compliance.
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115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, analyzed and/or retained the following evidence related to this standard: · 2-500.1 Zero Tolerance & Sexual Assault Control Plan · Response checklist · Staff interviews

	Evidence reviewed/analyzed by provision: 2-500.1 Zero Tolerance & Sexual Assault Control Plan states that staff shall, immediately contact the Program Manager and take action consistent with the instructions from the Program Manager. This may include moving the victim to a more secure/protective environment, restricting the alleged perpetrator to his/her room and if requested by law enforcement personnel, arrangements shall be made for the victim to go to the area hospital for medical examination and collection of evidence. All victims of sexual abuse shall be referred for forensic medical exams performed by qualified medical examiners (Sexual Assault Nurse Examiner (SANE) or Sexual Assault Forensic Examiner (SAFE)). All victims of sexual assault must be referred to the LLP (Limited License Psychologist). The LLP must meet with the victim within 24 hours of the assault becoming known to staff. The policy further requires that all sexual assaults be reported the President/CEO and Chief Operating Officer of the agency and to law enforcement for investigation and require full cooperation. As illustrated by policy, the facility does have a coordinated plan. There is a checklist to ensure all aspects are addressed. All staff interviewed confirmed with the auditor their awareness of the Response Checklist and response plan. Summary of evidence supporting the finding of compliance: Review of policy, the response plan/PREA Incident checklist, and staff interviews confirmed that the facility has provided sufficient evidence to support the finding of compliance with the requirements of this standard.
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115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, analyzed and/or retained the following evidence related to this standard: · Interview with the President/CEO · Interview with the PREA Coordinator · Informal interviews with staff There is no collective bargaining staff (the auditor confirmed this through spontaneous interviews with staff). Interviews with the President/CEO, Vice President over Residential Services, Human Resources President/CEO and the PREA Coordinator confirmed they are able to remove alleged staff from contact with residents pending the outcome of the investigation.

	Summary of evidence supporting the finding of compliance: Interview and observations provided sufficient evidence for the auditor to find the standard not applicable – compliant.
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115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, analyzed and/or retained the following evidence related to this standard: · Policy 2-500.7 Protection against Retaliation: Sexual Assault Control Plan · Interview with the President/CEO · Interview with the designated staff member charged with monitoring for retaliation (case manager) · Observation of documentation of retaliation monitoring · PAQ The PAQ indicates there have been no instances of retaliation. The auditor found no reason to dispute this during the audit process. Evidence reviewed/analyzed by provision: (a)(b)(c)(d)(e)(f) Policy 2-500.7 entitled Protection against Retaliation: Sexual Assault Control Plan, confirms that the agency is committed to the protection of all residents who report sexual abuse or harassment from retaliation. It states that residents who report sexual abuse or sexual harassment or cooperate with investigations shall be protected from retaliation by other residents or staff. The Procedure reads as follows: “A. The Program Manager shall monitor for signs or reports of retaliation towards residents or staff. B. Protection against retaliation could include; Housing changes or transfers for victims or abusers; Removal of alleged staff or resident abusers from contact with victims; Emotional support services for residents or staff who fear retaliation. C. For at least 90 days following a report of sexual abuse, the Program Manager shall monitor the conduct and treatment of residents or staff who reported the sexual abuse, and of residents who were reported to have suffered sexual abuse, and act promptly to remedy any instances of retaliation. Monitoring shall include reviewing resident disciplinary reports, progress reports and case notes, periodic resident status checks, a review of housing or program changes, and negative performance reviews or reassignments of staff. Monitoring may extend beyond 90 days as needed. The obligation to monitor shall terminate if the allegation is determined to be unfounded. D. Appropriate measures will be taken to protect any other individual

