

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

**Final Report**

**Date of Report:** August 9, 2021

**Auditor Information**

<b>Name:</b> Brian D. Bivens	<b>Email:</b> briandbivens@gmail.com
<b>Company Name:</b> Brian D. Bivens and Associates	
<b>Mailing Address:</b> P.O. Box 51787	<b>City, State, Zip:</b> Knoxville, TN 37950
<b>Telephone:</b> 865-789-1037	<b>Date of Facility Visit:</b> July 12-13, 2021

**Agency Information**

<b>Name of Agency:</b> The Healing Place 1503 S. 15 <sup>th</sup> Street		<b>Governing Authority or Parent Agency (If Applicable):</b>	
<b>Mailing Address:</b> 1020 W. Market Street		<b>City, State, Zip:</b> Louisville, KY 40210	
<b>City, State, Zip:</b> Louisville, KY 40202			
<b>The Agency Is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input checked="" type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
<b>Agency Website with PREA Information:</b> thehealingplace.org			

**Agency Chief Executive Officer**

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

**Agency-Wide PREA Coordinator**

<b>Name:</b> Shannon Gray	
<b>Email:</b> Shannon.gray@thehealingplace.org	<b>Telephone:</b> 270-403-6755
<b>PREA Coordinator Reports to:</b> President	<b>Number of Compliance Managers who report to the PREA Coordinator:</b> 1

## Facility Information

**Name of Facility:** The Healing Place for Women

**Physical Address:** 1503 South 15<sup>th</sup> Street

**City, State, Zip:** Louisville, KY 40210

**Mailing Address (if different from above):**  
1020 W. Market Street

**City, State, Zip:** Louisville, KY 40202

**The Facility Is:**

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

**Facility Website with PREA Information:** thehealingplace.org

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

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

ACA

NCCHC

CALEA

Other (please name or describe:

N/A

**If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:**  
The facility has two Kentucky Department of Corrections audits annually.

### Facility Director

**Name:** Alaina Combs

**Email:** alaina.combs@thehealingplace.org

**Telephone:** 502-568-6680

### Facility PREA Compliance Manager

**Name:** Shannon Gray

**Email:**  
Shannon.gray@thehealingplace.org

**Telephone:** 270-403-6755

**Facility Health Service Administrator**  N/A

**Name:**

**Email:**

**Telephone:**

### Facility Characteristics

Designated Facility Capacity:	274	
Current Population of Facility:	99	
Average daily population for the past 12 months:	34	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input checked="" type="checkbox"/> Females <input type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	18-64	
Average length of stay or time under supervision	6-9 months	
Facility security levels/Residents custody levels	Community	
Number of residents admitted to facility during the past 12 months	95	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for <i>72 hours or more</i> :	95	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for <i>30 days or more</i> :	74	
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):</p>	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input checked="" type="checkbox"/> State or Territorial correctional agency <input checked="" type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: <b>OTS – Off the Street</b> <input type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with residents:	30	
Number of staff hired by the facility during the past 12 months who may have contact with residents:	16	

Number of contracts in the past 12 months for services with contractors who may have contact with residents:	02
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	02
Number of volunteers who have contact with residents, currently authorized to enter the facility:	02
<b>Physical Plant</b>	
<p><b>Number of buildings:</b></p> <p>Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	1
<p><b>Number of Residents housing units:</b></p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	0
Number of single Residents cells, rooms, or other enclosures:	0
Number of multiple occupancy cells, rooms, or other enclosures:	3
Number of open bay/dorm housing units:	3
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

## Medical and Mental Health Services and Forensic Medical Exams

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

### Investigations

#### Criminal Investigations

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

#### Administrative Investigations

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

# Audit Findings

## Audit Narrative

The onsite PREA audit of The Healing Place for Women in Louisville, Kentucky was conducted July 12-13, 2021, by Department of Justice Certified PREA Auditor Brian D. Bivens. Pre-audit preparation included a thorough review of all policies, procedures, training curriculums, Pre-Audit Questionnaire, and supporting documentation provided by the facility to demonstrate compliance to the PREA standards. The auditors and the facility's PREA Manager, had ongoing communication for several months prior to the audit to prepare for the on-site visit.

The on-site audit began with an entrance meeting being conducted on Monday, July 12, 2021 at approximately 08:40 A.M. in the Administrative Conference Room. The following staff attended the entrance meeting:

Shannon Gray

Dana Yeary

Following the entrance meeting, the auditors conducted a comprehensive site review that began at approximately 09:15 A.M. and continued throughout the onsite visit. During the site review the auditors reviewed camera placement, blind spots, staff placement and documentation to assist in determining standard compliance. While touring the facility, the auditor observed the notices of this PREA audit on all floors of the building; as well as , posters that called attention to the agency's Zero Tolerance Policy, No Means No, End the Silence and Know Your Rights. Random staff and resident interviews were conducted in a private office provided.

The following staff accompanied the auditor on the site review:

Dana Yeary

The agency utilizes a combination of the 14.7 Kentucky Department of Corrections Sexual Abuse Prevention and Intervention Program Policy and the Healing Place PREA policies and Procedures (no policy number).

All residents' accessible areas were toured (See CHART 1). While touring several residents and staff were questioned about their knowledge of PREA standards, procedures for reporting, services available, and their responsibilities. All staff and residents informally interviewed during the tour acknowledged receiving training and procedures for reporting sexual abuse, sexual harassment, and/or retaliation for reporting.

## CHART 1 (Areas Toured)

Area	Comments
All Housing Units	Including Detox
Kitchen	
Dry Storage	
Greenhouse	Not currently being utilized
Courtyards	Multiple
Large Meeting Rooms	Multiple
Laundry	Two separate rooms
Maintenance Office	
Children Playgrounds	Used at Visitation
Child Classroom	Used at Visitation
Clinic	
Smoking Areas	
Custodial Area	Multiple
Clothing Closet	
Peer Mentor Office	
Common Area	Multiple

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

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

## CHART 2 (Staff Interviews) (Ten Random and Eleven Specialized)

Type	Number	Comments
Agency Head, designee	1	Facility Director
Program Director, designee	1	
SANE/SAFE Staff	0	University of Louisville Hospital
PREA Coordinator	1	Agency-Wide Coordinator
Advocacy Services	1	Center for Women and Families
PREA Manager	1	Site Director
Administrative Investigator	1	Facility Investigator
Criminal Investigator	0	Kentucky State Police
Random Staff	10	
Medical Staff	0	None Onsite
Mental Health Staff	0	None Onsite
Screening Staff	1	
Volunteer	0	Due to Covid
Contract Employees	0	None at the Facility
Human Resources	1	DOC Coordinator
Retaliation Monitor	1	Site Director
Incident Review Team	1	Agency-Wide PREA Coordinator
Agency Contract Admin.	1	DOC Coordinator
Staff supervising Juveniles	0	N/A
First Responder	0	No Investigations in the Past 12 months

There is no SAFE or SANE staff at the facility; they are made available at the University of Louisville Hospital in Louisville, Kentucky. The Agency has a Memorandum of Understanding with the Center for Women and Families, who provide victim advocacy services to the clients at the Healing Center for Men upon request.

There were sixteen residents interviewed during the on-site visit. During the time of the onsite visit, there were no blind/low vision, deaf/hard of hearing/ impaired, limited English speaking, physical disabilities, screened at risk of abusiveness, or residents that reported sexual abuse. There were two residents that identified as LBGTI, one that have cognitive impairment and one that screened at risk of victimization. All of the residents interviewed acknowledged receiving PREA training and written materials (poster and handouts) outlining the agencies zero tolerance policies towards sexual abuse, sexual harassment, and retaliation for reporting, as well as the procedures for reporting. All residents interviewed felt if they had to file a PREA complaint, the facility would respond appropriately to their complaint and that all PREA complaints were taken very serious by staff at the Healing Place for Women. Sixteen out of Sixteen residents stated they felt safe at the Healing Place for Women. Several residents described the facility utilizing the following terms:

“Best place for me”

“The staff truly care about me”

“Wish I came here years ago”

**CHART 3 (Resident Interviews) 13 general population and 7 targeted clients**

Type	Number	Comments
General Population	13	
Blind/Low Vision	1	
Deaf/Hearing Impaired	1	
Physical Impairment	1	
Limited English Proficient	0	None housed at the time of the onsite visit
Cognitive Impairment	1	
Reported Sexual Abuse	0	None housed at the time of the onsite visit
Self-Identified LGBTI	2	
Risck of Abusiveness	0	None housed at the time of the onsite visit
Risk of Victimization	1	

The auditor selected and carefully examined ten human resource files and ten staff training files (see Chart 4). The facility does not have any contract employees and has not had any volunteers in the facility for approximately fifteen months due to Covid-19. The staff files were very well organized and contained all the necessary background check information and signed statements regarding previous sexual misconduct described in the standards. Background checks are completed by the Healing Place and the Kentucky Department of Corrections. The Healing Place for Women also completed 5-year background checks on each employee. The training records were also very complete and included written documentation that staff and volunteers received the required training and understood what was being trained.

**CHART 4 File Review**

Type	Amount	Comments
Staff Training Files	10	
Staff Human Resource Files	10	
Volunteer Training Files	0	No Volunteer access in 15 months due to Covid
Volunteer Human Resource Files	0	No Volunteer access in 15 months due to Covid
Contractor Training Files	0	N/A
Contractor Human Resource Files	0	N/A
Residents Intake Files	20	
Investigation Files	1	

The auditor also reviewed 10 resident files and saw documentation of offender education, as well as documentation of the initial risk screenings, the 30-day re-screenings, and screenings upon additional information being completed as required by the standard.

In the 12 months preceding the audit, The Healing Place for Women, Louisville, KY had one PREA complaint regarding sexual harassment or sexual abuse. Policy and procedure required that criminal investigative referrals were to be documented and proper referrals

were made as warranted. The Kentucky Department of Corrections Probation and Parole and Kentucky State Police would be responsible for investigating any potential criminal activity.

