

# PREA Facility Audit Report: Final

**Name of Facility:** KCI Mobile

**Facility Type:** Community Confinement

**Date Interim Report Submitted:** 11/16/2022

**Date Final Report Submitted:** 05/08/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Jerome K Williams	<b>Date of Signature:</b> 05/08/ 2023

AUDITOR INFORMATION	
<b>Auditor name:</b>	Williams, Jerome
<b>Email:</b>	wjerome27@yahoo.com
<b>Start Date of On-Site Audit:</b>	10/05/2022
<b>End Date of On-Site Audit:</b>	10/07/2022

FACILITY INFORMATION	
<b>Facility name:</b>	KCI Mobile
<b>Facility physical address:</b>	4901 Battleship Parkway, Spanish Fort, Alabama - 36527
<b>Facility mailing address:</b>	

<b>Primary Contact</b>	
<b>Name:</b>	Kimberly K. Spence
<b>Email Address:</b>	ceokks@keetoncorrections.com
<b>Telephone Number:</b>	8507478776

<b>Facility Director</b>	
<b>Name:</b>	Lucy May
<b>Email Address:</b>	kcimobile@keetoncorrections.com
<b>Telephone Number:</b>	8506302608

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	60
<b>Current population of facility:</b>	54
<b>Average daily population for the past 12 months:</b>	67
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Both females and males
<b>Age range of population:</b>	18-75
<b>Facility security levels/resident custody levels:</b>	Medium
<b>Number of staff currently employed at the</b>	20

<b>facility who may have contact with residents:</b>	
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	0
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	0

<b>AGENCY INFORMATION</b>	
<b>Name of agency:</b>	Keeton Corrections, Inc.
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	213 Harrison Avenue, Panama City, Florida - 32401
<b>Mailing Address:</b>	
<b>Telephone number:</b>	

<b>Agency Chief Executive Officer Information:</b>	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

<b>Agency-Wide PREA Coordinator Information</b>			
<b>Name:</b>	Terracina Davis	<b>Email Address:</b>	kciqa@keetoncorrections.com

<b>Facility AUDIT FINDINGS</b>
<b>Summary of Audit Findings</b>
The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

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

**Number of standards exceeded:**

0

**Number of standards met:**

41

**Number of standards not met:**

0

## POST-AUDIT REPORTING INFORMATION

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-10-05
2. End date of the onsite portion of the audit:	2022-10-07

#### Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	<p>The Lighthouse Rape Crisis Center, which is an affiliate with the Mobile Crisis Center, is the community based organization that I communicated with regarding sexual abuse victim services. Ms. Katrina Kennedy, who is the PREA Liaison for Lifeline Counseling Services at 251-431-5100 ext. 227, which part of the consortium within the Mobile Crisis Center and the Lighthouse Rape Crisis Center, spoke with me about the victim services that would be provided. She indicated that when the Lighthouse Rape Crisis Center receive a call from a victim, the call center advocate would record the information, forward it to the local Lifeline Counseling Center staff who would meet with the alleged victim at the local hospital during the SANE examination and provide emotional support, crisis counseling and aftercare services as needed. She also indicated that their 24 hour crisis line has not received a referral from any of KCI Mobile's residents in the last 12 months.</p>

### AUDITED FACILITY INFORMATION

14. Designated facility capacity:	60
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<b>15. Average daily population for the past 12 months:</b>	54
<b>16. Number of inmate/resident/detainee housing units:</b>	2
<b>17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)
<b>Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit</b>	
<b>Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit</b>	
<b>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	45
<b>38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b>	0

<b>41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b>	0

<p><b>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b></p>	<p>There were no issues encountered regarding KCI Mobile's population characteristics, identification, etc. on the first day of the onsite audit.</p>
<p><b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b></p>	
<p><b>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b></p>	<p>20</p>
<p><b>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>0</p>
<p><b>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>0</p>
<p><b>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>Though there were 20 staff employed, there not enough staff available at the facility during the onsite visit to interview due to staffing issues i.e., out due to sickness, on medical or bereavement leave or just did not report to work during the days of the onsite audit visit. Steps were taken by this auditor and the facility's Director to try an reach those staff who just did not show up for work for interviews but to no avail. Only 9 random staff (Monitors) were interviewed in the process..</p>



# INTERVIEWS

## Inmate/Resident/Detainee Interviews

### Random Inmate/Resident/Detainee Interviews

<b>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	12
<b>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b>	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
<b>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b>	The random sample interviewed residents were geographically diverse being from different BOP facilities in and out of State sent to this facility on probation before release into the community and or to home detention (confinement). They were being housed in 2 different housing units (male and female), represented different ethnicities, varying length time residing in the facility and whether they were targeted residents or not..
<b>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No

<p><b>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>The process utilized to select the random inmates/resident from the population census provided during the pre-audit phase was to select every odd inmate/resident on the census listing for interviewing including for any targeted residents. When one resident selected was not available during the onsite visit (e.g., released) then the even number inmate/resident would be randomly selected for the interview. There were no barriers encountered, when targeted populations were not available, an oversample of the general population resulted to ensure that the minimum required number of interviews were completed during the onsite audit phase.</p>
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**Targeted Inmate/Resident/Detainee Interviews**

<p><b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>0</p>
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As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".

