PREA Audit: PREA AUDITOR'S FINAL SUMMARY REPORT

Community Confinement Facilities

Name of facility:	**John. R. Hay House, Inc.**
Physical address:	**427 E Sullivan St, Kingsport, TN 37660**
Date report submitted:	**February 12, 2015**
Auditor Information	
Name:	**Michelle Bonner**
Address:	**1629 K St NW, Suite 300, Washington, DC 20006**
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Telephone number:	**202-489-7184**
Date of facility visit:	**August 18-19, 2014**
Facility Information	
Facility mailing address: (if different from above)	**same**
Telephone number:	**(423) 578-3750**
The facility is:	**Private not for profit (TN State Funding)**
Facility Type	**Halfway House**
Name of Facility Head:	**Charles L. Walsh, PhD**
Title:	**Director**
Email address:	**cwalsh@cckingsporttn.net**
Telephone number:	**423.578.3771**
Name of Facility PREA Coordinator: Charles L. Walsh, PhD	
Title:	**Director**
Email address:	**cwalsh@cckingsporttn.net**
Telephone number:	**423.578.3771**

Agency Information	
Name of Agency:	
Governing authority or parent agency: (if different from above)	
Tennessee Department of Corrections (TDOC)	
Telephone number:	
Agency Chief Executive Officer	
Name:	**Derrick D. Schofield**
Title:	**Commissioner**
Email address:	
Telephone number:	**615-741-1000**
Agency-Wide PREA Coordinator	
Name:	
Title:	
Email address:	
Telephone number:	

AUDIT FINDINGS

NARRATIVE: [The auditor should provide a summary of the audit process that includes the date of audit, who was in attendance, a description of sampling procedures and staff and residents interviewed, areas of facility toured as part of the audit, etc.]

Michelle Bonner, an independent contractor certified by the United States Department of Justice (DOJ) to conduct audits of community confinement facilities to assess their compliance with the DOJ-adopted standards of the Prison Rape Elimination Act of 2003 (PREA), conducted an onsite audit of the John R. Hay House, Inc. (hereinafter, "Hay House"), on August 18-19, 2014. Hay House is located at 427 E Sullivan St, Kingsport, TN 37660. Hay House is "the only residential facility in East Tennessee for community corrections offenders, probationers and parolees."[1] During the audit, 68 residents were present, 32 of whom were female

[1] "History of John R. Hay House," blog entry, Dr. Charles Walsh, Dec. 3, 2009. http://wwwjohnrhayhousecom.blogspot.com/

residents. Hay House employed 35 staff that had contact with residents at the time of the audit.

Auditor Bonner arrived at Hay House at 12:20pm on Monday, August 18, 2014. There she was greeted by PREA Coordinator and Facility Director Dr. Charles Walsh. The brief opening meeting started with introductions, a description and history of the facility, and a description of the onsite audit process. Then Auditor, PREA Coordinator/Director, and Stewart Canter went on a complete and thorough tour of the entire male facility. The tour consisted of examining the dorm areas, offices, laundry, TV area, restrooms, intake area, operations center, kitchen/dining area, recreation area, and maintenance and storage areas. Then Auditor met Secretary Cathy Walsh, head of the female facility at 319 E. Sullivan St, along with Case Monitor Tina Johnson. The group toured the entire female facility, inside and out, as well.

During the course of the two days, in addition to speaking with staff and residents during the tour, Auditor Bonner conducted one-on-one interviews with the following staff for specialized staff and general staff inquiries:

- Facility Director/PREA Coordinator
- Secretary (acting as Deputy Director), and Female Facility Manager
- Resident Supervisor/Case Monitor
- Resident Supervisor/Female Supervisor
- Counselor
- 3 Resident Supervisors
- Case Officer/Intake

Auditor Bonner also met individually with 10 residents, 4 of whom were women. Residents were chosen by whether they reported PREA incidents, dorm, age, and length of stay at the facility. During the two-day audit, Auditor Bonner conducted document review which included review of employee files (including new hires, terminations, spot check of five year background checks and promotions), security logs, PREA assessments/reassessments, PREA investigation documents, staff training acknowledgements, resident acknowledgements, PREA forms and data logs. Auditor was onsite for 10 hours on August 18 and about 9.5 hours on August 19. Near the end of the second day, Auditor held a closeout session with the PREA Coordinator/Facility Director, during which she shared some of her immediate observations.

DESCRIPTION OF FACILITY CHARACTERISTICS: [The auditor should include a summary describing the facility.]