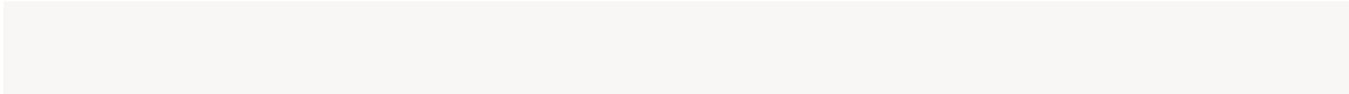
**CHART 5 (PREA Investigations in the past Twelve Months)**

Type of Incident	Mode	Residents on Residents or Staff on Residents	Disposition	Comments
Sexual Harassment	Verbal	Staff on Resident	Substantiated	Termination

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

Dana Yeary

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



## Facility Characteristics

The Healing Place for Women is located at 1503 South 15<sup>th</sup> Street, Louisville, Tennessee. Louisville is located in Jefferson County and is named after Louisville, Kentucky; it is the 29<sup>th</sup> most populous city in the United States. It is named after King Louis XVI and was founded in 1778 by George Rogers Clark. It is the home of Muhammad Ali, Kentucky Derby, Kentucky Fried Chicken, the University of Louisville, and Louisville Slugger baseball bats.

The facility is an all-female facility. The physical plant has multiple housing units for residents, two laundry areas, a large kitchen and dining area, multiple meeting rooms, large administrative area, multiple court yards and common areas. All residents complete 6-9 month recovery program. All residents are assigned a job duty. Upon graduation, residents can choose to remain in the facility by becoming a Peer Mentor or remain as Phase II. Phase II allows graduates to remain housed at the Healing Place for Women while working in the community; residents are required at the point to pay a small fee for housing. It should be pointed out the most of the employees at the Healing Place for Women are former graduates from the program.

## Program Description

Now a nationally-recognized recovery program for men and women, The Healing Place was founded in 1989. The THP program is a 6-9 month peer driven recovery model. Every day we provide food, clothing, and shelter at no cost to clients seeking help for their addictions.

### SAFE-HAVEN

Primary function of Safe-Haven is to prepare him or her to participate in the Recovery Program and to a life in recovery. Here they begin to identify a common problem and a common solution. Clients remain on property during this time.

During their stay, we supply clients with food, shelter and clothing; familiarize them with the Twelve Steps of Alcoholics Anonymous and Narcotics Anonymous; talk to them about withdrawal; and orient them to The Healing Place's unique program.

Clients attend meetings while they become acclimated to The Healing Place environment. Safe-Haven clients are housed with OTS clients and begin bonding with those who have already begun the motivational phase of The Healing Place Recovery Program.

### OTS I AND OTS II

OTS is the motivational phase of the recovery program of The Healing Place. Once in the long-term residential program, clients work with peers in similar circumstances to motivate one

another to adopt social skills and to learn core principles central to Alcoholics Anonymous and Narcotics Anonymous programs.

The OTS program is where clients come to understand the concept of the physical allergy. Day classes are held off campus at either churches or community centers off property. These classes are where clients begin accepting their self-centered-disease problem and its spiritual solution. Our clients also learn the basics of responsibility and move away from a "street" mentality. Along the way, they make a commitment to the solution.

## **PHASE I**

Clients learn how to apply the 12 Steps of Alcoholics Anonymous and Narcotics Anonymous in their lives with the program curriculum. This curriculum consists of classes and written assignments. All clients are assisted through the process by Peer Mentors, which are men and women who have completed the program.

The first part of this stage stresses personal accountability – being on time for classes and meetings, completing job assignments, etc. – and encourages clients to look at their own behavior. This is facilitated at the Community meeting.

The second part focuses on interpersonal skills, stressing concern and accountability for others in the program. This is achieved through role modeling, holding peers accountable for their actions, and by giving support to others.

Other needs met in phase include an opportunity to complete GED, Portal new direction, Life skill classes, and family groups.

The curriculum used is Sober 180 and Portal New Direction.

## **Transitional Care**

Transitional care residents are permitted to stay on property and obtain jobs to save money to transition slowly back into society. These residents must attend a weekly community, attend 5 meetings, and pay a portion of rent to satisfy THP guidelines. This process can last up to 4 months

Peer mentors are transitional care residents that sign a 3-month contract to work in the peer mentor office and give back to the program. Peer mentors teach classes, monitor assignments, coordinate job assignments and work one-on-one with people who are moving through the

recovery process. Peer mentors demonstrate The Healing Place philosophy that the best solution is one alcoholic/addict reaching back to help another along the journey to recovery.

**CHART 6**

Type	Beds	Comments
A`- Side	62	Housing for Graduates
B- Side	76	Phase Housing
Dorm	20	OTS Housing
Shoe	94	Currently Closed
Detox	24	Initial Housing for all new Clients

## Summary of Audit Findings

*The auditor has determined that the facility has successfully demonstrated compliance for each standard and meets all requirements for re-certification.*

### Standards Exceeded

Number of Standards Exceeded: 1

List of Standards Exceeded: 115.231

### Standards Met

Number of Standards Met: 42

Number of Standards Met: 115.211, 115.212, 115.213, 115.215, 115.216, 115.217, 115.218, 115.221, 115.222, 115.232, 115.233, 115.234, 115.235, 115.241, 115.242, 115.251, 115.252, 115.253, 115.254, 115.261, 115.262, 115.263, 115.264, 155.265, 115.266, 115.267, 115.271, 115.272, 115.273, 115.276, 115.277, 115.278, 115.282, 115.283, 115.286, 115.287, 115.288, 115.289, 115.401, 115.403

### Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met:

## PREVENTION PLANNING

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

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

#### 115.211 (a)

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

#### 115.211 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator?  Yes  No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy?  Yes  No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?  
 Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

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

115.211 (b): The Healing Place PREA Policies and Procedures state each facility shall appoint a PREA Manager, usually the facility head. The PREA Coordinator is an agency wide position and he is responsible for all reporting documentation including training of inexperienced staff. Employees, volunteers, interns, and other affiliated persons completing training shall sign a document acknowledging that they understand the training they have received. All training documentation shall be maintained onsite. The agency employs an upper-level, agency-wide State PREA Coordinator. Ms. Alania Combs is the PREA Manager at The Healing Place for Women Mr. Gray is the agency PREA Coordinator. Mr. Gray is very knowledgeable of the PREA standards and actively assists the facility with compliance. Mr. Gray has the authority to develop, implement, and oversee PREA compliance. He is actively updating the facility as new FAQ's are published on the PREA Resource Center website. Mr. Gray acknowledged during his interview he had enough time to perform his PREA duties. Therefore, the facility meets compliance with this part of the standard during this audit.

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

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

### 115.212 (a)

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)  Yes  No  NA

### 115.212 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)  Yes  No  NA

### 115.212 (c)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

## Standard 115.213: Supervision and monitoring

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

#### 115.213 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?  
 Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the Residents population?  
 Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?  Yes  No

#### 115.213 (b)

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

### 115.213 (c)

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?  Yes  No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns?  Yes  No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?  Yes  No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

115.213 (a) The facility has developed, documented, and made its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing as described and required by this standard. The established staffing plan uses the criteria found in the standard 115.213 (a) to include the physical layout of the facility, composition of the residents housed, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, and any other relevant factors identified. Video monitoring has also been deployed and upgraded to assist with the protection of residents against sexual abuse. The staffing levels are monitored daily by review of shift rosters. A review of the plan was last completed in January 2021. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.213 (b) The Healing Place for Women has procedures in place to ensure all deviations are covered by:

1. Utilization of on-call administrative staff

## 2. Overtime Pay

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

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

## Standard 115.215: Limits to cross-gender viewing and searches

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

#### 115.215 (a)

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

#### 115.215 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female residents.)  
 Yes  No  NA
- Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female residents.)  Yes  No  NA

#### 115.215 (c)

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

#### 115.215 (d)

- Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks,

or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  Yes  No

- Does the facility have procedures that enables residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  Yes  No
- Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?  Yes  No

#### 115.215 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?  Yes  No
- If a residents genital status is unknown, does the facility determine genital status during conversations with the Residents, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?  Yes  No

#### 115.215 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?  Yes  No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

Based on The Healing Place PREA Policies and Procedures, Kentucky Department of Corrections CPP 9.8 Search Policy, the National PREA Resource Center "Guidance in Cross-Gender and

Transgender Pat Searches” training curriculums, staff interviews, training file reviews, and documentation provided; the following delineates the audit findings regarding this standard:

115.215 (a) The Healing Place PREA Policies and Procedures prohibits all residents’ searches and that staff shall not conduct cross-gender strip searches or gross-gender visual body cavity searches (meaning a search of the anal or genital opening). The review of training curriculums and staff interviews revealed cross-gender strip searches are prohibited. The Healing Place for Women utilizes the National PREA Resource Center “Guidance in Cross-Gender and Transgender Pat Searches” as PowerPoint for training all staff. There have been no documented cross-gender visual body cavity or strip searches reported in the past 12 months. In the event there is a suspicion of contraband or the need for a body search, the facility director will be notified. Twenty out of twenty residents interviewed confirmed this practice. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.215 (b) The Healing Place PREA Policies and Procedures prohibits all staff including male employees from frisk/pat searches of female residents without exception. This was confirmed during random staff interviews. Twenty out of twenty residents interviewed confirmed this practice. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.215 (c) The Healing Place PREA Policies and Procedures prohibits frisk/pat searches of the female residents by male staff and requires that all cross-gender searches without exception. This was confirmed during random staff interviews. The Healing Place for Women utilizes the National PREA Resource Center “Guidance in Cross-Gender and Transgender Pat Searches” as PowerPoint for training all staff. Twenty out of twenty residents stated they have never been physically searched during their stay at the Healing Place for Women, Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.215 (d) The Healing Place for Women policy outlines that residents shall be permitted to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks or genitalia. Ten out of ten residents confirmed during interviews they have privacy when showering, using the toilets and while changing their clothes. The Healing Place for Women utilizes the National PREA Resource Center “Guidance in Cross-Gender and Transgender Pat Searches” as PowerPoint for training all staff. Policy requires male staff, volunteers, and contractors to be escorted by female staff at all times. Residents and staff interviews revealed that opposite gender announcements were common practice at this facility. The Healing place prohibits staff from searching, or physically examining any transgender or intersex resident for the sole purpose of determining the resident’s genital status. Any cross-gender pat down searches will be conducted by DOC staff in accordance with established DOC policy CPP 9.8 and should be limited to searches necessary for officer safety. Twenty out of Twenty residents stated males in their living wings are extremely rare and they are always escorted by a female staff member. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.215 (e) The Healing Place PREA Policies and Procedures, training curriculum (The Healing Place for Women PowerPoint) provided and staff interviews the facility prohibits staff from physically examining transgender or intersex residents for the sole purpose of determining genital status. If the residents genital status is unknown, it is determined during conversations with the Residents, 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. The Healing place prohibits staff from

searching, or physically examining any transgender or intersex resident for the sole purpose of determining the resident's genital status. Any cross-gender pat down searches will be conducted by Kentucky Department of Corrections staff in accordance with established DOC policy CPP 9.8 and should be limited to searches necessary for officer safety. There were no transgender or intersex residents housed at the Healing Place for Women at the time of the onsite review. Staff training records were reviewed in Relias. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.215 (f) Based on The Healing Place PREA Policies and Procedures, training curriculum (The Healing Place for Women PowerPoint) provided, staff training file reviews, and staff interviews the facility trains staff not to conduct cross-gender pat-down searches, and searches of transgender and intersex residents. In the event there is a suspicion of contraband or the need for a body search, the Facility Director will be notified. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