	who expresses a fear of retaliation for cooperating in an investigation. The agency uses a form to ensure proper documentation of protection from retaliation. The investigation reviewed had the completed retaliation monitoring form, initiated at the time of the complaint until the resident was no longer housed at the facility. The interview with the staff who monitors for retaliation at the facility confirmed all requirements. The auditor was informed that they routinely meet with all residents once a week, so she is able to inquire about any concerns at that time without the action be out of the ordinary. This was completed even though the allegation was sexual harassment and not formally required. Interviews with the President/CEO, Vice-President, PREA Coordinator and Program Managers provided additional assurance that retaliation will not be tolerated. The interview with the President/CEO confirms a strong commitment to ensuring that no one experiences retaliation for reporting sexual abuse, sexual harassment, retaliation or staff neglect that may have led to sexual abuse or sexual harassment. He supported this with indicating that the situation would be dealt with swiftly, quick removal of the retaliator, and even considering moving that person experiencing abuse to the other operation in the agency, if needed. Residents were aware of this right to be free from retaliation as confirmed in their interviews. Summary of evidence supporting the finding of compliance: The interview with the President/CEO and PREA Coordinator all confirmed that they are aware of the requirements of the standard and will monitor using the designated form upon report of an allegation. Policy supports the requirements of the standard. The interview with the staff responsible for monitoring confirmed to the auditor that they address all requirements of the standard. The established retaliation monitoring review form addresses the requirements of the provision. The one investigation reported had documentation showing retaliation monitoring occurred as required by the standard.
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115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion The auditor gathered, analyzed and/or retained the following evidence related to this standard: · 2-500.1 Zero Tolerance & Sexual Assault Control Plan · 6-100.8 Offender Rights: Protection from Sexual Harassment · 7-400.7 Establishing, Maintain and Terminating Case Records · 7-500.1 Personnel Policies (Personnel Records)

- Interview with the President/CEO
- Interviews Investigative staff (administrative, sexual harassment allegations)
- Review of the investigations, previous 12 months
- PAQ

The PAQ indicates there have been no substantiated allegations referred for criminal prosecution since last PREA audit. The auditor found no reason to dispute this during the audit process.

Evidence reviewed/analyzed by provision:

(a)(b)(c)(d)(e)(f)(g)(h)(i)(j)2-500.1 Zero Tolerance & Sexual Assault Control Plan section D. requires that 1. Consistent with KPEP's Critical Incident Policy, any reported incident of sexual assault must be investigated. The nature of such incidents require staff to treat the information gathered in such an investigation in a sensitive and confidential manner. 2. Upon learning of a sexual assault staff will immediately contact the Program Manager, and local law enforcement personnel. The President/CEO and Chief Operating Officer shall be contacted by the Program Manager. 3. The Program Manager will ensure ongoing assistance, cooperation and coordination with authorities, medical/mental health practitioners and probation/parole/BOP agents and shall remain informed about the process of the investigation. 4. Copies of all police reports and other official reports shall be reviewed by the President/CEO the Chief Operating Officer and the Program Manager and included in the critical incident review. A copy of all reports shall be placed in the resident's file. 5. In assaults involving Federal BOP residents, the Program Manager must forward a copy of all investigative reports regarding the assault to the BOP. 6. The departure of the alleged abuser or victim from the employment or control of the facility shall not provide basis for terminating an investigation.

6-100.8 Offender Rights: Protection from Sexual Harassment states that KPEP will not tolerate any form of discrimination and/or sexual harassment, whether it is directed toward clients or staff. An investigation shall be completed promptly, thoroughly, and objectively for all allegations of sexual harassment. Should the allegation involve potentially criminal behavior, it shall be referred to authorities for criminal investigation. It further requires all records to be maintained in secure, locked cabinet in a location accessible to staff only . . . computer work stations are in secure areas accessible to staff only and are password protected. . . It further addresses the following:

Administrative investigations: (1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and (2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings be added to policy.