<p><b>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
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<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>This auditor reviewed the submitted PAQ, inmate/resident files, intake records and ascertained from interviews with the staff and inmate/residents that there were no physically disabled inmates or detainees in their population currently or in the last 12 months</p>
<p><b>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>This auditor reviewed the submitted PAQ, inmate/resident files, intake records and ascertained from interviews with the staff and inmate that there were no cognitive or functionally disabled inmates or detainees in their population currently or in the last 12 months</p>

<p><b>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>This auditor reviewed the submitted PAQ, inmate/resident files, intake records and ascertained from interviews with the staff and inmate that there were no Blind or low vision inmates or detainees in their population currently or in the last 12 months</p>
<p><b>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>This auditor reviewed the submitted PAQ, inmate/resident files, intake records and ascertained from interviews with the staff and inmate that there were no Deaf or hard of hearing or detainees in their population currently or in the last 12 months</p>

<p><b>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>This auditor reviewed the submitted PAQ, inmate/resident files, intake records and ascertained from interviews with the staff and inmate that there were no Limited English Proficient (LEP) inmates or detainees in their population currently or in the last 12 months</p>
<p><b>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>This auditor reviewed the submitted PAQ, inmate/resident files, intake records and ascertained from interviews with the staff and inmate that there were no Lesbian, Gay, or Bisexual inmates or detainees in their population currently or in the last 12 months</p>

<p><b>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>This auditor reviewed the submitted PAQ, inmate/resident files, intake records and ascertained from interviews with the staff and inmate that there were no Transgender or Intersex inmates or detainees in their population currently or in the last 12 months</p>
<p><b>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>This auditor reviewed the submitted PAQ, inmate/resident files, intake records and ascertained from interviews with the staff and inmate that there were no inmates in their population currently or in the last 12 months who reported a sexual abuse.</p>

<p><b>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>This auditor reviewed the submitted PAQ, inmate/resident files, intake records and ascertained from interviews with the staff and inmate that there were no inmates in their population currently or in the last 12 months who reported and disclosed a prior sexual victimization during a risk screening.</p>
<p><b>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>This auditor reviewed the submitted PAQ, inmate/resident files, intake records and ascertained from interviews with the staff and inmate that there were no inmates/detainees in their population currently or in the last 12 months who were placed in segregated housing/isolation for risk of sexual victimization because this is a community confinement facility and it is not designed to hold such population..</p>
<p><b>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>Since the required number of targeted inmates were not in their population during the onsite audit, this auditor interviewed additional random inmates/residents to meet the required PREA standards number of inmates to interview for a community confinement facility.</p>
<p><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p><b>Random Staff Interviews</b></p>	
<p><b>71. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p>9</p>
<p><b>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p><b>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>



<p><b>a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)</b></p>	<p><input checked="" type="checkbox"/> Too many staff declined to participate in interviews.</p> <p><input type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input checked="" type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other</p>
<p><b>b. Describe the steps you took to select additional RANDOM STAFF interviewees and why you were still unable to meet the minimum number of random staff interviews:</b></p>	<p>This auditor was provided with the listing of 20 employees, 15 of the 20 were monitoring (security) staff, and interviews were scheduled for 12 with 3 alternate. On the first day of the onsite audit only 9 staff were actually available for the scheduled interviews, 2 were sick out on medical leave, 1 on bereavement leave and 3 were no shows during the days of the onsite visit. Attempts by the facility director to get the no shows to report to work was to no avail.</p>
<p><b>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>Outside of those staff members who were out sick, on bereavement leave or who failed to report to work, there were no other barriers encountered regarding selecting and interviewing the random staff.</p>
<p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p><b>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>	<p>10</p>

<b>76. Were you able to interview the Agency Head?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>78. Were you able to interview the PREA Coordinator?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>79. Were you able to interview the PREA Compliance Manager?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

	<input type="checkbox"/> Other
<b>81. Did you interview VOLUNTEERS who may have contact with inmates/ residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>82. Did you interview CONTRACTORS who may have contact with inmates/ residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	<p>According to the interview with the facility's Director and the PREA Coordinator, this facility has not and does not employ volunteers and contractors since the Covid-19 pandemic, which has resulted in zero interviews being conducted utilizing this specialized staff protocol in this facility.</p>

## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

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

<b>84. Did you have access to all areas of the facility?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
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**Was the site review an active, inquiring process that included the following:**

<b>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>88. Informal conversations with staff during the site review (encouraged, not required)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b>	During the site review there were no barriers encountered by this auditor regarding having total facility access, the ability to observe and test critical functions and or to engage the staff and inmate/resident in informal conversations regarding PREA and sexual safety in general.
<b>Documentation Sampling</b>	
Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.	
<b>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No

**91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).**

During the site review, this auditor did request completed as well as blank copies of documents, forms and memorandums as oversamples for triangulation purposes

## **SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY**

### **Sexual Abuse and Sexual Harassment Allegations and Investigations Overview**

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

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

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

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

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

**Sexual Abuse and Sexual Harassment Investigation Outcomes**

**Sexual Abuse Investigation Outcomes**

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0
<b>Total</b>	0	0	0	0

**Sexual Harassment Investigation Outcomes**

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



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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	0	0	0	0

**Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

**Sexual Abuse Investigation Files Selected for Review**

<b>98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:</b>	0
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<p><b>a. Explain why you were unable to review any sexual abuse investigation files:</b></p>	<p>This auditor reviewed the submitted PAQ, inmate/resident records and interview staff and inmates onsite to ascertain if there were any sexual abuse allegations and investigations during the 12 months preceding the audit by incident type. The facility reported zero sexual abuse allegations and investigations and this auditor did not find any in the files during the resident/staff file review.</p>
<p><b>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p> <input type="radio"/> Yes  <input type="radio"/> No  <input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files) </p>
<p><b>Inmate-on-inmate sexual abuse investigation files</b></p>	
<p><b>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p> <input type="radio"/> Yes  <input type="radio"/> No  <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) </p>
<p><b>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p> <input type="radio"/> Yes  <input type="radio"/> No  <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) </p>

Staff-on-inmate sexual abuse investigation files	
<b>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b>	0
<b>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
<b>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
<b>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	0
<b>a. Explain why you were unable to review any sexual harassment investigation files:</b>	<p>This auditor reviewed the submitted PAQ, inmate/resident records and interview staff and inmates onsite to ascertain if there were any sexual abuse allegations and investigations during the 12 months preceding the audit by incident type. The facility reported zero sexual harassment allegations and investigations and this auditor did not find any in the files during the resident/staff file review.</p>

<p><b>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p><b>Inmate-on-inmate sexual harassment investigation files</b></p>	
<p><b>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p><b>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p><b>Staff-on-inmate sexual harassment investigation files</b></p>	
<p><b>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>

<p><b>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p><b>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b></p>	<p>This auditor reviewed the submitted PAQ, inmate/resident records and interview staff and inmates onsite to ascertain if there were any sexual abuse and sexual harassment allegations and investigations during the 12 months preceding the audit by incident type. The facility reported zero staff on inmate sexual abuse allegations and investigations and this auditor did not find any in the files during the resident and or staff file review.</p>
<p><b>SUPPORT STAFF INFORMATION</b></p>	
<p><b>DOJ-certified PREA Auditors Support Staff</b></p>	
<p><b>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p><b>Non-certified Support Staff</b></p>	
<p><b>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>

## AUDITING ARRANGEMENTS AND COMPENSATION

**121. Who paid you to conduct this audit?**

- The audited facility or its parent agency
- My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- A third-party auditing entity (e.g., accreditation body, consulting firm)
- Other

<b>Standards</b>	
<b>Auditor Overall Determination Definitions</b>	
<ul style="list-style-type: none"> <li>• Exceeds Standard (Substantially exceeds requirement of standard)</li> <li>• Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period)</li> <li>• Does Not Meet Standard (requires corrective actions)</li> </ul>	
<b>Auditor Discussion Instructions</b>	
<p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>	

<b>115.211</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.211 (a) KCI Inc. does have a zero-tolerance policy towards all forms of sexual abuse, and sexual harassment. The policy does outline the agency’s approach towards preventing, detecting, and responding to sexual abuse and sexual harassment and it is made available to staff, residents, and to members of the public via the agency’s web page at <a href="http://www.keetoncorrections.com">www.keetoncorrections.com</a>. which is also referenced in the Resident’s Handbook. The facility is in compliance with this provision</p> <p>115.211 (b) KCI’s Inc. Zero Tolerance policy does indicate the designation of an upper-level staff member as the agency wide PREA Coordinator though the agency has designated the Quality Assurance Manager as their agency-wide PREA Coordinator who reports to the Vice President of Operations. This is also reflected in the organizational chart provided during the pre-audit phase. KCI’s Quality Assurance Manager does hold an upper-level position and stated during her interview that she has sufficient time and authority to develop, implement, and oversee agency’s efforts to comply with the PREA standards in her facilities. This</p>

	<p>facility is in compliance with this provision</p> <p>This facility is in compliance with this standard.</p> <p>Corrective Action required: None</p>
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<b>115.212</b>	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.212 (a) KCI Inc. is private, for-profit agency which operates a facility in Mobile, AL.. The Quality Assurance Manager/PREA Coordinator stated on the PAQ that the agency has not entered into and or renewed a contract for the confinement of their residents with other private agencies or entities in the last 12 months. KCI's Quality Assurance Manager/PREA Coordinator did provide this auditor with a copy of the award contract from the Federal Bureau of Prisons (BOP) for the residential reentry housing of their inmates. The facility is in compliance with this provision.</p> <p>115.212 (b) MRRC contracts only with the Bureau of Prisons for the residential housing of their inmates. The BOP does conduct the monitoring of their award contract, including the PREA compliance provision of the contract quarterly. KCI's Quality Assurance Manager/PREA Coordinator did provide this auditor with a copy of BOP's monitoring report. MRRC does not contract with others private agencies or entities for the confinement of their residents which was corroborated by KCI's Quality Assurance Manager/PREA Coordinator and the Contract Administrator during their interviews. The facility is in compliance with this provision.</p> <p>115.212 (c) MRRC has not entered into any other contracts with a private or public entity to confine their resident in the last 12 months. MRRC does not contract other entities for the confinement of their residents. The facility is in compliance with this provision.</p> <p>This facility is in compliance with this standard.</p> <p>Corrective Action required: None</p>

<b>115.213</b>	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>



115.213 (a) MRRC have developed and implementation of a written staffing plan to provide adequate levels of staffing or video monitoring to protect resident against sexual abuse. The PAQ reflected no instances of a deviation from the planned staffing levels. MRRC currently have no youthful offender residents in their population as of the onsite audit.