John R. Hay House, Inc. is actually three buildings along a row of buildings on E. Sullivan St in Kingsport, TN. The first building to house Hay House, 427 E. Sullivan St., is the men's building; and it also contains the office of the Facility Director/PREA Coordinator. This structure was built in 1934; and it is now painted a brick red with a white sign in front. The front entrance is locked, and it has camera coverage on the outside. Inside the front door is the Facility Director's office to the left. Behind his office are more administrative offices and the hall where new intakes sit to be processed. Cameras cover both this hall and the large

administration office that contains the intake window. To the right there is a stairway, with camera, leading up to the male dormitory. On the left side there are six bunks along sidewall; seven bunks line the opposite wall. Each side is covered by camera, and the camera on the left side covers entrance into the restroom towards the back of the floor. The toilet stalls have short doors; and the shower stalls could use clear top shower curtains for better monitoring. The "bubble" or operations center is located at the front of the floor, and it looks on to the male dorm area. A Camera is in the bubble, along with Auditor notice and a list outside services' contact information. There are two pay phones with no PREA information; more PREA signage, with hotline information, has been posted near phones and in dormitory. Tennessee Department of Corrections (TDOC) residents, numbering 24, reside in this area.

The laundry room and TV area are behind the dormitory, with a camera. The door to the outside recreation yard is unlocked, but leads to a fenced area also covered by cameras. There is a covered patio downstairs and basketball court and other space upstairs. Also outside is the "Brown Annex" for United Way funded probationers' housing. In this annex were six bunks in an L-shaped room with ample camera coverage. There is a state PREA hotline number on the bulletin board in this space, and the TN PREA hotline is free to call (615-253-8178). A PREA brochure was tacked up in the area, too, with the TDOC PREA Coordinator's number. The kitchen takes up the other part of annex where L shaped dorm does not, forming a square. While there is a camera over the back door, there is no camera coverage in the actual kitchen where residents work with staff cook. However, the staff cook is present in the small space with residents at all times residents are present there. A camera has been placed outside the back door of the kitchen.

The dining hall is a building to the right of the annex, which was built by residents in 1984. Ten to fifteen residents rotate eating in this space at a time. A locked pantry is also inside. The camera in the dining space covers the entrance into the pantry. There is also a shed in the yard area with space behind it for people to fit. The staff blocked off this 1.5 ft. area behind the shed.

More administrative offices, programming areas, and day reporting office are located in 415-417 E. Sullivan St, also a part of Hay House. In this space is Secretary/Deputy Director for Female Building's office, where there is personnel information. Although residents go to this space for programming, there is no camera coverage in the classrooms. The facility has requested additional funding for cameras in this area, to cost at least $20,000. Staff are present whenever residents are in classroom areas.

The female building is located at 319 E. Sullivan St. On the ground floor there is a locked door with camera outside, leading to a large open room for visitation. This large room has camera coverage and PREA signage. In the back of this room is a door that leads to a female dorm area for TDOC residents, with 5 bunks and two cameras for both sides of the room. A camera covers entry to shower area and bathrooms. There is another 4-bed room covered by camera downstairs. Laundry is downstairs a well.

There is a stairwell leading to a landing that contains administrative space, with hidden camera coverage. Back door beyond the laundry downstairs leads outside; and there are cameras covering the back recreation yard. There is a camera at the top of the dining hall that covers the small stairwell. There is a camera on the back porch entrance to the second floor, where there is housing for United Way probationers. This level has no fewer than five smaller dorm rooms that house 2 to 6 beds each, and at least two

bathrooms. The dorm rooms and halls are covered with cameras; and the dress policy is that all residents dress in restrooms only. Towards the front of the second floor is a monitoring station and TV room with camera. There is an interior stairwell in the TV room that leads to the dorm area of the first floor. There is PREA signage at top and bottom of this stairwell, along with camera coverage.

SUMMARY OF AUDIT FINDINGS: [The auditor should include a summary statement of the overall audit findings. E.g.: On March 1, 2013 X number of site visits were completed at facility XYZ in X County, Maryland. The results indicate....Facility X exceeded X of standards; met X of standards; X of standards were not met.]

Hay House just started implementing PREA in the weeks before its first onsite PREA audit; and it has endeavored greatly to comply within such a short time. Its PREA policies are simply modified PREA standards for community confinement facilities, adopted virtually in their entirety. Structurally, that female and male facilities are nearly a block away from each other, with separate, same sex staff for each, makes it much easier for Hay House to comply with same sex viewing and searches. However, men and women program in the same building between them, though not necessarily at the same time. The facility just hired a male counselor, who works with the women as well as men. A couple of female residents were a bit wary at first, but they state that they now enjoy his classes and feel safe in his programs.