7-400.7 Establishing, Maintain and Terminating Case Records established that

	copies of incident reports, PREA administrative or criminal investigations reports, disciplinary actions, disciplinary appeals and grievances are maintained for a minimum of five years form the date of termination or discharge. 7-500.1 Personnel Policies (Personnel Records) established that personnel records for active and previous staff are maintained in a secure area. The Human Resources Manager is responsible to ensure that all administrative records are retained in accordance with the aforementioned regulations. The PAQ indicates there was one sexual abuse incident in the previous twelve months; it was deemed unsubstantiated, investigated by the local police department, administratively reviewed by the agency. There was one sexual harassment investigation conducted by the agency. The policies support the requirements of all provisions of the standard. The interview with the PREA Coordinator (investigator) confirmed the following: All allegations of sexual abuse and sexual harassment as well as retaliation are and have been referred for investigation; third party and anonymous complaints would also be investigated in the same manner; once an investigation appears to be criminal, the investigator would contact the police for direction; staff actions or failures are analyzed in the course of the investigation to identify areas needing additional training and the investigation will continue even if the alleged victim or alleged perpetrator left the facility. She verified that credibility is assessed by numerous factors – alignment with evidence, non-verbal demeanor, etc. It is not based on the status of the victim, perpetrator or witness. Additionally, she confirmed to the auditor that evidence is gathered and preserved and maintained in the administrative offices. One completed investigation was provided to the auditor for review. The auditor viewed the area where investigations are maintained, the PREA Coordinators office, which is located in an administration building in her secure office. For investigations referred to the local police, the PREA Coordinator confirmed that she or the Program Manager would remain informed on the progress. (k)(l) these are not applicable to this audit. Summary of evidence supporting the finding of compliance: The policy requires that all provisions of the standard be addressed. The interview with the administrative staff confirmed that all provisions of the standard is a part of any investigation initiated. Review of the investigations confirmed compliance with the provisions of the standard.
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115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	The auditor gathered, analyzed and/or retained the following evidence related to this standard: · 6-100.8 Offender Rights: Protection from Sexual Harassment · Interviews with the investigator(s)/PREA Coordinator · Review of completed investigation Evidence reviewed/analyzed by provision: 6-100.8 Offender Rights: Protection from Sexual Harassment states that the investigation shall impose no standard higher than a preponderance of the evidence in determining whether an allegation of sexual harassment is substantiated. Any allegation involving potentially criminal behavior shall be immediately referred to authorities for criminal investigations. . . The results of the investigation shall be documented in writing and filed in the resident folder. Based on review of the completed investigation and confirmation by the PREA Coordinator (who conducts administrative investigation or review), the conclusion of unsubstantiated reflected use of a preponderance of evidence to support the findings (there were no substantiated allegations of sexual abuse or sexual harassment). Summary of evidence supporting the finding of compliance: Policy and the interview with investigators/PREA Coordinator confirm that this is the standard to substantiate an administrative hearing. Review of the completed investigations supported compliance with this standard. Therefore, the standard is deemed compliant.
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115.273	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion The auditor gathered, analyzed and/or retained the following evidence related to this standard: · 2-500.8 Reporting to Residents · Letter to PD · Interview with the President/CEO · Documentation of notification · Reporting to Residents form · Review of investigation

	· PAQ The PAQ indicates the following: zero allegations of sexual abuse completed by the agency zero investigation of alleged sexual abuse completed by an outside agency zero notifications to the resident provided pursuant to this standard zero notification documented Evidence reviewed/analyzed by provision: (a)(b)(c)(d)(e)(f) 2-500.8 Reporting to Residents: Sexual Assault Control Plan requires . . . following an investigation into a resident's allegation of sexual abuse, the Program Manager shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded." Their procedure is as follows: A. KPEP refers all allegations of sexual abuse to law enforcement and shall request the relevant information from the investigative agency in order to inform the resident. B. Following a resident's allegations that a staff member has committed sexual abuse, the resident shall be informed (unless the allegation is determined to be unfounded) whenever: The staff member is no longer posted at the facility; The staff member is no longer employed by the facility; KPEP learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or KPEP learns the staff member has been convicted on a charge related to sexual abuse within the facility. C. Following a resident's allegation that he or she has been sexually abused by another resident, the alleged victim will be notified whenever: KPEP learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or KPEP learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. D. All such notifications or attempted notifications shall be documented on the Reporting to Residents form. Upon completion, the form shall be placed in the resident file with a copy forwarded to the PREA Coordinator. Per the PAQ, there were no notifications provided. This is supported by the evidence of the one investigation for sexual harassment. In the event there is a sexual abuse allegation completed by the local police, a letter has been sent to them asking for their assistance with notifying the facility of the results of the investigation so that this notification can be made. Summary of evidence supporting the finding of compliance: The facility's policy supports the requirements of the standard. The letter to law enforcement, documentation of a notification form and interviews all confirmed to the auditor that there is sufficient evidence to support a finding of compliance.
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	Auditor Overall Determination: Meets Standard Auditor Discussion The auditor gathered, analyzed and/or retained the following evidence related to this standard: · 2-500.1 Zero Tolerance & Sexual Assault Control Plan · Interview with the CEO/President · Interviews with the PREA Coordinator · Interview with the Program Manager · PAQ The PAQ indicates there have been no staff who has been disciplined for violation of agency sexual abuse or sexual harassment policies, no staff who has been terminated for violating agency sexual abuse or sexual harassment policies, zero staff who have been reported to law enforcement or licensing bodies following termination or resignation for violating agency sexual abuse or sexual harassment policies. The auditor found no reason to dispute this during the audit process. Evidence reviewed/analyzed by provision: (a)(b)(c)(d) 2-500.1 Zero Tolerance & Sexual Assault Control Plan states, Any staff involved in sexually abusive or assaultive behavior will be subject to investigation and the KPEP disciplinary process. Staff found guilty of sexual abuse/assault shall be terminated from KPEP. It continues on stating, Disciplinary sanctions for staff up to and including termination shall be imposed for violations of policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse). Finally, it addresses, 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, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. Another policy 6-100.8 Offender Rights: Protection from Sexual Harassment further addresses KPEP will not tolerate any form of discrimination and/or sexual harassment, whether it is directed toward clients or staff. An investigation shall be completed promptly, thoroughly, and objectively for all allegations of sexual harassment. Should the allegation involve potentially criminal behavior, it shall be referred to authorities for criminal prosecution. The President/CEO shall execute disciplinary sanctions, up to and including termination, as deemed appropriate. Summary of evidence supporting a finding of compliance: Policy supports the requirements of the standard. The PREA Coordinator, Program Manager and President/CEO confirmed that these provisions would be followed in the event that a staff member is the subject of a sexual abuse investigation, which is substantiated. Therefore, the auditor finds sufficient evidence to find the facility to be compliant with the requirements of this standard.
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115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, analyzed and/or retained the following evidence related to this standard: · 2-500.1 Zero Tolerance & Sexual Assault Control Plan · Interview PREA Coordinator · PAQ The PAQ indicates there have been no contractors or volunteers who have been reported to law enforcement and/or relevant licensing bodies. The auditor found no reason to dispute this during the audit process. There are no contractual staff or volunteers who provide service at this facility. Evidence reviewed/analyzed by provision: (a)(b) 2-500.1 Zero Tolerance & Sexual Assault Control Plan confirms that any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Remedial measures will be taken in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer up to and including prohibiting further contact with residents. The President/CEO, Program Manager and PREA Coordinator stated that there is one volunteer, no contractual staff who provide a service at this facility. Summary of evidence supporting the finding of compliance: Review of the policy, confirmation received by the President/CEO and PREA Coordinator, and the PAQ provide sufficient evidence to support a finding of compliance with this standard.