KCI's Quality Assurance Manager/PREA Coordinator did provide to this auditor a copy of MRRC's staffing plan during the pre-audit phase which was reviewed by this auditor which described and taken into consideration the composition of the resident population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse and any other relevant factors. There are 10 cameras comprising the interior and exterior of the facility: 1 at the front entrance, 1 in the stairway, 3 in the common areas, 1 on each side of the building and 2 at the rear of the building, and 1 by the elevator. The facility's schematics and observations made during the site review corroborates this assertion. During the site review this auditor did not identify any blind spots or areas in the facility where staff or residents may be isolated. Through the staff interviews, this auditor found no obvious reason to believe there had been any deviation from the facility's staffing plan. Further evidence of compliance with this provision was ascertained during the interview of the KCI's Quality Assurance Manager/PREA Coordinator. She confirmed that MRRC's staffing plan was developed to ensure that adequate staffing is maintained in the facilities to protect the residents, and that the video monitoring is employed, as part of the staffing plan, further detect, prevent and protect residents against sexual abuse. The facility is in compliance with this provision

115.213 (b) MRRC facility roster showed 21 full time staff employed of which 15 are direct care (Monitor) staff, 2 case manager, 1 employment placement specialist, 1 case manager supervisor and the and the Facility Director. The resident roster provided during the pre-audit phase reflected their current population of 45 facility residents in the facility and 26 residents on home detention. MRRC is a non-secure community facility and calculating the staff to resident ratios is not applicable. The facility is in compliance with this provision

115.213 (c) KCI's Quality Assurance Manager/PREA Coordinator and the Facility Director indicated during their interviews that they did participate, in the last 12 months, in the development of the staffing plan assessment for MRRC and discussed what adjustments were needed in the development of the staffing plan, which was provided to this auditor during the pre-audit phase. They indicated that they also considered the following in the development of the staffing plan to ensure that adequate staffing levels are maintained:

- Prevailing staffing patterns
- Deployment of video monitoring systems and other technologies
- Available resources needed to adhere to the staffing plan

Furthermore, they stated that in the last 12 months no adjustments were identified as needed to the staffing plan, discussion was had on the deployment of additional

	<p>cameras which will be pursued as funding becomes available, and no other resources are required at this time to assist in the adherence of their staffing plan. The facility is in compliance with this provision</p> <p>This facility is in compliance with this standard.</p> <p>Corrective Action required: None</p>
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115.215	Limits to cross-gender viewing and searches
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>115.215 (a): KCI's Inc. Zero Tolerance policy states that they will maintain restrictions and limitations on cross-gender searches and shall always refrain from conducting cross gender strip or cross gender visual body cavity searches, except in exigent circumstances or by a medical practitioner. This is a co-ed facility and all staff have been trained on how to conduct a cross gender pat search.</p> <p>KCI's Quality Assurance Manager/PREA Coordinator did provide to this auditor acknowledgement statements on each employee trained and a memorandum corroborating their restrictions in conducting cross gender pat down search. During the employee file review and random staff interviews it was revealed that they were all trained on how to conduct a cross gender pat down searches of residents. 9 of the random 9 monitor staff interviewed stated that neither female nor male staff conduct pat down searches on the opposite gender residents at any time. The staff also indicated that if a resident of the opposite gender needed to be pat search. and there is no same gender staff available, they would use an electronic wand to do so, if the search is warranted. They further indicated that there has not been an exigent circumstance in the last 12 months to warrant such a cross gender pat down search. The facility is in compliance with this provision</p> <p>115.215 (b): MRRC is a coed facility and interviews conducted with the 9 random staff, inclusive of the female monitor staff, revealed that the female staff have not conducted any cross gender pat down search, absent exigent circumstances, in the last 12 months. The facility's population during the onsite visit on each day was 45. The facility is in compliance with this provision</p> <p>115.215 (c): KCI's Inc. Zero Tolerance Policy that they will maintain restrictions and limitations on cross-gender searches and shall always refrain from conducting cross gender strip or cross gender visual body cavity searches, except in exigent circumstances or by a medical practitioner. KCI's Quality Assurance Manager/PREA Coordinator and the Facility Director stated during their interviews that their staff do not conduct cross gender pat, cross gender strip, or cross gender visual body cavity searches in the facility. Furthermore, MRRC does not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's</p>

genital status. If necessary, this will be performed by a medical practitioner at the Baldwin County Hospital. Therefore, there is no need to document these protocols at this time. The facility is in compliance with this provision

115.215 (d): KCI's Inc. Zero Tolerance Policy states that staffing patterns and physical barriers are implemented to 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. Upon review of the facility's schematics, the facility's bathrooms in each dorm are designed to prohibit cross gender viewing of residents performing such personal actions because of the layout. The facility schematic shows that each dorm's resident bathroom and shower area are in the rear of the dorm away from view of the opposite gender staff when monitoring is occurring. The toilets have doors and the showers have shower curtains for privacy including an area where they can dress and undress from the shower area. During the random staff and random resident interviews, it was ascertained that the opposite gender staff do make an announcement "female on the floor" or "male on the floor" while knocking on the dorm's door before entering into the opposite gender's dormitory. This auditor did observe the female staff make an opposite gender announcement before going into the male dormitory and the male staff make the opposite gender announcement before entering the female resident's dormitory. The KCI Inc. search policy also requires staff to make an announcement when entering the opposite gender's dormitory. The facility is in compliance with this provision