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

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

### 115.216 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect,

and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?  Yes  No

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)  Yes  No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?  Yes  No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision?  Yes  No

#### 115.216 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?  Yes  No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No

#### 115.216 (c)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

Based on The Healing Place PREA Policies and Procedures, Residents with disabilities and residents who are limited English proficient, review of the lesson plans, PREA handouts, and review of Language Link contract, ASL Interpreting Services Contract, as well as staff and Residents interviews: the following delineates the audit findings regarding this standard:

115.216 (a) Upon admission to The Healing Place, residents will receive education including but not limited to the following: zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, expectations for appropriate behavior, residents' rights, how to access support services, etc. Residents are sign for and then given a copy of the "Understanding the Prison Rape Elimination Act for Offenders" packet. Residents will be instructed that any form of sexual activity is prohibited between residents or staff. This material shall be presented to the resident in both verbal and written form with special consideration for those who have limited reading ability or who are hearing and/or vision impaired or with limited English proficiency The Healing Place PREA Policies and Procedures, residents with disabilities and residents who are limited English proficient and staff ensures appropriate steps are taken to provide residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of its efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. PREA handouts, PREA posters, and PREA are provided in both English and Spanish. Therefore, the facility demonstrated compliance with this part of the standard during this audit. The agency utilizes interpreters through contracts with Language Link and an ASL Interpreting Service as resources for communicating with residents with disabilities. Residents with disabilities interviewed included one blind/low vision, one deaf/hearing impaired, one with a physical disability and one with a cognitive disability; all demonstrated a clear understanding of the agency zero tolerance policy and how to report sexual abuse and sexual harassment. Interviews with screening staff also confirmed this statement. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.216 (b) The Healing Place PREA Policies and Procedures and staff takes reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient, including steps to provide interpreters who can interpret effectively accurately and impartially. The agency utilizes interpreters through contracts with Language Link (How to Access Posters- See Below) and an ASL Interpreting Service as resources for communicating with residents with disabilities.

How to Access Over the Phone Interpretation Service via Language Link Poster

**Step 1:** Call 1 (877) 737-4999

**Step 2:** Enter Account Number **22429**, followed by # sign

**Step 3:** Select 1 to be connected directly to your Spanish interpreter, or

Select 2 to be connected directly to your Russian Interpreter, or

Select 9 for all other languages

**\*If you require a 3<sup>rd</sup> party call, press 9 to reach a Customer Service Representative**

Residents with disabilities interviewed included one blind/low vision, one deaf/hearing impaired, one with a physical disability and one with a cognitive disability; all demonstrated a clear understanding of the agency zero tolerance policy and how to report sexual abuse and sexual harassment. Interviews with screening staff also confirmed this statement. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.216 (c) The Healing Place for Women does not rely on residents interpreters, residents readers, or other types of Residents assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident safety. The agency utilizes interpreters through contracts with Language Link and an ASL Interpreting Service as resources for communicating with residents with disabilities. Residents with disabilities interviewed included one blind/low vision, one deaf/hearing impaired, one with a physical disability and one with a cognitive disability; all demonstrated a clear understanding of the agency zero tolerance policy and how to report sexual abuse and sexual harassment. Interviews with screening staff also confirmed this statement. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

## Standard 115.217: Hiring and promotion decisions

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

### 115.217 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  Yes  No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No

#### 115.217 (b)

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

#### 115.217 (c)

- Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?  Yes  No
- Before hiring new employees who may have contact with residents, does the agency, consistent with Federal State, and local law: Make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?  Yes  No

#### 115.217 (d)

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

#### 115.217 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?  Yes  No

#### 115.217 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?  Yes  No
- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?  Yes  No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?  Yes  No

#### 115.217 (g)

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

#### 115.217 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)  Yes  No  NA

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

Based on The Healing Place PREA Policies and Procedures and Human Resource staff interviews, and personnel file reviews, Kentucky Department of Corrections NCIC Background Request Form; the following delineates the audit findings regarding this standard:

115.217 (a) The Healing Place for Women does not hire or promote anyone who may have contact with residents, and does not enlist the services of any contractor or volunteer who may have contact with residents, who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution, has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity described above. During the onsite visit background checks had been conducted by both the Healing Place for Women and the Kentucky

Department of Corrections as required on all current staff. The Healing Place for Women submits the Kentucky Department of Corrections NCIC Background Request Form for completion. The Healing Place PREA Policies and Procedures state prior to employment or service, all Healing Place employees, volunteers, or contractors will submit to a routine background check. The check shall be conducted using NCIC data if possible. Background checks will be used to screen for prior convictions for sex offenses. Criminal background check requests will be performed every five years. Prior to hiring, The Healing Place will also make reasonable attempt to determine if the candidate has been civilly or administratively adjudicated to have engaged in inappropriate sexual conduct as described in the PREA standard. Contact with prior institutional employers will be made if applicable. Applicants will also be asked about previous misconduct. The DOC coordinator will contact the supervisors when an employee's five-year limit is met. Supervisors will send the NCIC to the department of corrections. Once approved, Supervisors will submit form to HR to be placed in the employee's file. The approval will be sent to the Department of Corrections Coordinator for compliance documentation. Therefore, the facility meets compliance with this part of the standard during this audit.

115.217 (b) The Healing Place for Women considers any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor or volunteer, who may have contact with residents. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.217 (c)-1 The Healing Place PREA Policies and Procedures requires a criminal background records check be completed before hiring any new employee. Prior to employment or service, all Healing Place employees, volunteers, or contractors will submit to a routine background check. The check shall be conducted using NCIC data if possible. Background checks will be used to screen for prior convictions for sex offenses. Criminal background check requests will be performed every 5 years. Prior to hiring, The Healing Place will also make reasonable attempt to determine if the candidate has been civilly or administratively adjudicated to have engaged in inappropriate sexual conduct as described in the PREA standard. Contact with prior institutional employers will be made if applicable. Applicants will also be asked about previous misconduct. The Department of Corrections Coordinator will contact the supervisors when an employee's 5-year limit is met. Supervisors will send the NCIC to the department of corrections. Once approved, Supervisors will submit form to HR to be placed in the employee's file. The approval will be sent to the Department of Corrections Coordinator for compliance documentation. The Healing Place for Women completes background checks annually on all employees, volunteers and contract employees. The Healing Place for Women submits the Kentucky Department of Corrections NCIC Background Request Form for completion. This was confirmed during file review and during interviews with the Program Director and the Department of Corrections Coordinator. Therefore, the facility meets compliance with this part of the standard during this audit.

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

115.217 (d) The Healing Place PREA Policies and Procedures requires a criminal background records check be completed before enlisting the services of any contractor or volunteer who may

have contact with the residents. The Healing Place for Women completes background checks on all employees every five years. The Healing Place for Women submits the Kentucky Department of Corrections NCIC Background Request Form for completion. This was confirmed during file review and during an interview with the Program Director. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.217 (e) The Healing Place PREA Policies and Procedures requires a criminal background records check be completed on all current employees, volunteers, and contractors at least every five years. The Healing Place for Women completes background checks annually on all employees, volunteers and contract employees. This was confirmed during file review and during an interview with the Program Director. The facility has met compliance with this part of the standard.

115.217 (f) The Healing Place for Women instills upon all employees a continuing affirmative duty to disclose any sexual misconduct as required by this standard. Each employee, volunteer and contractor signs the form annually. This was confirmed during file review and during interviews with ten random staff. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

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

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

## Standard 115.218: Upgrades to facilities and technologies

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

#### 115.218 (a)

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

## 115.218 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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

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

## RESPONSIVE PLANNING

### Standard 115.221: Evidence protocol and forensic medical examinations

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

#### 115.221 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  
 Yes  No  NA

#### 115.221 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes  No  NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes  No  NA

#### 115.221 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?  Yes  No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?  Yes  No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?  Yes  No
- Has the agency documented its efforts to provide SAFEs or SANEs?  Yes  No

#### 115.221 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  Yes  No

- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.)  Yes  No  NA
- Has the agency documented its efforts to secure services from rape crisis centers?  Yes  No

#### 115.221 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?  Yes  No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?  Yes  No

#### 115.221 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)  Yes  No  NA

#### 115.221 (g)

- Auditor is not required to audit this provision.

#### 115.221 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.)  Yes  No  NA

#### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

Based upon review of The Healing Place for Women policy, Evidence protocol and forensic medical examinations, investigative staff interviews, and review of documentation provided; the following delineates the audit findings regarding this standard:

115.221 (a) and (b) The Healing Place for Women complies with all elements of this standard. The agency follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings. The Kentucky Department of Corrections and the Kentucky State Police investigates all PREA complaints for potential criminal activity and maintains a close working relationship with the Jefferson County District Attorney's Office and Kentucky State Police investigator on each case. The PREA Coordinator stated there has been one incident of alleged sexual harassment in this audit cycle; it is still an open investigation. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.221 (c) The Healing Place for Women Policies and Procedures state the Healing Place offers all victims of sexual abuse access to forensic medical examinations at University of Louisville Hospital in Louisville Tennessee without financial cost, where evidentiary or medically appropriate. Such examinations are to be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) as required. The agency has a Memorandum of Understanding with the Center for Women and Families; who provides the SAFE or SANE. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

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

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

115.221 (f) The Healing Place for Women Programs Director and the PREA Coordinator are responsible for administrative investigations.

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

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

## Standard 115.222: Policies to ensure referrals of allegations for investigations

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

#### 115.222 (a)

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

#### 115.222 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?  Yes  No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?  Yes  No
- Does the agency document all such referrals?  Yes  No

#### 115.222 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)  Yes  No  NA

#### 115.222 (d)

- Auditor is not required to audit this provision.