115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, analyzed and/or retained the following evidence related to this standard: · 2-500.1 Zero Tolerance & Sexual Assault Control Plan · Interview PREA Coordinator

- Interview with the President/CEO

- Resident Handbook

The PAQ indicates there have been no administrative or criminal findings of guilt for resident-on-resident sexual abuse during the audit reporting period. The auditor reviewed the investigation report for one completed investigation and found this to be credible.

Evidence reviewed/analyzed by provision:

(a)(b)(f)(g)2-500.1 Zero Tolerance & Sexual Assault Control Plan states the following: Prosecution/Discipline 1. All instances of alleged sexual assault shall be referred to local authorities for investigation with a recommendation that any resident/staff suspected of sexual assault be prosecuted to the fullest extent of the law. 5.

Residents involved in sexually abusive or assaultive behavior will be subject to investigation and the KPEP disciplinary process. Federal BOP residents shall also be subject to the BOP disciplinary process. Residents found guilty of sexual abuse/assault shall face disciplinary sanctions up to and including termination from KPEP.

A resident's mental disability or mental illness contributing to his or her behavior shall be considered when determining a sanction. Residents may also be required to participate in counseling or therapy or other interventions. In addition, this policy states, 6. Resident may only be disciplined for sexual contact with staff upon a finding that the staff member did not consent to such contact. Finally, 7. States, For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

Policy supports the requirements of the standard. The KPEP Rules provides residents with information regarding Sexual Misconduct rule violations which includes consensual sexual act with another resident, indecent exposure, verbal statements or comments of a sexual nature, gestures toward staff, visitors, or other residents and a subcategory for sexual abuse/assault. The rulebook informs residents that these violations can result in removal from the program.

The auditor discussed the myriad of possibilities with the President/CEO, and Program Manager. These discussions supported those sanctions can include in-house sanctioning to revocation to prison, to being arrested for new charges. Additionally, it was stated that the facility would treat every case individually and look for mitigating and aggravating factors before making decisions on discipline. The facility had no examples of disciplinary action for sexual abuse to review.

(c) Interviews with the mental health staff confirmed to the auditor that mental disability and mental illness would be considered before issuing sanctions.