The female side was started by Cathy Walsh, the wife of Facility Director Walsh, as a response to the growing need for female halfway house placement. While Cathy Walsh is essentially a deputy director, she is not considered such to the facility's board, to the facility's detriment. Ms. Walsh, in addition to supervising the staff of the female facility and being on call 24 hours a day, also acts as human resources director and office manager for the entire operation. Not only should she be recognized as deputy director, but she should also be afforded assistance to work these three full time jobs.

The interviewed residents of Hay House all report that they feel sexually safe; however, there have been reported some allegations of staff sexually harassing female residents whom they perceive to be lesbian. These allegations were investigated by PREA Coordinator/Facility Director, and they were determined to be substantiated. The facility scheduled all personnel to attend a sensitivity training entitled, "Working with LGBT Offenders" on October 25, 2014 and Nov. 1, 2014; and the facility forwarded signatures of staff who participated in this training, as well as the curriculum. Also, Auditor recommended that at least one staff person complete a Specialized PREA Investigator course to better understand what constitutes PREA allegation and the standard of evidence required to determine the findings of the investigation. Director/PREA Coordinator has completed, "Best Practices in Sexual Assault Cases," by forensicID, and he has been instructed by PREA Auditor to review Specialized PREA Investigator Training Modules on PRC site: http://www.prearesourcecenter.org/node/1912

Hay House is in the process of expansion to include an 8000 sq. ft. building across the street. This will include kitchen and dining areas, as well as expanded administrative areas. While this building is not part of this current audit, no doubt improvements

to security will be made both in this space, as well as the existing male and female residences. Also, while the probationers housed under the United Way contract are not technically bound by PREA, the facility implements PREA across the board for all of its residents. This only increases the sexual safety for all residents at Hay House, Inc.

Number of standards exceeded:	
Number of standards met:	**36**
Number of standards not met:	**0**
Number of standards N/A:	**3**

FOLLOWING INFORMATION TO BE POPULATED AUTOMATICALLY FROM AUDITOR COMPLIANCE TOOL:

PREVENTION PLANNING	
Overall Determination:	**§115.211 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator.**
	Exceeds Standard (substantially exceeds requirement of standard) ✔ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard):

(a) The facility has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract.
The facility has a written policy outlining how it will implement the facility's approach to preventing, detecting, and responding to sexual abuse and sexual harassment.
The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment.
The policy includes sanctions for those found to have participated in prohibited behaviors.
The policy includes a description of facility strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.
(b) The facility employs or designates an upper-level, facility-wide PREA coordinator.
The PREA coordinator has sufficient time and authority to develop, implement, and oversee facility efforts to comply with the PREA standards in all of its community confinement facilities. The position of the PREA coordinator in the facility's organizational structure: Director.

Overall Determination:	**§115.212 - Contracting with other entities for the confinement of residents.**
N/A	**Exceeds Standard** (substantially exceeds requirement of standard) **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard): THE FACILITY DOES NOT CONTRACT WITH OTHERS TO CONFINE ITS RESIDENTS.

THE FACILITY DOES NOT CONTRACT WITH OTHERS FOR THE CONFINEMENT OF RESIDENTS.

Overall Determination:	**§115.213 - Supervision and monitoring.**
✔	**Exceeds Standard** (substantially exceeds requirement of standard) **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard):

(a) The facility develops and documents a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring to protect residents against sexual abuse.
(b) Each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan.
There has been no deviations from the staffing plan in the last 12 months.

Overall Determination:	**§115.215 - Limits to cross-gender viewing and searches.**
	Exceeds Standard (substantially exceeds requirement of standard) ✔ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard):

(a) The facility DOES NOT conduct cross-gender strip or cross-gender visual body cavity searches of residents.
(b) The facility does not permit cross-gender pat-down searches of female residents, absent exigent circumstances (facilities have until August 20, 2015, to comply☐ or August 20, 2017 if their rated capacity does not exceed 50 residents).
The facility does not restrict female residents' access to regularly available programming or other outside opportunities in order to comply with this provision.
(c) Facility policy requires that all cross-gender strip searches and cross-gender visual body cavity searches be documented.
Facility policy requires that all cross-gender pat-down searches of female residents be documented. But the facility does not perform either cross-gender procedure. Same sex staff at each building of the facility.
(d) Facility has implemented policies and procedures 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 (this includes viewing via video camera).
Policies and procedures require staff of the opposite gender to announce their presence when entering a resident housing unit.
(e) Facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status.
(f) It is not clear whether 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.

Overall Determination:	**§115.216 - Residents with disabilities and residents who are limited English proficient**
	Exceeds Standard (substantially exceeds requirement of standard) ✔ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard):

(a) The facility has established procedures to provide disabled residents equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.
(b) The facility has established procedures to provide residents with limited English proficiency equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.
(c) Facility policy prohibits use of 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.