#### 115.222 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

115.222 (a) The Healing Place for Women PREA Policies and Procedures requires an administrative or criminal investigation be completed for all allegations of sexual abuse and sexual harassment. Kentucky Department of Corrections Policy requires that all potential criminal activity is referred to the Kentucky Department of Corrections and the Kentucky State Police for criminal investigation. The Healing Place for Women employees do not investigate such allegations. During this audit cycle there had been no sexual abuse complaints reported at this facility. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.222 (b) Kentucky Department of Corrections Policy requires that all PREA allegations are investigated for potential criminal activity. If it is determined that the allegation involves potential criminal activity, it is referred to the Kentucky Department of Corrections and the Kentucky State Police for criminal investigation and prosecution as warranted. This policy is available to the public upon request. The Program Director stated that there has been one sexual harassment investigation and no sexual abuse investigations in the past twelve months; the sexual harassment case was substantiated. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.222 (c) The Healing Place PREA Policies and Procedures and the Kentucky Department of Corrections Policy, outlines the responsibilities of both the Kentucky Department of Corrections and the Kentucky State Police. The Program Director stated that there has been one sexual harassment investigation and no sexual abuse investigations in the past twelve months; the sexual harassment case was substantiated and the staff member was terminated. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

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

## TRAINING AND EDUCATION

### Standard 115.231: Employee training

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

#### 115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?  Yes  No

- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?  Yes  No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment  Yes  No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?  Yes  No
- Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?  Yes  No

#### 115.231 (b)

- Is such training tailored to the gender of the residents at the employee's facility?  Yes  No
- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?  Yes  No

#### 115.231 (c)

- Have all current employees who may have contact with residents received such training?  Yes  No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?  Yes  No

- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?  Yes  No

#### 115.231 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

115.231 (a) 14.7 The Healing Place PREA Policies and Procedures and the Kentucky Department of Corrections Sexual Abuse Prevention and Intervention Program Policy page 4, mandates the Healing Place for Women train all their employees who have contact with residents on:

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

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

115.231 (b) The training is tailored female residents at The Healing Place for Women Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.231 (c) The training staff provided a report containing all staff that had been PREA trained which confirmed the requirements needed to meet the standard and proved that all current staff was trained within one year of the effective date of the PREA standards. The PREA Coordinator supplied the auditor with a complete list; that showed all employees have been trained on the facility policy and procedure as it pertains to PREA. Staff signs the Kentucky Department of Corrections PREA Acknowledgement Form signifying they have received and understood the PREA training. Staff receives the Healing Place PREA Training or staff checklist; notating the most important thing is to “protect the residents at all costs”. The agency conducts staff training sessions every other Tuesday. Each year, PREA is covered in these training sessions at least twice. All staff receives PREA training during in-service each year which exceeds the requirements of this standard. Staff receives the Healing Place PREA Training for staff checklist; notating the most important thing is to “protect the residents at all costs”. Ten out of ten random staff were well-versed in the facility’s policy and procedure. Therefore, the facility exceeded this part of the standard during this audit.

115.231 (d) The Healing Place for Women documents, through employee signature on an acknowledgement form, that all employees understand the training they have received. Staff signs the Kentucky Department of Corrections PREA Acknowledgement Form signifying they have received and understood the PREA training. File review confirmed ten out of ten files included the acknowledgment documentation. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

## Standard 115.232: Volunteer and contractor training

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

#### 115.232 (a)

- Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures?  Yes  No

#### 115.232 (b)

- Have all volunteers and contractors who have contact with residents been notified of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?  Yes  No

#### 115.232 (c)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

115.232 (a) The Healing Place PREA Policies and Procedures and the 14.7 Kentucky Department of Corrections Sexual Abuse Prevention and Intervention Program Policy pages 4 and 5, mandates the Healing Place for Women ensures all volunteers and contractors who have contact with residents have been trained on their responsibilities under The Healing Place for Women sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The Healing Place PREA Policies and Procedures state each facility shall appoint a PREA Coordinator. The PREA Coordinator is responsible for all reporting documentation including training of inexperienced staff. Employees, volunteers, interns, and other affiliated persons completing training shall sign a document acknowledging that they understand the training they have received. All training documentation shall be maintained onsite. Due to Covid restrictions, volunteers have not been allowed in The Healing Place for Women in 15 months. There are no contract employees at The Healing Place for Women. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.232 (b) The level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with residents, but all volunteers and contractors who have contact with residents are notified of The Healing Place for Women PREA Policies and Procedures regarding sexual abuse and sexual harassment and their requirements to report such incidents. Volunteers and contractors are required to sign the Healing Place – Volunteer and Contractor Confidentiality Statement signifying their acknowledgement of the PREA training and the importance of confidentiality in all PREA matters. Due to Covid restrictions, volunteers have not been allowed in The Healing Place for Women in 15 months. There are no contract employees at The Healing Place for Women. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.232 (c) The Healing Place for Women documents through volunteer and/or contractor signature on an acknowledgement form that volunteers and contractors understand the training they have received. The Healing Place PREA Policies and Procedures state each facility shall appoint a PREA Coordinator. The PREA Coordinator is responsible for all reporting documentation including training of inexperienced staff. Employees, volunteers, interns, and other affiliated persons completing training shall sign a document acknowledging that they understand the training they have received.

All training documentation shall be maintained onsite. Due to Covid restrictions, volunteers have not been allowed in The Healing Place for Women in 15 months. There are no contract employees at The Healing Place for Women. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

## Standard 115.233: Residents education

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

#### 115.233 (a)

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

#### 115.233 (b)

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

#### 115.233 (c)

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

- Does the agency provide Residents education in formats accessible to all residents, including those who: Have limited reading skills?  Yes  No

#### 115.233 (d)

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

#### 115.233 (e)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

Based on review of The Healing Place PREA Policies and Procedures, Residents Training, the Residents Handbook, PREA Pamphlets, Facility Orientation, PREA Posters, and the 30-day training video; as well as interviews with random residents and staff; the following delineates the audit findings regarding this standard:

115.233 (a) According to the Healing Place PREA Policies and Procedures, upon admission to The Healing Place, residents will receive education including but not limited to the following: zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, expectations for appropriate behavior, residents' rights, how to access support services, etc. residents will be instructed that any form of sexual activity is prohibited between residents or staff. The Healing Place for Women PREA zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and harassment, and to be free from retaliation for reporting such incidents, as well as procedures for responding to these types of incidents. Residents sign for the packet "Understanding the Prison Rape Elimination Act for Offenders" during initial orientation upon entrance to the facility. Twenty out of twenty random residents interviewed confirmed this practice. The agency PREA Policies and Procedures are also posted in the common areas on the housing floors. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

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

115.233 (c) The Healing Place for Women provides Residents education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills. The agency utilizes interpreters through contracts with Language Link (How to Access Posters- See Below) and an ASL Interpreting Service as resources for communicating with residents with disabilities.

How to Access Over the Phone Interpretation Service via Language Link Poster

**Step 1:** Call 1 (877) 737-4999

**Step 2:** Enter Account Number **22429**, followed by # sign

**Step 3:** Select 1 to be connected directly to your Spanish interpreter, or

Select 2 to be connected directly to your Russian Interpreter, or

Select 9 for all other languages

**\*If you require a 3<sup>rd</sup> party call, press 9 to reach a Customer Service Representative**

This education must occur within three days of admission and must be presented to the resident upon admission at each Healing Place placement. The resident must be given the opportunity to ask questions. Documentation of education must be maintained in the resident's file. Key information shall be posted so that it is visible and readily available to all residents. Residents with disabilities interviewed included one blind/low vision, one deaf/hearing impaired, one with a physical disability and one with a cognitive disability; all demonstrated a clear understanding of the agency zero tolerance policy and how to report sexual abuse and sexual harassment. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.233 (d) There was documentation provided of resident participation in PREA educational sessions as required by this part of the standard. Review of residents training files indicated that five out of five inmates received PREA education. This education must occur within 3 days of admission and must be presented to the resident upon admission at each Healing Place placement. The resident must be given the opportunity to ask questions. Documentation of education must be maintained in the resident's file. Key information shall be posted so that it is visible and readily available to all residents; include DOC Poster and the Healing Place PREA Policies and Procedures. Case Managers review the Healing Place for Women's' PREA policy in detail; to include physically showing each new residents how to use the PREA phone located in the common area. Residents with disabilities interviewed included one blind/low vision, one deaf/hearing impaired, one with a physical disability and one with a cognitive disability; all demonstrated a clear understanding of the agency zero tolerance policy and how to report sexual abuse and sexual harassment. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.233 (e) The Healing Place for Women does provide the residents with posters, pamphlets, and a Residents handbook in English and Spanish outlining the zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. Residents with disabilities interviewed included one blind/low vision, one deaf/hearing

impaired, one with a physical disability and one with a cognitive disability; all demonstrated a clear understanding of the agency zero tolerance policy and how to report sexual abuse and sexual harassment. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

## Standard 115.234: Specialized training: Investigations

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

#### 115.234 (a)

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

#### 115.234 (b)

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

#### 115.234 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)  
 Yes  No  NA

#### 115.234 (d)

- Auditor is not required to audit this provision.

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

115.234 (a) In addition to the general training provided to all employees The Healing Place for Women, 14.7 Kentucky Department of Corrections Sexual Abuse Prevention and Intervention Program Policy page 10, mandates Kentucky Department of Corrections investigator receives training in conducting investigations in confinement settings. Documentation from the Kentucky State Police Academy Commander specifies that all Kentucky State Police Troopers receive training in sexual abuse investigations during basic training at the Kentucky State Police Academy including techniques for interviewing sexual abuse victims, proper use of Miranda warnings, sexual abuse evidence collection at the crime scenes(including the application thereto in a confinement setting), and the criteria and evidence require3d to substantiate a case for prosecution referral. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.234 (b) The specialized training included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Documentation from the Kentucky State Police Academy Commander specifies that all Kentucky State Police Troopers receive training in sexual abuse investigations during basic training at the Kentucky State Police Academy including techniques for interviewing sexual abuse victims, proper use of Miranda warnings, sexual abuse evidence collection at the crime scenes(including the application thereto in a confinement setting), and the criteria and evidence require3d to substantiate a case for prosecution referral. The Healing Place Administrative Investigators have completed specialized 16-hour PREA Investigation Course conducted by the Kentucky Department of Corrections. The Kentucky State Police did not investigate any PREA allegations at the Healing Place for Women during this audit cycle. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.234 (c) The Kentucky Department of Corrections maintains documentation the agency investigator has completed the required specialized training in conducting sexual abuse investigations. Documentation from the Kentucky State Police Academy Commander specifies that all Kentucky State Police Troopers receive training in sexual abuse investigations during basic

training at the Kentucky State Police Academy including techniques for interviewing sexual abuse victims, proper use of Miranda warnings, sexual abuse evidence collection at the crime scenes(including the application thereto in a confinement setting), and the criteria and evidence require3d to substantiate a case for prosecution referral. The Healing Place Administrative Investigators have completed specialized 16-hour PREA Investigation Course conducted by the Kentucky Department of Corrections. The Kentucky State Police did not investigate any PREA allegations at the Healing Place for Women during this audit cycle. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.234 (d) Documentation form the Kentucky State Police Academy Commander specifies that all Kentucky State Police Troopers receive training in sexual abuse investigations during basic training at the Kentucky State Police Academy including techniques for interviewing sexual abuse victims, proper use of Miranda warnings, sexual abuse evidence collection at the crime scenes(including the application thereto in a confinement setting), and the criteria and evidence required to substantiate a case for prosecution referral. Therefore, this part of the standard is not applicable.