(d) Policy above confirmed that if the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending resident to

	participate in such interventions as a condition of access to programming or other benefits. As this facility provides sex offender programming, the auditor found this credible that it would be addressed in counseling, if the resident remained at the facility, which is unlikely. The interview with the Mental Health Director confirmed that if a resident desired, they would address motivations for abuse. (e) The interview with the PREA Coordinator confirmed the following: The agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact. Although there was no occurrence during the previous twelve months, the auditor observed this to be true for a prior audit for the agency. Summary of evidence supporting the finding of compliance: Facility policy directs that all requirements of the standard be enforced. As stated, the PAQ indicates there have been no administrative or criminal findings of guilt for resident-on-resident sexual abuse during the audit reporting period. The Resident Rulebook informs residents of the possible consequences for sexual abuse and sexual harassment. The interview with the President/CEO, Mental Health Director and PREA Coordinator provided further assurance that the provisions of the standard would be followed.
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115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, analyzed and/or retained the following evidence related to this standard: · 2-500.9 9 Medical/Mental Health: · Interviews with staff – PREA Coordinator and Director of Mental Health Services Evidence reviewed/analyzed by provision: (a)(b)(c)(d) 2-500.9 9 Medical/Mental Health: Sexual Assault Control Plan requires that Resident Victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The Procedure requires: A. Staff on duty at the time a report of recent abuse is made shall immediately notify the Program Manager and follow their instructions with regards to contacting the KPEP Limited License Psychologist (LLP) and appropriate medical and mental health practitioners. B. Resident victims of sexual abuse shall be offered information about and access to emergency contraception and sexually transmitted infections prophylaxis as well as pregnancy tests. If pregnancy results, timely and comprehensive information and access to pregnancy related medical services will be given. C. Appropriate referrals and resources shall be available for residents who

	have been victimized by sexual abuse in any prison, jail, lock up, or juvenile facility. Victims shall be offered tests for sexually transmitted infections, medical and mental health evaluation and as appropriate, treatment. Evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, referrals for continued care following their transfer to other facilities or discharge from the program. D. Treatment services shall be provided to the victim without any financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. There is a local hospital available that has a Sexual Assault Services program for treatment of any sexual assault or other emergency medical treatment residents may access any of these services at any time and they are not charged for these services by the facility (as acknowledged in the policy and supported by the interview with the PREA Coordinator and confirmation through the website). Staff may call an ambulance if necessary or provide transportation themselves if necessary and enough staff are on duty. Typically, this would be arranged by the police. As indicated in policy and verified by the PREA Coordinator and Mental Health Director, there is no cost incurred by the resident for services. Victims would receive tests for sexually transmitted infections through the community, medical treatment would be provided by the community, follow up services for medical needs would be arranged through the community and the Mental Health Director would ensure all mental health needs would be addressed. She indicated she is automatically called if a resident is transferred to the hospital for a SANE exam. Summary of evidence supporting the finding of compliance: Policy supports that victim will receive unimpeded access to emergency medical treatment and crisis intervention services. The coordinated response plans and responses to random staff interviews both provided evidence for the auditor to believe that medical assistance would be immediately sought for the resident victim of sexual abuse. Policy confirms that the resident victims of sexual abuse would be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. All resident medical treatment is provided in a community setting. Based on this and the documentation provided, the auditor finds that the requirements of the standard are required to be met if a sexual abuse incident occurred at this facility.
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115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, analyzed and/or retained the following evidence related to this standard:

- 2-500.9 9 Medical/Mental Health: Sexual Assault Control Plan
- Interview with the PREA Coordinator
- Interview with the Mental Health Director
- Interview with a resident

Evidence reviewed/analyzed by provision:

(a)(b)(c)(f)(g)2-500.9 9 Medical/Mental Health: Sexual Assault Control Plan requires that Resident Victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The Procedure requires: A. Staff on duty at the time a report of recent abuse is made shall immediately notify the Program Manager and follow their instructions with regards to contacting the KPEP Limited License Psychologist (LLP) and appropriate medical and mental health practitioners. B. Resident victims of sexual abuse shall be offered information about and access to emergency contraception and sexually transmitted infections prophylaxis as well as pregnancy tests. If pregnancy results, timely and comprehensive information and access to pregnancy related medical services will be given. C. Appropriate referrals and resources shall be available for residents who have been victimized by sexual abuse in any prison, jail, lock up, or juvenile facility. Victims shall be offered tests for sexually transmitted infections, medical and mental health evaluation and as appropriate, treatment. Evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, referrals for continued care following their transfer to other facilities or discharge from the program. D. Treatment services shall be provided to the victim without any financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

(d)(e) This facility does not house female residents. For the reporting period, they have not housed a transgender male resident.

(h)A mental health evaluation of all known resident on-resident abusers will attempt to be conducted within 60 days of learning of such abuse history. Treatment shall be offered as deemed appropriate by mental health practitioners. The mental health practitioners stated that all counseling services are available to any sexual assault victim at no cost and arrangements would be made to ensure these services were offered. They indicated that all known sexual abusers are evaluated, if possible, within 60 days of staff at the agency learning of their history. However, it is highly unlikely to the nature of the program that they would remain at this facility.