Overall Determination:	**§115.217 - Hiring and promotion decisions.**
	Exceeds Standard (substantially exceeds requirement of standard) ✔ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard):

(a) Facility policy prohibits hiring or promoting anyone who may have contact with residents and prohibits enlisting 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);

• Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or

• Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

(b) Facility policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.

(c) Facility policy requires that before it hires any new employees who may have contact with residents, it (1) conducts criminal background record checks, and (2) consistent with federal, state, and local law, makes its best efforts to contact all prior institutiona employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

(d) Facility policy requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with residents. At time of this audit, the facility does not have any contractors.

(e) Facility policy requires that either criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with residents or that a system is in place for otherwise capturing such information for current employees. HHSE conducts background checks on all employees through Sentry Link. This year the TDOC grant requires HHSE to complete a background check on all employees yearly. All background checks have been made as required. TDOC/Division of Community Corrections is trying to set a program up with the TBI so we utilize NCIC checks yearly on all employees.

(f) The facility shall 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 and in any interviews or written self- evaluations conducted as part of reviews of current employees. The facility shall also impose upon employees a continuing affirmative duty to disclose any such misconduct. HHSE provided a hiring document with new hires avowing no sexual misconduct; however, in order for this to be a continuing duty, there must be an annual reaffirmation that no sexual misconduct has been committed. This can be done in annual evaluations documents and/or promotions documents.

(g) Facility policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

(h) Unless prohibited by law, the facility 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.

Overall Determination:	**§115.218 - Upgrades to facilities and technology.**
	Exceeds Standard (substantially exceeds requirement of standard) ✔ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard):

(a) The facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since August 20, 2012. However, the facility is in the process of renovating an 8000 sq. ft. space across the street where residents will use for dining and some programming potentially.
(b) The facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012. The facility has installed about seven cameras each and male and female buildings.

RESPONSIVE PLANNING	
Overall Determination:	**§115.221 - Evidence protocol and forensic medical examinations**
	Exceeds Standard (substantially exceeds requirement of standard) ✔ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard):

(a) The facility is NOT responsible for conducting administrative or criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). Sullivan County Sheriff's Office has responsibility for conducting administrative or criminal sexual abuse investigations.
(b) The protocol was adapted from or otherwise based on the most recent edition of the DOJ'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.

(c) The facility offers to all residents who experience sexual abuse access to forensic medical examinations. Forensic medical examinations are offered without financial cost to the victim. Where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). When SANEs or SAFEs are not available, a qualified medical practitioner performs forensic medical examinations. The facility documents efforts to provide SANEs or SAFEs.
(d) The facility attempts to make a victim advocate from a rape crisis center available to the victim, either in person or by other means. These efforts are documented. If and when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified facility staff member. The facility has an MOU with Frontier Health, a behavioral health organization that has agreed to provide emotional support services. There is also a United Way hotline (211) to contact a rape crisis center. The facility has submitted for an MOU with Mustard Seed, but can call on First Baptist or Broad Street Methodist Churches for counseling services as well.
(e) If requested by the victim, a victim advocate, qualified facility staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.
(f) The facility is not responsible for investigating administrative or criminal allegations of sexual abuse and relies on another agency to conduct these investigations. The facility has requested that the responsible agency follow the requirements of paragraphs §115.221 (a) through (e) of the standards.

Overall Determination:	**§115.222 - Policies to ensure referrals of allegations for investigations.**
	Exceeds Standard (substantially exceeds requirement of standard) ✔ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard):

(a) The facility ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment (including resident-on-resident sexual abuse and staff sexual misconduct). In the past 12 months:

- Two allegations of sexual harassment were received;
- Two allegations resulting in administrative investigation☐

• No allegations referred for criminal investigation.

Referring to allegations received in the past 12 months, these administrative investigations have been completed since the onsite audit. Allegations resurfaced and additional allegations were obtained during the onsite PREA audit. These allegations of staff sexual harassment were substantiated; admonishment and training were the corrective action imposed.

(b) The facility has a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the facility if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior.

Facility policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the facility website or made publicly available via other means. http://cwalsh.us/

The facility documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation.

(c) A separate entity is responsible for conducting criminal investigations (TN Dept. of Corrections Law Enforcement Unit), and such publication shall describe the responsibilities of both the facility and the investigating entity. http://cwalsh.us/

TRAINING AND EDUCATION	
Overall Determination:	**§115.231 - Employee training.** **Exceeds Standard** (substantially exceeds requirement of standard) ✔ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard):

(a) The facility trains all employees who may have contact with residents on the following matters.