115.215 (e) KCI's Inc. Zero Tolerance Policy states that staff do not search or physically examine a transgender or intersex residents for the sole purpose of determining the resident's genital status. The status may be determined during conversations with the resident, by reviewing medical records, or as part of a broader medical examination conducted in private by a medical practitioner. KCI's Quality Assurance Manager/PREA Coordinator stated during her interview that this policy is adhered to by the MRRC facility's staff and that there have been no transgender or intersex residents in their population in the last 12 months. This auditor reviewed several random resident files including risk screening assessments over the last 12 months and confirmed that there have been no transgender or intersex residents identified as such in their population. The facility is in compliance with this provision

115.215 (f) MRRC did provide evidence that all of the monitor staff have been train on 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 including how to conduct searches of transgender and intersex residents in a professional and respectful manner. A review of the employees training records revealed that all staff have received cross gender pat search training, searches of transgender and intersex residents followed by an acknowledgement statement and signature on the training roster. This is a coed facility. KCI's Quality Assurance Manager/PREA Coordinator and the Facility Director corroborated this assertion during their interviews. The facility is in compliance with this provision

	<p>This facility is in compliance with this standard</p> <p>Corrective Action required: None</p>
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<p><b>115.216</b></p>	<p><b>Residents with disabilities and residents who are limited English proficient</b></p>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>115.216 (a) MRRC has taken reasonable steps to ensure meaningful access to all aspects of the agency’s efforts prevent, detect, and respond to sexual abuse and sexual harassment, including effective communication, to residents who are:</p> <ul style="list-style-type: none"> <li>· Deaf or hard of hearing</li> <li>· Blind or have low vision</li> <li>· Limited English Proficient</li> <li>· Intellectually disabled</li> <li>· Psychiatric disabled</li> <li>· Speech disability</li> </ul> <p>MRRC did not provide proof that they have access to an interpreter through Worldwide Interpreting Services or another interpretive/translation agency for residents requiring interpreting or translation in another language to assist in the translation of PREA related information to residents during intake, risk assessment and when filing an allegation for sexual abuse and sexual harassment. KCI’s Quality Assurance Manager/PREA Coordinator indicated during her interview that they have not had in their population residents who were deaf or hard of hearing, blind or have low vision, intellectually, psychiatric or having a speech disability in the last 12 months. She did provide this auditor with a memorandum indicating that the Worldwide Interpreting would provide interpretative translation services if a staff interpreter was not available, during the onsite phase, while she awaits the executed service agreement. In the meantime, the facility has downloaded the Google Translation application onto a kiosk iPad for staff usage if and when they have a limited in English Proficient resident in their population in need of translation until a service contract can be secured. This auditor did have access to and tested this Google Translation application on the kiosk iPad for its functionality and found it to be sufficient until they secure a service contract with a translation/interpretive agency. The facility is not in compliance with this provision</p>

115.216. (b) KCI's Quality Assurance Manager/PREA Coordinator did indicate during her interview that they will do whatever is necessary to ensure the residents understand the PREA standards and their rights. Information is available in multiple formats to ensure residents with disabilities have equal opportunities to participate and benefit from the PREA educational information. All PREA Educational videos have closed captioning for multiple languages and audio is available for those with vision issues. KCI Inc's Zero Tolerance information is read to those who may not be able to read as well as to all new arrivals by the case managers during their risk screening assessments. She further stated that MRRC will utilize, when necessary, staff as translators and Worldwide Interpreting Service representative as a resource for residents who may be deaf, speech impaired, limited in English proficiency, blind and or low vision or who are psychiatric or are intellectually impaired. The facility is in compliance with this provision

115.216 (c) MRRC does not use other residents to interpret, read, or otherwise assist except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise safety, the performance of first responder duties, or an investigation. KCI's Quality Assurance Manager/PREA Coordinator and Intake staff stated during their interviews that MRRC does not use resident interpreters or assistants for reporting sexual abuse and sexual harassment allegations in the last 12 months. During the random staff interviews all 9 random staff members indicated that MRRC has not utilized resident interpreters or assistants for reporting sexual abuse and sexual harassment allegations in the last 12 months. The facility is in compliance with this provision

This facility is not in compliance with this standard.

Corrective Action required: The facility must provide a MOU or service agreement with Worldwide Interpreting Services or another interpretive/translation agency to demonstrate that MRRC staff have access to provide interpreting and translation services to residents, as needed, during intake, risk screenings and when a resident want to report a sexual abuse or sexual harassment allegation in order to be in compliance with this standard.

Corrective Action Response: The Quality Assurance Manager/PREA Coordinator did provide to this auditor a copy of the service agreement with Hands Up Communication, the agency that will provide interpreting and translations services for residents that are Limited in English Proficiency during intake, when conducting the risk screening and reassessment and when a Limited English Proficient resident need to report a sexual abuse or sexual harassment allegation. The facility is in compliance with this standard.