## Standard 115.235: Specialized training: Medical and mental health care

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

### 115.235 (a)

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

### 115.235 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)  
 Yes  No  NA

### 115.235 (c)

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

### 115.235 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

Based on review of The Healing Place PREA Policies and Procedures, 14.7 Kentucky Department of Corrections Sexual Abuse Prevention and Intervention Program Policy page 5, as well as the interviews with administrative staff and auditor observation; the following delineates the audit findings regarding this standard:

115.235 (a) There are no full or part-time medical or mental health staff at the Healing Place for Women. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.235 (b) There are no medical staff at the Healing Place for Women who conduct forensic exams. Therefore, this part of the standard is not applicable to this facility.

115.235 (c) There are no full or part-time medical or mental health staff at the Healing Place for Women. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.235 (d) There are no full or part-time medical or mental health staff at the Healing Place for Women. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

## SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

### Standard 115.241: Screening for risk of victimization and abusiveness

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

#### 115.241 (a)

- Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?  Yes  No
- Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?  Yes  No

#### 115.241 (b)

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

#### 115.241 (c)

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

#### 115.241 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the Residents has a mental, physical, or developmental disability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the Residents?  Yes  No

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

#### 115.241 (e)

- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?  Yes  No
- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?  Yes  No
- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?  Yes  No

#### 115.241 (f)

- Within a set time period not more than 30 days from the 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  No

#### 115.241 (g)

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

#### 115.241 (h)

- Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?  
 Yes  No

#### 115.241 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the Residents' detriment by staff or other residents?  
 Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

Based on The Healing Place PREA Policies and Procedures, Kentucky Department of Corrections Screening for Risk of Victimization and Risk of Abusiveness (KOMS – Kentucky Offender Management System), Kentucky Department of Corrections PREA Risk Assessment –Scoring Guide, residents and staff interviews, 14.7 Kentucky Department of Corrections Sexual Abuse Prevention and Intervention Program Policy page 7, and residents file reviews; the following delineates the audit findings regarding this standard:

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

115.241 (b) The Healing Place for Women documentation provided mandates that screenings be conducted within 72 hours of arrival at the facility. Kentucky Department of Corrections Screening for Risk of Victimization and Risk of Abusiveness objective screening tool is used and stored in the Kentucky Offender Management System (KOMS). The screening tool is accompanied by Kentucky Department of Corrections PREA Risk Assessment –Scoring Guide; outlining guidance in the properly utilization of the screening form. Review of ten records confirmed 100% compliance. Sixteen out of sixteen residents stated they received orientation within the first 48 hours at the facility. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.241 (c) Based on the documentation provided and residents file reviews the facility utilizes an objective screening instrument that covers all aspects of this standard. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

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

- (1) Whether the residents has a mental, physical, or developmental disability;
- (2) The age of the residents;
- (3) The physical build of the residents;
- (4) Whether the residents has previously been incarcerated;
- (5) Whether the resident's criminal history is exclusively nonviolent;
- (6) Whether the residents has prior convictions for sex offenses against an adult or child;
- (7) Whether the residents are or are not perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
- (8) Whether the residents has previously experienced sexual victimization;
- (9) The residents own perception of vulnerability.

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

115.241 (e) Kentucky Department of Corrections Screening for Risk of Victimization and Risk of Abusiveness objective screening tool is used and stored in the Kentucky Offender Management System (KOMS). The screening tool is accompanied by Kentucky Department of Corrections PREA

Risk Assessment –Scoring Guide; outlining guidance in the properly utilization of the screening form. The initial screening considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to The Healing Place for Women, in assessing residents for risk of being sexually abusive. This was confirmed during an interview with screening staff. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.241 (f) 14.7 Kentucky Department of Corrections Sexual Abuse Prevention and Intervention Program Policy page 7 mandates that within 30 days from the residents' arrival, the Healing Place for Women reassess the Residents risk of victimization or abusiveness based upon any additional, relevant information received by The Healing Place for Women since the intake screening. Random resident interviews and resident records did not show 100% within the 30 days.

**Corrective Action:** The Healing Place needs to show more consistently that reassessments are being done within 30-days. A system needs to be established to trigger the reassessment at 20-25 days to allow screening staff time to complete this requirement within the standard.

**Response to Corrective Action:**

The Department of Corrections Coordinator quickly developed and implemented a spreadsheet to track reassessments. The Department of Corrections Coordinated provided the auditor a copy of the spreadsheet and several examples of reassessments since its implementation. The auditor finds the facility in compliance after reviewing the response to corrective action.

115.241 (g) The Healing Place for Women will reassess a residents risk level when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the Residents risk of sexual victimization or abusiveness. Both screening staff stated they has not received any additional information that would warrant a reassessment. The PREA Manager stated the facility has not received any additional information on residents within the past twelve months that would warrant a reassessment. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

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

115.241 (i) Kentucky Department of Corrections Screening for Risk of Victimization and Risk of Abusiveness objective screening tool is used and stored in the Kentucky Offender Management System (KOMS). The screening tool is accompanied by Kentucky Department of Corrections PREA Risk Assessment –Scoring Guide; outlining guidance in the properly utilization of the screening form. The Healing Place for Women implements appropriate controls on the dissemination of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the Residents detriment by staff or other residents. Staff are required to sign a Kentucky Offender Management System (KOMS) “Employee Confidentiality and Security Agreement. Access to the information is strictly limited by security access and is reserved to limited administrative staff. Based on policy review, interview with the Director, and interviews with the staff responsible for

completing the screening, all information gathered on the screening instrument is restricted to staff making housing, work and program assignments. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

## Standard 115.242: Use of screening information

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

#### 115.242 (a)

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?  Yes  No

#### 115.242 (b)

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

#### 115.242 (c)

- When deciding whether to assign a transgender or intersex Residents to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the Residents health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?  Yes  No

- When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the Residents health and safety, and whether a placement would present management or security problems?  Yes  No

#### 115.242 (d)

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

#### 115.242 (e)

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

#### 115.242 (f)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

115.242 (a) The Healing Place for Women uses information from the risk screening to decide housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive. The PREA Director stated those that screen as potential victims are never housed in the same room as those who screen as potential predators. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.242 (b) The Healing Place PREA Policies and Procedures mandates The Healing Place for Women makes individualized determinations about how to ensure the safety of each residents. This was confirmed during interviews with random staff. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.242 (c) The Healing Place for Women outlines the procedures to be followed in deciding whether to assign a transgender Residents to a facility for female residents, and the process for making housing and programming assignments, on case by case basis as required by this standard. Review of ten records confirmed 100% compliance. 14.7 Kentucky Department of Corrections Sexual Abuse Prevention and Intervention Program Policy page 6, mandates this practice. Twenty out of twenty residents stated they received orientation within the first 48 hours at the facility. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.242 (d) The Healing Place for Women requires that a transgender and intersex residents own views regarding their own safety be given serious consideration. Review of ten records confirmed 100% compliance. Twenty out of twenty residents stated they received orientation within the first 48 hours at the facility. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.242 (e) The Healing Place PREA Policies and Procedures mandates the Healing Place for Women requires that transgender and intersex residents be given the opportunity to shower separately from other residents. There were no transgender or intersex residents housed at the Healing Place for Women at the time of the onsite visit. Twenty out of twenty residents stated they

received orientation within the first 48 hours at the facility. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

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

## REPORTING

### Standard 115.251: Residents reporting

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

#### 115.251 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?  Yes  No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?  Yes  No

#### 115.251 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?  Yes  No
- Is that private entity or office able to receive and immediately forward Residents reports of sexual abuse and sexual harassment to agency officials?  Yes  No
- Does that private entity or office allow the Residents to remain anonymous upon request?  Yes  No

#### 115.251 (c)

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

## 115.251 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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

Kentucky Department of Corrections anonymous PREA Tip Line (English and Spanish) 1-833-362-PREA

Kentucky Association of Sexual Assault Program (KASAP) 24-Hour Hotline at 1-800-656-HOPE

Center for Women and Families 502-581-7200

Dial - 911

Inform a Staff Member verbally, in writing or anonymously

Tell a Family Member or Friend (Third Party)

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

115.251 (b) The Healing Place for Women provides at least four ways for residents to report abuse or harassment to a public or private entity or office that is not part of The Healing Place for Women, and that is able to receive and immediately forward residents reports of sexual abuse and sexual harassment to agency officials, allowing the Residents to remain anonymous upon request. The Healing Place for Women has by Memorandum of Understanding provided the address and phone number for the Center for Women and Families to the residents satisfying the requirements of this standard. Therefore, the facility meets compliance with this part of the standard during this audit.

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

115.251 (d) The Healing Place for Women staff may privately report sexual abuse and sexual harassment to the Kentucky Department of Corrections Hotline, the Program Director, or the PREA Manager. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

## Standard 115.252: Exhaustion of administrative remedies

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

#### 115.252 (a)

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

#### 115.252 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency always refrain from requiring a Residents to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.252 (c)

- Does the agency ensure that: A Residents who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.252 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.252(d)(3)), does the agency notify the Residents in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)  Yes  No  NA
- At any level of the administrative process, including the final level, if the Residents does not receive a response within the time allotted for reply, including any properly noticed extension, may a Residents consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.252 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third-party files such a request on behalf of a residents, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- If the residents' declines to have the request processed on his or her behalf, do the agency document the resident's decision? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.252 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a residents is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance alleging a residents is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)  Yes  No  NA

- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)  
 Yes    No    NA
- Does the initial response and final agency decision document the agency's determination whether the residents is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes    No    NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes    No    NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes    No    NA

### 115.252 (g)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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

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

115.252 (c) According to the Healing Place PREA Policies and Procedures, the agency will ensure that an inmate alleges sexual abuse may submit a grievance without submitting it to a staff member

who is the subject of the complaint. During this audit cycle, the Healing Place has not received a grievance concerning sexual abuse. Additionally, such grievances will not be referred to the staff member who is the subject of the complaint; this was confirmed during an interview with the PREA Coordinator. Therefore, the agency is in compliance.