(1) Its zero-tolerance policy for sexual abuse and sexual harassment;

(2) How to fulfill their responsibilities under facility sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;

(3) Residents' rights 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.

(b) Training is not tailored to the gender of the residents at the facility.
(c) All staff employed by the facility, who may have contact with residents, were trained or retrained in PREA requirements; and
Between trainings, the facility provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and sexual harassment through review of policies and procedures. The frequency with which employees who may have contact with residents receive refresher training on PREA requirements: yearly.
(d) The facility documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification.

Overall Determination:	**§115.232 - Volunteer and contractor training**
	Exceeds Standard (substantially exceeds requirement of standard) ✔ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard): NOTE, THERE HAVE NOT BEEN VOLUNTEERS OR CONTRACTORS SINCE PREA'S IMPLEMENTATION AT THIS FACILITY, BUT THEY HAVE CREATED THE TOOLS TO EDUCATE THEM SHOULD THEY START WORKING IN THE FACILITY AGAIN.

(a) All volunteers and contractors who have contact with residents have been trained on their responsibilities under the facility's policies and procedures regarding sexual abuse/harassment prevention, detection, and response.
(b) The level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with residents.
All volunteers and contractors who have contact with residents have been notified of the facility's zero-tolerance policy regarding

sexual abuse and sexual harassment and informed how to report such incidents.
(c) The facility maintains documentation confirming that volunteers/contractors understand the training they have received.

Overall Determination:	**§115.233 - Resident education.**
	Exceeds Standard (substantially exceeds requirement of standard) ✔ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard):

(a) Residents receive information at time of intake about the zero-tolerance policy, how to report incidents or suspicions of sexual abuse or harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding facility policies and procedures for responding to such incidents.
(b) N/A
(c) Resident PREA education is available in accessible formats for all residents including those who are: limited English proficient, deaf, visually impaired, otherwise disabled, or limited in their reading ability.
(d) The facility maintains documentation of resident participation in PREA education sessions.
(e) The facility ensures that key information about the facility's PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats.

Overall Determination:	**§115.234 - Specialized training: Investigations.**
	N/A **Exceeds Standard** (substantially exceeds requirement of standard) **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard):

N/A - facility does not conduct administrative or criminal sexual abuse investigations.

Overall Determination:	**§115.235 - Specialized training: Medical and mental health care.**
N/A	**Exceeds Standard** (substantially exceeds requirement of standard) **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard):

N/A - The facility does not have medical and mental health practitioners who work regularly in its facilities.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS	
Overall Determination:	**§115.241 - Screening for risk of victimization and abusiveness.**
✔	**Exceeds Standard** (substantially exceeds requirement of standard) **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard):

(a) The facility has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents.
(b) The policy requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake.
(c) Risk assessment is conducted using an objective screening instrument.
(d) The intake screening shall consider, at a minimum, the following criteria to assess residents for risk of sexual victimization:

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

(e) The intake screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prio institutional violence or sexual abuse, as known to the facility, in assessing residents for risk of being sexually abusive.

(f) The policy requires that the facility reassess each resident's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the resident's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening.

(g) The policy requires that a resident's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness.

(h) The policy prohibits disciplining residents for refusing to answer (or for not disclosing complete information related to) questions regarding:

- Whether or not the resident has a mental, physical, or developmental disability;
- Whether or not the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming;
- Whether or not the resident has previously experienced sexual victimization; and
- The resident's own perception of vulnerability.

(i) The facility shall implement 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.

Overall Determination:	**§115.242 - Use of screening information.**
	Exceeds Standard (substantially exceeds requirement of standard) ✔ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard):

(a) The facility uses information from the risk screening required by § 115.241 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive.
(b) The facility makes individualized determinations about how to ensure the safety of each resident.
(c) The facility makes housing and program assignments for transgender or intersex residents in the facility on a case-by-case basis.
(d) A transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration.
(e) Transgender and intersex residents shall be given the opportunity to shower separately from other residents.
(f) The facility 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.

REPORTING	
Overall Determination:	**§115.251 - Resident reporting**
	Exceeds Standard (substantially exceeds requirement of standard) ✔ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard):

(a) The facility has established procedures allowing for multiple internal ways for residents to report privately to facility officials about:

- Sexual abuse or 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.

(b) The facility provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the facility. Residents can call 211 to reach the United Way hotline for access to a rape crisis center or to report sexual abuse or sexual harassment. Residents can also call TN Department of Corrections.
(c) The facility has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. Staff are required to document verbal reports immediately.
(d) The facility has established procedures for staff to privately report sexual abuse and sexual harassment of residents via email, phone or private meeting locations. Staff are informed of these procedures in the following ways: training, employee handbook.