<b>115.217</b>	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

115.217 (a). KCI Inc and MRRC does not hire or promote anyone who may have contact with resident and does not use services of any contractor who may have contact with the person if the person:

(I) has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution;

(ii) who have 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, of if the victim did not consent or was unable to consent or refuse.

(iii) Enlist the services of any contractor who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; or who have 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, of if the victim did not consent or was unable to consent or refuse.

(iv) Enlist the services of any contractor who has been civilly or administratively adjudicated or 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.

The KCI Inc. Human Resource staff confirmed during her interview that MRRC has not hired, promoted, or contracted with anyone who meets the criteria listed above in (I) through (iv). A review of employee files revealed that there was no documented evidence of MRRC hiring, promoting or utilizing the services of any contractors during the last 12 months as stated above. The facility is in compliance with this provision

115.217 (b) The KCI Inc. Human Resource staff stated during her interview that any person who may have contact with residents, MRRC will consider any incidents of sexual harassment in determining whether to hire, promote, or contract for services. The Human Resource staff indicated during her interview that a thorough criminal background check and pre-employment reference checks are conducted before an applicant or contractor is offered a position. MRRC Facility Director did provide to this auditor evidence that criminal record checks had been conducted on current employees. She further stated that Federal Bureau of Prisons (BOP). who conducts the background and criminal checks, would provide information to her via email if any applicant has been arrested or come in contact with law enforcement for sexual activity in the community and or in a facility. A review of the employee files revealed no documented evidence of MRRC hiring, promoting staff or procuring the services of a contractor or volunteer in violation of this provision. The facility is in compliance with this provision

115.217 (c) The Human Resource staff stated during her interview that before hiring new employees who may have contact with resident, KCI will:

(i) Performs a criminal background records and reference check

(ii) Makes 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.

A review of the employee files revealed that MRRC have conducted background and completed reference checks on all of the existing and new employees in the last 12 months. Since none of the new hires in the last 12 months came from a previous institutional employer, no information regarding substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse was applicable. During the interview with the KCI Inc. Human Resource staff stated there was 7 new hires in the last 12 months who did not come from institutional employer. During the employee file review, it was ascertained that no institutional reference check had been performed on these new hires because they had no previous institutional correctional experience. During the onsite audit this auditor was provided a sample letter that would be send to a prior institutional employer for information on substantiated related incidents and or resignations of a prospective applicant prior to hiring them. The facility is in compliance with this provision

115.217 (d) The KCI Inc. Human Resource staff stated during her interview that before enlisting the services of a contractor who may have contact with residents, KCI will:

(i) Performs a criminal background records and reference check

Further file review revealed that there were no contractor files to reflect that criminal records checks had been conducted in the last 12 months since this facility does not employ any contractors. The facility is in compliance with this provision

115.217 (e) KCI Inc. Zero Tolerance policy states that they will conduct criminal background checks every five years of current employees and on contractors who may have contact with residents. This was not evident through the employee file review of the staff, though stated in the interviews with KCI's Quality Assurance Manager/PREA Coordinator and the Human Resource staff. They reported that MRRC had background checks conducted annually on all of their employees and did provide proof documentation of the same to this auditor during the onsite visit. The facility is in compliance with this provision

115.217 (f) The KCI Inc. Human Resource staff stated during her interview that she asks applicants and employees who may have contact with residents directly about previous misconduct described in subparagraph (A) of this paragraph, which is written on the application, is asked during interviews for hiring or promotion and in any interviews or written self-evaluations conducted as part of reviews of current employees. The Human Resource staff indicated during her interview that MRRC employees have a continuing affirmative duty to disclose any such misconduct and that material omissions regarding such misconduct or the provision of materially false information is grounds for termination of employment. MRRC did provide during the pre-audit phase a blank PREA Requirement Hire and Promotion Annual Evaluation document that is completed on each employee as part of their

	<p>continuing affirmative duty to disclose any such misconduct. The facility is in compliance with this provision</p> <p>115.217 (g) The KCI Inc. Human Resource staff stated during her interview that material omissions regarding such misconduct or the provision of materially false information is grounds for termination of employment. The Human Resource staff did indicate during her interview that all staff and contractors have been informed of this policy and that there have been no violations of this policy in the last 12 months. The facility is in compliance with this provision</p> <p>115.217 (h) The KCI Inc. Human Resource staff stated during her interview that unless prohibited by law, MRRC will provide information on substantiated allegations of sexual abuse or sexual harassment involving former employees upon receiving a request from an institutional employer for whom the former employee has applied to work. During the interview with the Human Resource staff, she indicated that such disclosures would not be an issue because most reference checks are accompanied by written permission to disclose information from the subject of the reference check. At the time of the onsite audit the KCI Inc. Human Resource staff indicated that she had not received any requests for information from an institutional employer on a current staff since none of the new hires have worked for an institutional employer. The facility is in compliance with this provision</p> <p>This facility is in compliance with this standard.</p> <p>Corrective Action required: None</p>
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<b>115.218</b>	<b>Upgrades to facilities and technology</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.218 (a) KCI's Quality Assurance Manager/PREA Coordinator stated during her interview that when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, MRRC will consider the effect of the design, acquisition, expansion, or modification on the agency's ability to protect residents from sexual abuse. KCI's Quality Assurance Manager/PREA Coordinator and MRRC Facility Director indicated during their interviews that there have not been any expansion or modification of existing facilities to consider the effect of the design, acquisition, expansion, or modification upon MRRC's ability to protect residents from sexual abuse. The facility is in compliance with this provision</p> <p>115.218 (b) KCI's Quality Assurance Manager/PREA Coordinator stated during her interview that when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, MRRC considers how such technology may enhance the agency's ability to protect youth from sexual abuse. During the site review this auditor noticed that MRRC has 1 camera installed at the</p>