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

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

115.252 (f) The Healing Place PREA Policies and Procedures, states when an inmate is subject to a substantial risk of imminent threat of sexual abuse, the inmate may file a grievance through the grievance process on the kiosk system and the grievance will be considered an emergency grievance. The initial response to the grievance must be made within 48 hours and the final determination must be made within 5 calendar days, except in circumstances of county holidays and significant events. The agency's immediate focus must be to take action to prevent the potential sexual abuse. Corrective and protective action must be pursued promptly. The Healing Place PREA Policy mandates that staff must treat the information as confidential, only to be revealed to their supervisors in the chain-of-command to ensure prompt action is taken. During this audit cycle, the Healing Place has not received a grievance concerning sexual abuse. Interview with the PREA Coordinator confirms this practice; therefore the agency complies with this standard.

## **Standard 115.253: Residents access to outside confidential support services**

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

#### **115.253 (a)**

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers,

including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?  Yes  No

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

#### 115.253 (b)

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?  Yes  No

#### 115.253 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?  Yes  No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

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

115.253 (b) The Healing Place for Women informs residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. Posters located throughout the facility, inform the residents that communications with Center for Women and Families is free and confidential. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

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

## Standard 115.254: Third-party reporting

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

#### 115.254 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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

# OFFICIAL RESPONSE FOLLOWING A RESIDENTS REPORT

## Standard 115.261: Staff and agency reporting duties

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

### 115.261 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?  Yes  No

### 115.261 (b)

- Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?  Yes  No

### 115.261 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?  Yes  No
- Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?  Yes  No

### 115.261 (d)

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

### 115.261 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?  Yes  No

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

115.261 (a) 14.7 Kentucky Department of Corrections Sexual Abuse Prevention and Intervention Program Policy page 8 mandates the Healing Place for Women requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of The Healing Place for Women; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The Facility Director stated there has not been a report of sexual abuse and one sexual harassment during this audit cycle. Information was documented and sent to the Program Director according to the First Responder interviewed. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.261 (b) Other than reporting to immediate supervisors, The Healing Place for Women staff, volunteers and contractors shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in the agency's policy, to make treatment, investigations, and other security and management decisions. The Program Director stated there has not been a report of sexual abuse and one reported sexual harassment allegation during this audit cycle. Information was documented and sent to the Program Director according to the First Responder interviewed. Therefore, this part of the standard is not applicable during this audit.

115.261 (c) There are no full- or part-time medical or mental health staff at the Healing Place for Women. Therefore, this part of the standard is not applicable during this audit.

115.261 (d) If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, The Healing Place for Women reports the allegation to the designated state or local services agency. The Program Director stated there has not been a report of sexual abuse and one reported sexual harassment allegation during this audit cycle. Information was documented and sent to the Program Director according to the First Responder interviewed. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.261 (e) The Healing Place for Women reports all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility investigator as required. The agency has posted Kentucky Department of Corrections notices to all staff; the notice informs staff how to privately report sexual abuse and/or sexual harassment by calling the KDOC toll-free hotline

at 1-833-362 PREA. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

## Standard 115.262: Agency protection duties

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

#### 115.262 (a)

- When the agency learns that a Residents is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the Residents?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

115.262 Policy and staff training requires all staff to take immediate action and staff acknowledged during their interviews the requirement of all staff to protect residents when it is learned that a residents at The Healing Place for Women is subject to a substantial risk of imminent sexual abuse. The Program Director stated there has not been a report of sexual abuse and one reported sexual harassment allegation during this audit cycle. Information was documented and sent to the Program Director according to the First Responder interviewed. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

## Standard 115.263: Reporting to other confinement facilities

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

#### 115.263 (a)

- Upon receiving an allegation that a Residents was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?  Yes  No

#### 115.263 (b)

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

#### 115.263 (c)

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

#### 115.263 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

115.263 (a) Upon receiving an allegation that a residents was sexually abused while confined at another facility, the Director of The Healing Place for Women that received the allegation notifies the head of the facility or appropriate office where the alleged abuse occurred. The Program Director stated they had received one such PREA allegation during the past twelve months. The information was sent from the Detox Supervisor to the Program Director the appropriate agency head. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.263 (b) and (c) Such notification is provided as soon as possible, but no later than 72 hours after receiving the allegation, and all actions are thoroughly documented. The notification is documented. The Program Director stated they had received one such an allegation during the past twelve months. The information was sent from the Detox Supervisor to the Program Director the appropriate agency head. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

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

## Standard 115.264: Staff first responder duties

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

#### 115.264 (a)

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

#### 115.264 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?  Yes  No

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

115.264 (a) The Healing Place for Women policy, Monitor Institution Plan outlines the responsibilities of all security staff members upon learning of an allegation that a residents was sexually abused, the first responding security staff member shall follow these guidelines:

- I. Upon Initial Notification, the Staff First Responder shall separate the residents from the location for their safety and the security of The Healing Place. At no time shall the residents be left alone. Until further notification and investigation, do not allow any residents involved to shower, remove clothing, use the restroom, eat, drink or brush their teeth.
- II. Notify the Director immediately and brief them on the allegations.
- III. Ensure that the crime scene (if applicable) is secured and the post is manned. **NOTE: Per CPP**

14.7 the only person(s) to enter a secured crime scene shall be the Kentucky State Police, the assigned investigator or medical staff as needed. A log shall be maintained to record all entries and exits of the crime scene.

NOTE: The First Responder should be noting times, comments or additional occurrences during this process.

All staff must sign the Healing Place for Women policy, Monitor Institution Plan outlining their knowledge of First Responder duties. The Kentucky Department of Corrections "Community Confinement Sexual Abuse Allegation Report" is a four page document that is completed each time a PREA allegation is made. The Assistant Program Director stated they had not received any sexual abuse allegations during the past twelve months. Therefore, the facility meets compliance with this part of the standard during this audit.

115.264 (b) The Healing Place PREA Policies and Procedures mandates when the first staff responder is not a security staff member, they shall advise the alleged victim not to take any actions that could destroy physical evidence, and then notify security staff immediately. The auditor confirmed compliance based on interviews with and training records of non-security staff. The Kentucky Department of Corrections “Community Confinement Sexual Abuse Allegation Report” is a four page document that is completed each time a PREA allegation is made. The Assistant Program Director stated they had not received any sexual abuse allegations during the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

## Standard 115.265: Coordinated response

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

#### 115.265 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

115.265 The Healing Place for Women has a written plan (KDOC PREA Reporting Protocol) to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, investigators and facility leadership. The plan clearly defines the roles and responsibilities of each person involved and the procedures to be followed in detail. The protocol is a state-wide procedure for all Community Confinement Facilities. Interviews with members confirmed their knowledge of the response plan. The Kentucky Department of Corrections “Community Confinement Sexual Abuse Allegation Report” is a four page document that is completed each time a PREA allegation is made. The Healing Place for Women has received one sexual harassment allegation and no sexual abuse allegations in the past twelve months; file review clearly showed a quick and efficient response by the Healing Place for Women staff. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

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

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

### 115.266 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?  Yes  No

### 115.266 (b)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

Based on auditor observations and interviews with The Healing Place for Women Program Director; the following delineates the audit findings regarding this standard:

The Healing Place for Women does not participate in collective bargaining. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

## Standard 115.267: Agency protection against retaliation

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

### 115.267 (a)

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?  Yes  No
- Has the agency designated which staff members or departments are charged with monitoring retaliation?  Yes  No

#### 115.267 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for Residents victims or abusers, removal of alleged staff or Residents abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?  Yes  No

#### 115.267 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any Residents disciplinary reports?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor Residents housing changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor Residents program changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?  Yes  No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?  Yes  No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  Yes  No

#### 115.267 (d)

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

#### 115.267 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?  Yes  No

#### 115.267 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

115.267 (a) The Healing Place PREA Policies and Procedures stipulate that residents and staff who report sexual abuse or harassment shall be protected from retaliation. These residents and staff will be monitored for at least 90 days following a report. The assigned agency investigator will be designated to monitor the situation. The agency investigator will continue to monitor the situation beyond 90 days, if needed. Changes in housing assignment or work schedules may be necessary. Obligation to monitor can be terminated if it is determined that an allegation of retaliation is unfounded. The Healing Place for Women have forms Protection Against Retaliation – Residents and Protection Against Retaliation – Staff in place to document retaliation monitoring efforts. The Facility Director is the facility's Retaliation Monitor. The facility has received one allegation of sexual harassment and no sexual abuse allegations during this audit cycle; the alleged victim was released

prior to any required retaliation monitoring. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.267 (b) The Healing Place for Women employs multiple protection measures, such as housing changes or transfers for residents, victims or abusers, removal of alleged staff or residents abusers from contact with victims, and emotional support services for residents or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. The Healing Place for Women have forms Protection Against Retaliation – Residents and Protection Against Retaliation – Staff in place to document retaliation monitoring efforts. The Facility Director is the facility’s Retaliation Monitor. The facility has received one allegation of sexual harassment and no sexual abuse allegations during this audit cycle; the alleged victim was released prior to any required retaliation monitoring. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.267 (c) and (d) The Healing Place PREA Policies and Procedures states for at least 90 days following a report of sexual abuse, The Healing Place for Women monitors the conduct and treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff, and act promptly to remedy any such retaliation. There are periodic status checks performed and documented. The Healing Place for Women monitoring includes any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. Such monitoring continues beyond 90 days if the initial monitoring indicates a continuing need. The Healing Place for Women have forms Protection Against Retaliation – Residents and Protection Against Retaliation – Staff in place to document retaliation monitoring efforts. The Facility Director is the facility’s Retaliation Monitor. The facility has received one allegation of sexual harassment and no reported sexual abuse allegations during this audit cycle; the alleged victim was released prior to any required retaliation monitoring. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.267 (d) If any other individual who cooperates with an investigation expresses a fear of retaliation The Healing Place for Women takes appropriate measures to protect that individual against retaliation. This was confirmed during an interview with the Retaliation Monitor. The Healing Place for Women have forms Protection Against Retaliation – Residents and Protection Against Retaliation – Staff in place to document retaliation monitoring efforts. The Facility Director is the facility’s Retaliation Monitor. The facility has received one allegation of sexual harassment and no sexual abuse allegations during this audit cycle; the alleged victim was released prior to any required retaliation monitoring. Therefore, the facility demonstrated compliance with this part of the standard during this audit.