Overall Determination:	**§115.252 - Exhaustion of administrative remedies**
	Exceeds Standard (substantially exceeds requirement of standard) ✔ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard): WHILE THE FACILITY HAS REVISED ITS GRIEVANCE POLICY, IT CAN BE CONFUSING BECAUSE IT MIXES GRIEVANCE PROCEDURE WITH OTHER PREA REPORTING PROCEDURES. IT WOULD BE BEST TO SEPARATE GRIEVANCE PROCEDURE FROM OTHER PREA REPORTING PROCEDURES FOR CLARITY.

(a) The facility has an administrative procedure for dealing with resident grievances regarding sexual abuse.
(b) Facility policy or procedure allows a resident to submit a grievance regarding an allegation of sexual abuse at any time regardle of when the incident is alleged to have occurred.
Facility policy does not require a resident to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse.

(c) Facility policy and procedure allows a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. Facility policy and procedure requires that a resident grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint.
(d) Facility policy and procedure requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance.
In cases where the facility requests an extension of the 90-day period to respond to a grievance, that extension should be no longe than a 70-day extension period to resolve.
(e) Facility policy and procedure permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of residents. Facility policy and procedure requires that if the resident declines to have third-party assistan in filing a grievance alleging sexual abuse, the facility documents the resident's decision to decline.
(f) The facility has a policy and established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. Facility policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires an initial response within 48 hours. Facility policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires that a final facility decision be issued within five days.
(g) The facility has a written policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the facility demonstrates that the resident filed the grievance in bad faith.

Overall Determination:	**§115.253 - Resident access to outside confidential support services**
	Exceeds Standard (substantially exceeds requirement of standard) ✔ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard):

(a) The facility provides 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) for local, state, or national victim advocacy or rape crisis organizations; and
- Enabling reasonable communication between residents and these organizations in as confidential a manner as possible.

(b) The facility informs residents, prior to giving them access to outside support services, of the extent to which such communications will be monitored. The facility informs residents, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law.
(c) The facility maintains memoranda of understanding (MOUs) or other agreements with community service providers that are able to provide residents with emotional support services related to sexual abuse. The facility has an MOU with Frontier Health for emotional support services. Also, United Way has a 211 hotline for access to the area rape crisis center.

Overall Determination:	**§115.254 - Third party reporting.**
	Exceeds Standard (substantially exceeds requirement of standard)
	✔ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period)
	Does Not Meet Standard (requires corrective action)
	Auditor Comments (including corrective actions needed if does not meet standard):

(a) The facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment. They can contact the facility, the United Way, or TN Department of Corrections.
The facility publicly distributes information on how to report resident sexual abuse or sexual harassment on behalf of residents. There is a TN Dept. of Corrections brochure, and the information is located in the PREA Resident Handbook.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT	
Overall Determination:	**§115.261 - Staff and agency reporting duties** **Exceeds Standard** (substantially exceeds requirement of standard) ✔ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard):

(a) The facility requires all staff to report immediately and according to facility policy:

- Any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the facility.
- Any retaliation against residents or staff who reported such an incident.
- Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

(b) Apart from reporting to designated supervisors or officials and designated state or local service agencies, facility policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

(c) N/A

(d) If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, t facility shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws.

(e) The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators.

Overall Determination:	**§115.262 - Agency protection duties.**
	Exceeds Standard (substantially exceeds requirement of standard) ✔ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard):

When the facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to prote the resident (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay).

Overall Determination:	**§115.263 - Reporting to other confinement facilities.**
	Exceeds Standard (substantially exceeds requirement of standard) ✔ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard):

(a) The facility has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexu abuse is alleged to have occurred.
(b) Facility policy requires the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation.
(c) The facility documents that it has provided such notification within 72 hours of receiving the allegation.
(d) The facility policy requires that allegations received from other facilities/agencies are investigated in accordance with the PREA standards.

Overall Determination:	**§115.264 - Staff first responder duties.**
	Exceeds Standard (substantially exceeds requirement of standard) ✔ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard):

(a) The facility has a first responder policy for allegations of sexual abuse. The facility policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to:

(1) Separate the alleged victim and abuser;

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

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

(4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

(b) Facility policy requires that if the first staff responder is not a security staff member, that responder shall be required to:

- Request that the alleged victim not take any actions that could destroy physical evidence; and/or
- Notify security staff.