Summary of evidence supporting the finding of compliance: Analysis of the policy, interview with the PREA Coordinator and the Mental Health Supervisor (who both confirmed compliance with these requirements) provided the auditor with evidence to find the facility in compliance with the requirements of this standard. The policy confirms that 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. Medical care would be provided in the community. It is highly unlikely that a known resident-on-resident abuser would be

	allowed to remain at the residential center, therefore, attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners would be conducted at the receiving facility.
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115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, analyzed and/or retained the following evidence related to this standard: · Policy 2.500.10 Review: Sexual Assault Control Plan · Policy 1-300.1 Critical Incidents · Interview with the President/CEO · Interviews PREA Coordinator /Incident Review Team Member · Interview with the Program Manager/Incident Review Team member · Review of sexual abuse incident review · PAQ Upon review of the PAQ there have been no criminal and/or administrative investigation of alleged sexual abuse completed at the facility, excluding unfounded. Evidence reviewed/analyzed by provision: (a)(b)(c)(d)(e) Policy 2.500.10 Review: Sexual Assault Control Plan requires that a sexual abuse incident review shall be conducted at the conclusion of every sexual abuse investigation.” The Procedure for this Policy requires that “A. All incidents of sexual abuse shall be reviewed consistent with KPEP’s Critical Incident policy. B. Within 30 days of the conclusion of a sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded, a sexual abuse incident review shall occur. The review should include the President/CEO, the Chief Operating Officer, the PREA Coordinator, the Program Manager and any persons as appropriate. Input from investigators, supervisors, medical and mental health practitioners will be reviewed as well. The review will consider: 1. Whether there is a need to change policy or procedure; 2. The motivation for the incident or allegation; 3. The area in which the incident allegedly occurred and barriers in the area that may enable abuse; 4. The adequacy of staffing levels in that area; and 5. An assessment of monitoring technology. C.

	The review shall be documented in a report and shall include recommendations for improvement. The report shall be submitted to the President/ CEO, the Chief Operating Officer, the Program Manager, and the PREA Coordinator. The Program Manager shall implement recommendations for Improvement or shall document reasons for not doing so. Policy 1-300.1 Critical Incidents states Critical incidents/sentinel events shall be analyzed and the results will be used to initiate and/or revise operational procedures to prevent future occurrences. As soon as possible after a critical incident, the Program Manager shall initiate a debriefing process which provides for the coordination and feedback of information regarding the incident to designated staff. The debriefing shall include but is not limited to: • A review of staff and resident actions during the incident. • A review of the incident's impact on staff and offenders. • A review of corrective actions taken and still needed. • Plans for improvement to avoid another incident. The PREA Coordinator confirmed that all incidents of sexual abuse are reviewed by a committee and reports issued. The auditor reviewed one incident review that was conducted. It was regarding a sexual harassment investigation and not required per the standard but demonstrates the commitment to ensuring an administrative review of incident. The review uses a format that addresses all requirements of the provision. Corrective action was noted and conducted (additional training). Policy and interview with the staff who are on the sexual abuse incident review team (PREA Coordinator) support all aspects of the standard provisions. The interview with the President/CEO provided to the auditor a strong commitment to the requirements of the review, ensuring that all aspects as required by this standard would be addressed. Summary of evidence supporting the finding of compliance: Policy, interviews and review of the completed sexual abuse incident review provided ample evidence for the auditor to support the finding of compliance.
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115.287	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, analyzed and/or retained the following evidence related to this standard: · 2-500.11 Data Collection, Review, Storage: Sexual Assault Control Plan · Interview – Agency PREA Coordinator · Definitions used for collecting data

- Annual report of findings from data reviews/corrective actions

- Last SSV provided to the DOJ - 2023

Evidence reviewed/analyzed by provision:

(a)(b)(c)(d) 2-500.11 Data Collection, Review, Storage: Sexual Assault Control Plan indicates the following: KPEP shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The data shall be aggregated annually. The incident-based data collected shall 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, data collected and aggregated shall be reviewed and assessed by the PREA Coordinator with the Program Manager of each facility to improve the effectiveness of the sexual abuse prevention, detection, and response policies, practices, and training. This assessment shall include the following: (1) Identifying problem areas; (2) Taking corrective action on an ongoing basis; (3) a comparison of the current year's data with those from prior years and (4) an assessment of the facility's progress in addressing sexual abuse. It requires that the annual report covering all KPEP facilities and corrective actions shall be approved by the President/CEO and Vice President-Residential Services and made available to the public on the KPEP website.