## INVESTIGATIONS

### Standard 115.271: Criminal and administrative agency investigations

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

#### 115.271 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)  Yes  No  NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)  Yes  No  NA

#### 115.271 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?  Yes  No

#### 115.271 (c)

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

#### 115.271 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?  Yes  No

#### 115.271 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as Residents or staff?  Yes  No

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

#### 115.271 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?  Yes  No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?  Yes  No

#### 115.271 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?  Yes  No

#### 115.271 (h)

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

#### 115.271 (i)

- Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?  Yes  No

#### 115.271 (j)

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

#### 115.271 (k)

- Auditor is not required to audit this provision.

#### 115.271 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.221(a).)  Yes  No  NA

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

115.271 (a) Kentucky State Police conducts an investigation immediately when notified of an allegation of sexual abuse and sexual harassment. There was one investigation file for the past twelve months. The case was staff-on-resident sexual harassment; it was substantiated and the employee was terminated. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.271 (b) Based on training curriculums provided, Kentucky State Polices training file review, and investigative staff interviews, it was evident the facility provided, in addition to the general training received by all employees, specialized training to its investigators. This training included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Investigations outcomes are documented on the Kentucky Department of Corrections PREA Investigation Form. Kentucky Department of Corrections – PREA Investigation and Report Writing Guide for Community Confinement Facilities is a seven page document outlining the proper PREA investigation report writing producers that should be followed. There was one investigation file for the past twelve months. The case was staff-on-resident sexual harassment; it was substantiated and the employee was terminated. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.271 (c) Kentucky State Polices gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; interview alleged victims, suspected perpetrators, and witnesses; and review prior complaints and reports of sexual abuse involving the suspected perpetrator. Investigations outcomes are documented on the Kentucky Department of Corrections PREA Investigation Form. There was one investigation file for the past twelve months. The case was staff-on-resident sexual harassment; it was substantiated and the employee was terminated. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.271 (d) When the quality of evidence appears to support criminal prosecution, the Healing Place for Women refers the case to the Kentucky State Police for the criminal investigation. Investigations

outcomes are documented on the Kentucky Department of Corrections PREA Investigation Form. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.271 (e) The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and is not determined by the person's status as residents or staff. The residents who alleges sexual abuse is not required to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. There was one investigation file for the past twelve months. The case was staff-on-resident sexual harassment; it was substantiated and the employee was terminated. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.271 (f) Administrative investigations include efforts to determine whether staff actions or failures to act contributed to the abuse; and are documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. The Healing Place Administrative Investigators have completed specialized 16-hour PREA Investigation Course conducted by the Kentucky Department of Corrections. Documentation from the Kentucky State Police Academy Commander specifies that all Kentucky State Police Troopers receive training in sexual abuse investigations during basic training at the Kentucky State Police Academy including techniques for interviewing sexual abuse victims, proper use of Miranda warnings, sexual abuse evidence collection at the crime scenes (including the application thereto in a confinement setting), and the criteria and evidence required to substantiate a case for prosecution referral. Investigations outcomes are documented on the Kentucky Department of Corrections PREA Investigation Form. There was one investigation file for the past twelve months. The case was staff-on-resident sexual harassment; it was substantiated and the employee was terminated. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.271 (g) Criminal investigations are documented by the Kentucky State Police in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. Documentation from the Kentucky State Police Academy Commander specifies that all Kentucky State Police Troopers receive training in sexual abuse investigations during basic training at the Kentucky State Police Academy including techniques for interviewing sexual abuse victims, proper use of Miranda warnings, sexual abuse evidence collection at the crime scenes (including the application thereto in a confinement setting), and the criteria and evidence required to substantiate a case for prosecution referral. Investigations outcomes are documented on the Kentucky Department of Corrections PREA Investigation Form. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

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

115.271 (i) The Healing Place for Women retains all written reports for as long as the alleged abuser is incarcerated or employed by the Healing Place for Women plus five years. There was one investigation file for the past twelve months. The case was staff-on-resident sexual harassment; it was substantiated and the employee was terminated. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.271 (j) The departure of the alleged abuser or victim from employment or control of The Healing Place for Women or agency does not provide a basis for terminating an investigation. There was

one investigation file for the past twelve months. The case was staff-on-resident sexual harassment; it was substantiated and the employee was terminated. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.271 (k) The Healing Place for Women and the Kentucky State Police conducts criminal sexual abuse investigations pursuant to the requirements of this standard. 14.7 Kentucky Department of Corrections Sexual Abuse Prevention and Intervention Program Policy page 11, outlines the requirements of the criminal investigation and complies with all aspects of this standard. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.271 (l) The Healing Place for Women refers all criminal cases to the Kentucky State Police and cooperates with their investigators during the entire investigation. Documentation from the Kentucky State Police Academy Commander specifies that all Kentucky State Police Troopers receive training in sexual abuse investigations during basic training at the Kentucky State Police Academy including techniques for interviewing sexual abuse victims, proper use of Miranda warnings, sexual abuse evidence collection at the crime scenes(including the application thereto in a confinement setting), and the criteria and evidence required to substantiate a case for prosecution referral. The facility remains informed of the progress of the investigation through communication between the agency investigator and the Kentucky State Police agent handling the case. There was one sexual harassment investigation file for the past twelve months; resulting in the termination of the staff perpetrator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Type of Incident	Mode	Residents on Residents or Staff on Residents	Disposition	Comments
Sexual Harassment	Verbal	Staff on Resident	Substantiated	Termination

## Standard 115.272: Evidentiary standard for administrative investigations

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

### 115.272 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

115.272 14.7 Kentucky Department of Corrections Sexual Abuse Prevention and Intervention Program Policy page 8 and the Kentucky State Police imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. This was confirmed during an interview with the agency's PREA Coordinator. There was one investigation file for the past twelve months. The case was staff-on-resident sexual harassment; it was substantiated and the employee was terminated.

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

Type of Incident	Mode	Residents on Residents or Staff on Residents	Disposition	Comments
Sexual Harassment	Verbal	Staff on Resident	Substantiated	Termination

### Standard 115.273: Reporting to residents

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

#### 115.273 (a)

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

#### 115.273 (b)

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

#### 115.273 (c)

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

#### 115.273 (d)

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

#### 115.273 (e)

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

#### 115.273 (f)

- Auditor is not required to audit this provision.

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

Based upon review of The Healing Place PREA Policies and Procedures, the Healing Place “Offender Notification - PREA Alleged Sexual Abuse/Sexual Harassment Form”, and investigative staff interviews; the following delineates the audit findings regarding this standard:

115.273 (a) Based on The Healing Place PREA Policies and Procedures it was confirmed that following an investigation into a Resident’s allegation he suffered sexual abuse in the facility, the residents was to be informed whether the allegation had been determined to be substantiated, unsubstantiated, or unfounded. The documentation provided confirmed that residents will be provided this notification on the Healing Place “Offender Notification - PREA Alleged Sexual Abuse/Sexual Harassment Form”. The residents will be required to sign the form documenting acknowledgement of this notification as required. There was one investigation file for the past twelve months; the resident was release prior to the completion of the investigation. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.273 (b) The agency will request all relevant information from the criminal investigation conducted by the Kentucky Department of Corrections and the Kentucky State Police in order to inform the residents as required by this standard. There was one investigation file for the past twelve months; the victim was released from the facility prior to the completion of the investigation. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

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

- (1) The staff member is no longer posted within the Resident’s unit;
- (2) The staff member is no longer employed at the facility;
- (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the Healing Place for Women, Inc.; or
- (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the Healing Place for Women

The documentation provided confirmed the residents will be provided this notification on the Healing Place “Offender Notification - PREA Alleged Sexual Abuse/Sexual Harassment Form”. The residents are required to sign the form documenting acknowledgement of this notification as required. There was one investigation file for the past twelve months; the victim had been released from the facility prior to the completion of the investigation. The alleged victim was been released

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

115.273 (d) Following a resident's allegation they had been sexually abused by another residents, The Healing Place for Women 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 Healing Place for Women learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. The documentation provided confirmed that residents will be provided this notification on The Healing Place "Offender Notification - PREA Alleged Sexual Abuse/Sexual Harassment Form". The residents are required to sign the form documenting acknowledgement of this notification as required. There was one investigation file for the past twelve months; the victim had been released prior to the outcome of the investigation. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.273 (e) All such notifications or attempted notifications are documented, based on the Healing Place "Offender Notification - PREA Alleged Sexual Abuse/Sexual Harassment Form". There was one investigation file for the past twelve months; the victim had been released prior to the completion of the investigation. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.273 (f) Policy outlines the agency's obligation to report under this standard terminates if the residents is released from The Healing Place for Women custody. There was one investigation file for the past twelve months; the victim had been released prior to the completion of the investigation. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

## DISCIPLINE

### Standard 115.276: Disciplinary sanctions for staff

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

#### 115.276 (a)

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

#### 115.276 (b)

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

#### 115.276 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?  Yes  No

#### 115.276 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies unless the activity was clearly not criminal?  Yes  No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

Based upon review of The Healing Place for Women Human Resource Manual, PREA policy, Disciplinary Sanctions for Staff 115.276, documentation provided, Assistant Program Director, and PREA Coordinator interviews. The following delineates the audit findings regarding this standard:

115.276 (a) and (b) Staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse. This is outlined in The Healing Place for Women Human Resource Manual. There was one substantiated sexual harassment investigation file for the past twelve months. The alleged aggressor suspended and then terminated. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.276 (c) Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. There was one sexual harassment investigation file for the past twelve months. The alleged aggressor suspended and then terminated. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.276 (d) All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement, unless the activity was clearly not criminal, and to any relevant licensing bodies. There

was one sexual harassment investigation file for the past twelve months; The alleged aggressor suspended and then terminated. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

## Standard 115.277: Corrective action for contractors and volunteers

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

#### 115.277 (a)

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

#### 115.277 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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

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

## **Standard 115.278: Interventions and disciplinary sanctions for residents**

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

#### **115.278 (a)**

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

#### **115.278 (b)**

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the Resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?  Yes  No

#### **115.278 (c)**

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a Resident's mental disabilities or mental illness contributed to his or her behavior?  Yes  No

#### **115.278 (d)**

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending Residents to participate in such interventions as a condition of access to programming and other benefits?  Yes  No

#### **115.278 (e)**

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

#### 115.278 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?  Yes  No

#### 115.278 (g)

- If the agency prohibits all sexual activity between residents, does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)  Yes  No  NA

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

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

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

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

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

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

115.278 (f) The Assistant Program Director reported that a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred does not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. 14.7 Kentucky Department of Corrections Sexual Abuse Prevention and Intervention Program Policy page 12, allows for residents to be disciplined for reporting sexual abuse in “bad faith”. During an interview with the PREA Manager, it was determined the Healing Place for Women has not had a residents by accused of any form of sexual misconduct. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.278 (f) The Healing Place for Women prohibits all sexual activity between residents and may discipline residents for such activity. This was confirmed during an interview with the PREA Manager. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

## MEDICAL AND MENTAL CARE

### Standard 115.282: Access to emergency medical and mental health services

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

#### 115.282 (a)

- Do Residents victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?  
 Yes  No

### 115.282 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?  Yes  No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners?  Yes  No

### 115.282 (c)

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

### 115.282 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

Based on The Healing Place PREA Policies and Procedures, Access to Emergency Medical and Mental Health Care 115.282, Program Director interview, and the PREA Coordinator interview; the following delineates the audit findings regarding this standard:

115.282 (a) The Healing Place for Women has an agreement with the Center for Women and Families to ensure Residents victims of sexual abuse receive timely, unimpeded access to emergency medical treatment, and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.282 (b) The Healing Place for Women policy outlines the procedures to be followed in the event of a sexual abuse at the facility. There are no qualified medical or mental health practitioners at the facility, these services are provided by the University of Louisville Hospital Security staff first responders take preliminary steps to protect the victim and shall immediately notify the appropriate administration members and arrange transport to the University of Louisville Hospital for treatment.