Overall Determination:	**§115.265 - Coordinated response.**
	Exceeds Standard (substantially exceeds requirement of standard) ✔ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard):

The facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

Overall Determination:	**§115.266 - Preservation of ability to protect residents from contact with abusers.**
	Exceeds Standard (substantially exceeds requirement of standard) ✔ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard):

The agency, facility, or any other governmental entity responsible for collective bargaining on the facility's behalf has NOT entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012.

Overall Determination:	**§115.267 - Agency protection against retaliation.**
	Exceeds Standard (substantially exceeds requirement of standard) ✔ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard):

(a) The facility has a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexu abuse or sexual harassment investigations from retaliation by other residents or staff.
The facility designates staff member(s) or charges department(s) with monitoring for possible retaliation: Dr. Charles Walsh for me Cathy Walsh for women.
(b) The facility shall 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 fe

retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.
(c) The facility monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff f at least 90 days. The facility acts promptly to remedy any such retaliation.
The facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need.
(d) In the case of residents, such monitoring shall also include periodic status checks.
(e) If any other individual who cooperates with an investigation expresses a fear of retaliation, the facility shall take appropriate measures to protect that individual against retaliation.
(f) Facility's obligation to monitor shall terminate if the facility determines that the allegation is unfounded.

INVESTIGATIONS	
Overall Determination:	**§115.271 - Criminal and administrative agency investigations.** **Exceeds Standard** (substantially exceeds requirement of standard) ✔ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard): DIRECTOR/PREA COORDINATOR HAS COMPLETED "BEST PRACTICES IN SEXUAL ASSAULT CASES BY forensicID; AND HE HAS BEEN INSTRUCTED BY THE AUDITOR TO REVIEW SPECIALIZED PREA INVESTIGATOR TRAINING MODULES ON PRC SITE: http://www.prearesourcecenter.org/node/1912

(a) When the facility conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptl thoroughly, and objectively for all allegations, including third-party and anonymous reports. The facility has a policy related to criminal and administrative facility investigations.
(b) Where sexual abuse is alleged, the facility shall use investigators who have received special training in sexual abuse investigations pursuant to § 115.234.
(c) Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence a

any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.
(d) When the quality of evidence appears to support criminal prosecution, the facility shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.
(e) The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. No facility shall require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.
(f) 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.

(g) Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, an documentary evidence and attaches copies of all documentary evidence where feasible.
(h) Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.
(i) The facility shall retain all written reports referenced in paragraphs (f) and (g) of this section for as long as the alleged abuser is incarcerated or employed by the facility, plus five years.
(j) The departure of the alleged abuser or victim from the employment or control of the facility shall not provide a basis for terminating an investigation.
(k) N/A
(l) When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

Overall Determination:	**§115.272 - Evidentiary standards for administrative investigations.**
	Exceeds Standard (substantially exceeds requirement of standard) ✔ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard):

The facility imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated.

Overall Determination:	**§115.273 - Reporting to residents.**
	Exceeds Standard (substantially exceeds requirement of standard) ✔ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard):

(a) The facility has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in the facility informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the facility.
(b) If an outside entity conducts such investigations, the facility requests the relevant information from the investigative entity in order to inform the resident of the outcome of the investigation.
(c) Following a resident's allegation that a staff member has committed sexual abuse against the resident, the facility subsequently informs the resident (unless the facility has determined that the allegation is unfounded) whenever:

- The staff member is no longer posted within the resident's unit;
- The staff member is no longer employed at the facility;
- The facility learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
- The facility learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

(d) Following a resident's allegation that he or she has been sexually abused by another resident in the facility, the facility subsequently informs the alleged victim whenever:

- The facility learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
- The facility learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

(e) The facility has a policy that all notifications to residents described under this standard are documented.
(f) Facility's obligation to report under this standard shall terminate if the resident is released from the facility's custody.

DISCIPLINE	
Overall Determination:	**§115.276 - Disciplinary sanctions for staff.** **Exceeds Standard** (substantially exceeds requirement of standard) ✔ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard):

(a) Staff is subject to disciplinary sanctions up to and including termination for violating facility sexual abuse or sexual harassment policies.
(b) Termination shall be the presumptive disciplinary sanction for staff that have engaged in sexual abuse.
(c) Disciplinary sanctions for violations of facility policies relating to sexual abuse or sexual harassment (other than actually engagi in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.
In the past 12 months, one staff from the facility has been disciplined, short of termination, for violation of facility sexual abuse or sexual harassment policies. Other staff have been trained in diversity training and warned not to discriminate based on a resident's perceived sexual orientation.
(d) All terminations for violations of facility sexual abuse or sexual harassment policies, or resignations by staff who would have be terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and t any relevant licensing bodies.