	<p>front entrance stairway, 2 at the monitor work station, 3 in the common areas, and 6 on the underside and rear of the building to enhance the agency's ability to protect residents from sexual abuse, for a total of 12. The building sit on pillars to elevate it from any flood waters since it sit in a covert of the Gulf of Mexico. No other cameras or electronic surveillance systems have been installed since the last audit nor in the last 12 months or since August 20, 2012. The facility is in compliance with this provision</p> <p>This facility is in compliance with this standard.</p> <p>Corrective Action required: None</p>
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115.221	Evidence protocol and forensic medical examinations
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>115.221 (a) MRRC is not responsible for investigating allegations of sexual abuse and sexual harassment. The Baldwin County Sheriff Department and or Spanish Fort Police Department will conduct the criminal investigations and the Federal Bureau of Prisons conducts the administrative investigations according to the KCI's Quality Assurance Manager/PREA Coordinator. The facility is in compliance with this provision</p> <p>115.221 (b) MRRC is not responsible for investigating allegations of sexual abuse and sexual harassment. The Baldwin County Sheriff Department and or Spanish Fort Police Department conducts the criminal investigations and the Federal Bureau of Prisons conducts the administrative investigations according to the KCI's Quality Assurance Manager/PREA Coordinator. The PREA Coordinator indicated during her interview that the protocol being utilized by the Federal Bureau of Prison, who conducts the administrative investigation and Baldwin County Sheriff Department and or the Spanish Fort Police Department, who conducts the criminal investigations, is 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, Adult/Adolescents developed after 2011. The facility is in compliance with this provision.</p> <p>115.221 (c) KCI's Quality Assurance Manager/PREA Coordinator stated during her interview that when evidentiarily or medically appropriate, MRRC transports residents who experience sexual abuse to the Baldwin County Hospital's emergency rooms that can provide a medical examination by a Sexual Assault Nurse Examiner (SANE) and that such medical examinations are provided at no financial cost to the resident. KCI's Quality Assurance Manager/PREA Coordinator also stated during her interview that in the event of a sexual abuse allegation, MRRC would call the Baldwin County Sheriff Department and or Spanish Fort Police Department conducts</p>

the criminal investigations and the Federal Bureau of Prisons for administrative investigations of such allegation. The Lighthouse Rape Crisis Center of Baldwin County, an affiliate with the Lifeline Counseling Services would be contacted for coordination of the SANE examination, which would be conducted at the Baldwin County Hospital. The SANE Nurse at Baldwin Hospital explained that it is the hospital's practice is to have a forensic nurse available 24 hours a day and when sexual assault has occurred, a forensic nurse who is a sexual assault nurse examiner (SANE) will provide nonjudgmental, compassionate care to the patient. SANEs are registered nurses who have had specialized training in the comprehensive medical forensic care of patients who have experienced sexual assault. KCI's Quality Assurance Manager/PREA Coordinator further indicated during her interview that there have been no referrals of sexual abuse victims to the Baldwin County Hospital in the last 12 months. A review of the resident files corroborated this assertion. The facility is in compliance with this provision

115.221 (d) KCI's Quality Assurance Manager/PREA Coordinator stated during her interview that MRRC will secured victim advocacy services from a local rape crisis center, the Lighthouse Rape Crisis Center of Baldwin County, an affiliate of Lifeline Counseling Services. They will provide crisis counseling and emotional support services free of charge inclusive counseling, and forensic examinations. The hotline advocate indicated during her interview that all correctional facility forensic examinations would occur at Baldwin County Hospital depending on the facility's location. KCI's Quality Assurance Manager/PREA Coordinator did provide a Memorandum of Understanding between MRRC and the Lighthouse Rape Crisis Center, an affiliate of Lifeline Counseling Services to corroborate the services to be offered for a sexual abuse victim. The facility is in compliance with this provision

115.221 (e) KCI's Quality Assurance Manager/PREA Coordinator and the Lighthouse Rape Crisis Center of Baldwin County, an affiliate of Lifeline Counseling Services, Hotline Advocate indicated during their interviews that a qualified victim advocate from the Lifeline would accompany and support a sexual abuse victim through the forensic examination process and investigatory interviews. The Lighthouse Rape Crisis Center's Hotline Advocate further stated during her interview that their services are available 24/7 and include emotional support, crises intervention, information, and referrals. The facility is in compliance with this provision

115.221 (f) KCI's Quality Assurance Manager/PREA Coordinator did provide this auditor with an email from Baldwin County Sheriff Department and or Spanish Fort Police Department and the Federal Bureau of Prisons requesting their confirmation that they will conduct all criminal and administrative investigations as required in paragraph (a) through (e) of this section. The facility is in compliance with this provision

115.221 (g) Auditor is not required to audit this provision.