Policy supports the requirements of the standard. Data has been gathered using the definitions provided in the PREA standards (according to the interview with the PREA Coordinator). There are reports for 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, and 2024 available for review on the agency webpage, demonstrating annual aggregation of incident based sexual abuse data.

The annual report includes the following categories:

Resident-on-Resident non- consensual sexual acts

Resident-on-Resident abusive sexual contact

Resident-on-Resident sexual harassment

Staff Sexual Misconduct

Staff Sexual Harassment

Policy defines the behavior relevant to a PREA violation. It is consistent with the PREA definitions. An annual report has been completed from 2015 to present which aggregates the incident-based sexual abuse data at least annually. The data can provide information consistent with the questions from the most recent version of the Survey of Sexual Victimization conducted by the Department of Justice.

All data, including investigation summaries and sexual abuse incident reviews would be stored in the administrative offices and therefore is securely stored. This facility does not contract with private facilities.

	(e) This is not applicable; they do not contract with private agencies to house their residents. (f) The PREA Coordinator reports that the DOJ has requested statistical data from this agency, but not for this facility. The last report provided was in 2023. Summary of evidence supporting the finding of compliance: Policy supports the requirements including using standardized definitions of behavior, the auditor reviewed the annual reports and found it has uniform data from all sexual harassment, sexual misconduct, or sexual abuse allegations, which occurred in KPEP Residential Facilities. The auditor finds the facility compliant with the standard provisions.
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115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion The auditor gathered, analyzed and/or retained the following evidence related to this standard: · 2-500.11 Data Collection, Review, Storage: Sexual Assault Control Plan · Interview with the President/CEO · Interview PREA Coordinator · Annual report of findings from data reviews/corrective actions · Facility website Evidence reviewed/analyzed by provision: 2-500.11 Data Collection, Review, Storage: Sexual Assault Control Plan indicates the following: KPEP shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The data shall be aggregated annually. The incident-based data collected shall 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, data collected and aggregated shall be reviewed and assessed by the PREA Coordinator with the Program Manager of each facility to improve the effectiveness of the sexual abuse prevention, detection, and response policies, practices, and training. This assessment shall include the following: (1) Identifying problem areas; (2) Taking corrective action on an ongoing basis; (3) a comparison of the current year's data with those from prior years and (4) an assessment of the facility's progress in addressing sexual abuse. It requires that the annual report covering all KPEP facilities and corrective actions shall be approved by

	the President/CEO and Vice President-Residential Services and made available to the public on the KPEP website. The Auditor reviewed the annual report. In the top right corner is the President/CEO name. The President/CEO confirmed that he approves the report during his interview. It reflects that the agency has collected data and aggregated it to improve effectiveness of all efforts to prevent, detect and respond to sexual abuse and sexual harassment. It is a four-page report available on the agency webpage at https://www.kpep.com/wp-content/uploads/2025/05/2024-Annual-PREA-Report.pdf. It addresses statistics for the agency and then again for each specific operation. Under “Assessment”, there is a chart comparing 2023 to 2024 along with a narrative analysis. Under continuing and ongoing corrective is an emphasis on training and resident education. No information required redaction. The report reviews the following: Corrective actions, areas of improvement, and it summarizes progress. Summary of evidence supporting the finding of compliance: After analysis of the agency policy, review of the agency annual PREA report and interview supporting all efforts toward preventing, detecting and responding to sexual abuse and sexual harassment and approval of the report by the President/CEO, the auditor finds sufficient evidence to find the agency compliance with all requirements of this standard.
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115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion The auditor gathered, analyzed and/or retained the following evidence related to this standard: · 2-500.11 Data Collection, Review, Storage: Sexual Assault Control Plan · Interviews PREA Coordinator · Annual report of findings from data reviews/corrective actions – 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, and 2024 · Facility website · Observation of secure storage of sexual abuse data Evidence reviewed/analyzed by provision: (a)(b)(c)(d) 2-500.11 Data Collection, Review, Storage: Sexual Assault Control Plan indicates the following: KPEP shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized

	instrument and set of definitions. The data shall be aggregated annually. The incident-based data collected shall 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. Data collected and aggregated shall be reviewed and assessed by the PREA Coordinator with the Program Manager of each facility to improve the effectiveness of the sexual abuse prevention, detection, and response policies, practices, and training. This assessment shall include the following: (1) Identifying problem areas; (2) Taking corrective action on an ongoing basis; (3) a comparison of the current year's data with those from prior years and (4) an assessment of the facility's progress in addressing sexual abuse. It requires that the annual report covering all KPEP facilities and corrective actions shall be approved by the President/CEO and Vice President-Residential Services and made available to the public on the KPEP website. This policy further requires that sexual abuse data collected be securely retained and maintained for at least 10 years. The auditor reviewed the PREA Annual Report for 2024. It included data collected for all four facilities operated by KPEP. It included a comparison to statistical information compiled in 2024. No redactions were required. Although no corrective action was identified, it did address continual efforts towards improvement which included their relationship with the Michigan Department of Corrections. Facility policy ensures that data collected pursuant to § 115.87 are securely retained. The auditor observed the PREA Coordinator's office, located in the administrative building, which is not located at the facility. Review of the report supports the fact that it includes data from all residential operations in the KPEP residential facilities. The facility does not contract with private facilities. The auditor checked the facility webpage and found reports for 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023 and 2024. The reports are on the facility webpage at www.kpep.com. Review of the reports concluded that no personal identifiers need to be removed. Policy supports that the data collected will be retained for at least ten years. The interview with the PREA Coordinator confirmed compliance with the requirements of the data collection standards. Summary of evidence supporting the finding of compliance: Based on above, the auditor finds the requirements of the standard have been met.
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Posters announcing the audit were placed at the main entrance and gathering areas for residents six weeks prior to the schedule audit with the following information: NOTICE

	SCHEDULED PREA AUDIT The KPEP Calhoun will be undergoing an audit for compliance with the United States Department of Justice’s National Standards to Prevent, Detect, and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) for community centers July 10-11, 2025. Any person with information relevant to this compliance audit may confidentially* correspond with the auditor via the following address: *CONFIDENTIALITY – All correspondence and disclosures during interviews with the designated auditor are confidential and will not be disclosed unless required by law. There are exceptions when confidentiality must be legally broken. Exceptions include, but are not limited to the following: · if the person is an immediate danger to her/himself or others (e.g. suicide or homicide); · allegations of suspected of child abuse, neglect or maltreatment; · in legal proceedings where information has been subpoenaed by a court of appropriate jurisdiction. The auditor was allowed free access to see the facility, interview any staff or residents requested and observe operations. Interview with staff and residents were conducted in a private setting.
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	All Annual PREA reports and audit reports for the agency are available on the webpage.

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

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

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

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

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

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

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

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

	agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	
115.221 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	na
115.221 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	na
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	na
115.221 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

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

115.222 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.222 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.222 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes
115.231 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with	yes

	residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.231 (b)	Employee training	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.231 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training,	yes

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

	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
115.233 (b)	Resident education	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes
115.233 (c)	Resident education	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
115.233 (d)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.234 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent	na

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

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

	and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	
115.241 (a)	Screening for risk of victimization and abusiveness	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.241 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization:	yes

	Whether the resident's criminal history is exclusively nonviolent?	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes
115.241 (e)	Screening for risk of victimization and abusiveness	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
115.241 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

115.241 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes
115.241 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.241 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.242 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes

	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.242 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
115.242 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.242 (d)	Use of screening information	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.242 (e)	Use of screening information	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.242	Use of screening information	

(f)		
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
115.251 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.251 (b)	Resident reporting	

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

	with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	
115.252 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.252 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.252 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf	yes

	of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
115.252 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.252 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to	yes

	alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	
115.253 (a)	Resident access to outside confidential support services	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
115.253 (b)	Resident access to outside confidential support services	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.253 (c)	Resident access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.254 (a)	Third party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.261 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

	information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.261 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.261 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.261 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.261 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

115.262 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.263 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.263 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.263 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.264 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate,	yes

	washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.264 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.265 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.266 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.267 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes

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

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

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

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

	request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	
115.273 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.273 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform	yes

	the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
115.273 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.276 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.276 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.276 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.276 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.277 (a)	Corrective action for contractors and volunteers	

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

	condition of access to programming and other benefits?	
115.278 (e)	Disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.278 (f)	Disciplinary sanctions for residents	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.278 (g)	Disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.282 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.282 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.282 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information	yes

	about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	
115.282 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.283 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.283 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive	na

	information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	
115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.286 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

115.286 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.287 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287	Data collection	

(c)		
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.287 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.287 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
115.287 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.288 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes

115.288 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.288 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.288 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
115.289 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes

115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with residents?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the	yes

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