Overall Determination:	**§115.277 - Corrective action for contractors and volunteers.** **Exceeds Standard** (substantially exceeds requirement of standard) ✔ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard):

(a) Facility policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.
Facility policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. In
(b) The facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of facility sexual abuse or sexual harassment policies by a contractor or volunteer.

Overall Determination:	**§115.278 - Disciplinary sanctions for residents.**
	Exceeds Standard (substantially exceeds requirement of standard) ✔ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard):

(a) Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding criminal finding that the resident engaged in resident-on-resident sexual abuse.
(b) Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history and the sanctions imposed for comparable offenses by other residents with similar histories.
(c) The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavic when determining what type of sanction, if any, should be imposed.
(d) The facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. The facility considers whether to require the offending resident to participate in such interventions as a condition of access to programming or other benefits.
(e) The facility disciplines residents for sexual conduct with staff only upon finding that the staff member did not consent to such contact.
(f) The facility prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.
(g) The facility prohibits all sexual activity between residents and disciplines residents for such activity. The facility deems such activity to constitute sexual abuse only if it determines that the activity is coerced.

MEDICAL AND MENTAL CARE	
Overall Determination:	**§115.282 - Access to emergency medical and mental health services.** **Exceeds Standard** (substantially exceeds requirement of standard) ✔ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard):

(a) Resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment.
(b) If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff firs responders shall take preliminary steps to protect the victim pursuant to § 115.262 and shall immediately notify the appropriate medical and mental health practitioners.
(c) Resident victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.
(d) Treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser c cooperates with any investigation arising out of the incident.

Overall Determination:	**§115.283 - Ongoing medical and mental health care for sexual abuse victims and abusers.** **Exceeds Standard** (substantially exceeds requirement of standard) ✔ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard):

(a) The facility offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimize by sexual abuse in any prison, jail, lockup, or juvenile facility.
(b) The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.
(c) The facility shall provide such victims with medical and mental health services consistent with the community level of care.
(d) Female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests.
(e) If pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services.
(f) Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate
(g) Treatment services are 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.
(h) The facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history, and offers treatment when deemed appropriate by mental health practitioners.

DATA COLLECTION AND REVIEW	
Overall Determination:	**§115.286 - Sexual abuse incident reviews.** **Exceeds Standard** (substantially exceeds requirement of standard) ✔ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard):

(a) The facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded.
(b) The facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation.
(c) The sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.
(d) The facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section and any recommendations for improvement, and submits such report to the facility head and PREA Coordinator.

(1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, o respond to sexual abuse;
(2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
(3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area ma enable abuse;
(4) Assess the adequacy of staffing levels in that area during different shifts;
(5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff;

(e) The facility implements the recommendations for improvement or documents its reasons for not doing so.

Overall Determination:	**§115.287 - Data collection.**
	Exceeds Standard (substantially exceeds requirement of standard) ✔ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard):

(a) The facility collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.
(b) The facility aggregates the incident-based sexual abuse data at least annually.
(c) The standardized instrument includes, 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.
(d) The facility maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.
(e) N/A
(f) N/A

Overall Determination:	**§115.288 - Data review for corrective action.**
	Exceeds Standard (substantially exceeds requirement of standard) ✔ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard):

(a) The facility reviews 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, and training, including:

- Identifying problem areas;

• Taking corrective action on an ongoing basis; and
• Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the facility as a whole.

(b) The annual report includes a comparison of the current year's data and corrective actions with those from prior years. The annual report provides an assessment of the facility's progress in addressing sexual abuse.

(c) The facility makes its annual report readily available to the public at least annually through its website in the facility's annual website. http://hayhouseinc.org/wp-content/uploads/HHSE-ANNUAL-REPORT.pdf

The annual reports are approved by the facility head**.**

(d) When the facility redacts material from an annual report for publication the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. The facility indicates the nature of material redacted.

Overall Determination:	**§115.289 - Data storage, publication, and destruction.**
	Exceeds Standard (substantially exceeds requirement of standard)
	✔ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period)
	Does Not Meet Standard (requires corrective action)
	Auditor Comments (including corrective actions needed if does not meet standard):

(a) The facility ensures that incident-based and aggregate data are securely retained.

(b) N/A

(c) Before making aggregated sexual abuse data publicly available, the facility removes all personal identifiers.

(d) The facility maintains sexual abuse data collected pursuant to §115.287 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise.

AUDITOR CERTIFICATION: The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the facility under review.	
AUDITOR SIGNATURE	/s/ Michelle Bonner
DATE	February 12, 2015