The PREA Manager confirmed this practice. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

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

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

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

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

#### 115.283 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?  Yes  No

#### 115.283 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?  Yes  No

#### 115.283 (c)

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

#### 115.283 (d)

- Are Residents victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. *Note: in "all-male" facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to*

know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)  Yes  No  NA

#### 115.283 (e)

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

#### 115.283 (f)

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

#### 115.283 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  Yes  No

#### 115.283 (h)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

115.283 (a) The Healing Place for Women offers medical and mental health evaluations at the University of Louisville Hospital, Louisville, KY and, as appropriate, treatment to all residents who

have been victimized by sexual abuse in any facility. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.283 (b) The Healing Place for Women mandates that the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. The Healing Place for Women has one allegation of sexual harassment during this audit cycle according to the Program Director; medical services were not needed for this allegation. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.283 (c) The Healing Place for Women provides all victims with medical and mental health services at the University of Louisville Hospital in Louisville KY that is a community level of care facility. The Healing Place for Women has had one allegation of sexual harassment and no allegations of sexual abuse during this audit cycle according to the Program Director; medical services were not needed for this allegation. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.283 (d and e) The Healing Place for Women ensures female victims of sexual abuse are given pregnancy test when vaginal penetration took place. If a pregnancy results from the sexual abuse, The Healing Place for Women ensures the victim receives timely and comprehensive information about timely access to emergency contraception; lawful pregnancy related services. The Healing Place for Women has had one allegation of sexual harassment and no allegations of sexual abuse during this audit cycle according to the Assistant Program Director; medical services were not needed for this allegation. The services would be completed as directed in the agency's Memorandum of Understanding with the Center for Women and Families

115.283 (f) The Healing Place for Women provides residents victims of sexual abuse while incarcerated tests for sexually transmitted infections as medically appropriate. These services are provided at the University of Louisville Hospital as determined by the treating physician. The Healing Place for Women has had one allegation of sexual harassment and no allegations of sexual abuse during this audit cycle according to the Program Director; medical services were not needed for this allegation. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.283 (g) The Healing Place for Women provides treatment services to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The Healing Place for Women has had one allegation of sexual harassment and no allegations of sexual abuse during this audit cycle according to the Program Director medical services were not needed for this allegation. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.283 (h) The Healing Place for Women will attempt to have a mental health evaluation conduct on all known residents-on-residents abusers within 60 days of learning such abuse history and offer treatment when deemed appropriate by the mental health practitioners. However, as of this audit there has been one sexual abuse cases reported requiring these services; medical services were not needed for this allegation. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

## DATA COLLECTION AND REVIEW

### Standard 115.286: Sexual abuse incident reviews

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

#### 115.286 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?  Yes  No

#### 115.286 (b)

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

#### 115.286 (c)

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

#### 115.286 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?  Yes  No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?  Yes  No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?  Yes  No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  Yes  No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  Yes  No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?  Yes  No

## 115.286 (e)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

115.286 (a) 14.7 Kentucky Department of Corrections Sexual Abuse Prevention and Intervention Program Policy page 11 mandates The Healing Place for Women will conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. However, there have been no incidents of sexual abuse reported during the audit cycle to document a review. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.286 (b) The Healing Place PREA Policies and Procedures state the Healing Place for Women will ensure that these reviews occur within 30 days of the conclusion of the investigation and shall document the review on the "PREA Sexual Abuse Incident Review" CPP 14.7 Attachment form. However, there had one incident of sexual harassment and no allegations of sexual abuse reported during the audit cycle to document a review. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.286 (c) The review team consist of upper-level management officials, with input from Agency PREA Coordinator, Retaliation Monitor and members of the Administrations. The PREA Manager confirmed there had one incident of sexual harassment and no allegations of sexual abuse reported during the audit cycle to document a review. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.286 (d) 14.7 Kentucky Department of Corrections Sexual Abuse Prevention and Intervention Program Policy page 11 stipulates that the review team considers whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang

affiliation; or was motivated or otherwise caused by other group dynamics at the facility; and they examine the area in The Healing Place for Women; where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; assess the adequacy of staffing levels in that area during different shifts; assess whether monitoring technology should be deployed or augmented to supplement supervision by staff. The agency has deployed a thorough PREA after action review form "PREA Sexual Abuse Incident Review" CPP 14.7 Attachment which addresses all elements of the standard. The Healing Place for Women conducts an incident review for all cases and reviews all findings with the agency wide PREA Coordinator for additional clarification and guidance. There had one incident of sexual harassment and no allegations of sexual abuse reported during the audit cycle to document a review. Therefore, the facility meets the intent of this part of the standard.

115.286 (e) The Healing Place for Women shall implement the recommendations for improvement, or shall document its reasons for not doing so. There had one incident of sexual harassment and no allegations of sexual abuse reported during the audit cycle to document a review. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

## Standard 115.287: Data collection

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

#### 115.287 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?  Yes  No

#### 115.287 (b)

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

#### 115.287 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?  Yes  No

#### 115.287 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?  Yes  No

#### 115.287 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)  Yes  No  NA

#### 115.287 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)  
 Yes  No  NA

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

115.287 (a), (b) and (c) Kentucky Department of Corrections collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions, and aggregates the incident-based sexual abuse data at least annually. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

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

115.287 (d) The Healing Place PREA Policies and Procedures state that PREA related allegations will be reported to the Kentucky Department of Corrections as well as law enforcement personnel if the allegation involves force, coercion, or threats. Report to Department of Corrections should occur within 24 hours of an allegation. Each facility shall provide allegations and dispositions of sexual offenses on a monthly report. All case records associated with claims of sexual offenses, including incident reports, investigation reports, resident information, case disposition, medical and counseling evaluation findings and recommendations for aftercare or counseling shall be retained in accordance with the records retention schedule. This data shall be reviewed on an ongoing basis to identify problem areas and take corrective action. Yearly reports shall be made public. Kentucky Department of Corrections maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

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

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

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

## Standard 115.288: Data review for corrective action

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

#### 115.288 (a)

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?  Yes  No

#### 115.288 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse  Yes  No

#### 115.288 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?  Yes  No

#### 115.288 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

115.288 (a) The Kentucky Department of Corrections reviews data collected to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings and corrective actions for each facility, as well as The Healing Place for Women as a whole. The Healing Place PREA Policies and Procedures stipulate that all PREA related allegations will be reported to the Kentucky Department of Corrections as well as law enforcement personnel if the allegation involves force, coercion, or threats. Report to DOC should occur within 24 hours of an allegation. Each facility shall provide allegations and dispositions of sexual offenses on a monthly report. All case records associated with claims of sexual offenses, including incident reports, investigation reports, resident information, case disposition, medical and counseling evaluation findings and recommendations for aftercare or counseling shall be retained in accordance with the records retention schedule. This data shall be reviewed on an ongoing basis to identify problem areas and take corrective action. Yearly reports shall be made public. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

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

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

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

## Standard 115.289: Data storage, publication, and destruction

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

#### 115.289 (a)

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

#### 115.289 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?  Yes  No

#### 115.289 (c)

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

#### 115.289 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

115.289 (a) through (d) The Kentucky Department of Corrections staff makes all aggregated sexual abuse data, from facilities under direct control readily available to the public at least annually through its agencies website. The Healing Place shall collect accurate uniform data for every allegation of sexual abuse at its facilities. Data collected shall be enough complete the Survey of Sexual Violence

(SSV) conducted by the Department of Justice. The Healing Place shall aggregate all sexual abuse data annually. The Healing Place shall review all sexual abuse data annually. Agency reviews shall focus on ways to improve the effectiveness of its sexual abuse prevention, detection, response policies, and training. Agency reviews will identify problem areas and evaluate for corrective action on an ongoing basis. The Healing Place will create an annual report of data concerning sexual abuse and the agency's progress in addressing sexual abuse. Annual reports will include the current year's data and corrective actions with those of prior years. The annual report must be approved by the President of The Healing Place. The annual report of sexual abuse will be posted on the agency website. Any redaction from the annual report must be limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. The Healing Place would indicate the nature of any redacted material. All data collected from incident of sexual abuse shall be securely retained. Any facility The Healing Place contracts with for the care of Department of Correction residents shall post any related review of sexual abuse data on its respective website. Any personal identifiers will be removed from any data before it may be posted publicly. Any data collected from an incident of sexual abuse will be retained for at least ten years of the initial collection, unless federal, state, or local law requires otherwise

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

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

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

##### 115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*)  Yes  No

##### 115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*)  Yes  No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the

agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.)  Yes  No  NA

- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.)  Yes  No  NA

#### 115.401 (h)

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

#### 115.401 (i)

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

#### 115.401 (m)

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

#### 115.401 (n)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

115.401 (a) and (b) The Healing Place for Women did have an audit during the first and second audit cycles. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

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

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

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

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

## Standard 115.403: Audit contents and findings

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

#### 115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)  Yes  No  NA

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

## AUDITOR CERTIFICATION

I certify that:

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

### Auditor Instructions:

*Brian D. Bivens*

August 9, 2021

**Auditor Signature**

**Date**