115.221. (h) KCI's Quality Assurance Manager/PREA Coordinator stated during her interview that MRRC would always make a victim advocate available from the Lighthouse Rape Crisis Center of Baldwin County, an affiliate of Lifeline Counseling

	<p>Services, who are qualified, and received the appropriate education concerning sexual assault and forensic examinations issues in general. The facility is in compliance with this provision</p> <p>This facility is in compliance with this standard.</p> <p>Corrective Action required: None</p>
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115.222	Policies to ensure referrals of allegations for investigations
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>115.222 (a) KCI's Inc. Zero Tolerance Policy states that that all allegations of sexual abuse and sexual harassment are reported to and investigated by the Baldwin County Sheriff Department and or Spanish Fort conducts the criminal investigations and the Federal Bureau of Prisons for administrative investigations and for criminal investigations respectfully. KCI's Quality Assurance Manager/PREA Coordinator and MRRC's Facility Director report zero administrative and zero criminal investigations for sexual abuse in the last 12 months. She further stated that if any were to occur that she would ensure that all allegations of sexual abuse and sexual harassment are completed by the investigative entities. The facility is in compliance with this provision</p> <p>115.222 (b) KCI's Inc. Zero Tolerance Policy states that all allegations of sexual abuse and sexual harassment are assigned to the appropriate agencies, the Baldwin County Sheriff Department and or Spanish Fort Police Department conducts the criminal investigations and the Federal Bureau of Prisons for administrative investigations. Since the last audit in 2021, KCI's Zero Tolerance Policy was posted on their agency web page at <a href="http://www.keetoncorrections.com">www.keetoncorrections.com</a>. KCI's Quality Assurance Manager/PREA Coordinator did indicate during her interview that the facility would document all referrals of sexual abuse and sexual harassment incidents for investigation to the appropriate investigative entities. The facility is in compliance with this provision</p> <p>115.222 (c) KCI's Inc. Zero Tolerance Policy states that all allegations of sexual abuse and sexual harassment are assigned to the appropriate agency, The Baldwin County Sheriff Department and or Spanish Fort Police Department conducts the criminal investigations and the Federal Bureau of Prisons for administrative investigations. KCI's Quality Assurance Manager/PREA Coordinator did provide to this auditor a copy of the emails describing the responsibility of the Baldwin County Sheriff Department and or Spanish Fort conducts the criminal investigations and the Federal Bureau of Prisons for conducting the sexual abuse and sexual harassment investigations. The facility is in compliance with this provision.</p> <p>This facility is in compliance with this standard.</p>

	Corrective Action required: None
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<b>115.231</b>	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.231 (a) KCI's Inc. Zero Tolerance Policy, states that it will provide PREA related training to all its employees who may have contact with resident. MRRC training addresses:</p> <ul style="list-style-type: none"> <li>· Its Zero Tolerance policy for sexual abuse and sexual harassment</li> <li>· How to fulfill their PREA responsibilities under MRRC Zero Tolerance policies and procedures.</li> <li>· Residents right to be free from sexual abuse and sexual harassment.</li> <li>· The right of residents and employees to be free from sexual abuse and harassment.</li> <li>· The right of residents to be free from retaliation for reporting sexual abuse and harassment</li> <li>· The dynamics of sexual abuse and sexual harassment in confinement.</li> <li>· The common reactions of sexual abuse and sexual harassment victims.</li> <li>· How to detect and respond to signs of threatened and actual sexual abuse.</li> <li>· How to avoid inappropriate relationships with residents.</li> <li>· How to communicate effectively and professionally with residents including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents.</li> <li>· How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.</li> </ul> <p>It was ascertained during the interviews conducted with the 9 random staff that the PREA training they received cover the above 11 points as required. KCI's Quality Assurance Manager/PREA Coordinator indicated during her interview that MRRC utilizes the Moss Group 8-hour Employee PREA Training modules from the PREA Resource Center's website when training their staff. She did provide acknowledgement statements from the staff in the last 12 months indicating their understanding of the PREA training received. Note: This auditor was only able to</p>

	<p>interview the 9 random staff, which is well below the minimum required of 12, due to sickness, bereavement leave and failure of staff to report to work as scheduled during the onsite visit. The facility is in compliance with this provision</p> <p>115.231 (b) KCI's Quality Assurance Manager/PREA Coordinator stated that the PREA training is tailored to the unique needs and attributes the gender of the residents at the facility. MRRC is a coed facility and the staff of the opposite gender do receive the same training, which was also corroborated from the PAQ response. This auditor conducted a file review of random sampled employees as ascertained that the training documentation reviewed is in compliance with this standard. KCI's Quality Assurance Manager/PREA Coordinator also stated that the PREA training is provided during new employee at orientation, annually and at the 2-year annual refresher training interval. The facility is in compliance with this provision</p> <p>115.231 (c) KCI's Quality Assurance Manager/PREA Coordinator indicated during her interview and did provide to this auditor during the pre-audit phase written verification that the staff received the annual in classroom PREA training in March of this year and they all signed an acknowledgement statement that they understood their PREA responsibilities. A review of the training records revealed that they also received the 2-year refresher training during regular staff meetings also. KCI's Quality Assurance Manager/PREA Coordinator indicated during her interview that all staff receives refresher PREA training on their Zero Tolerance policy annually. This also was confirmed when reviewing the employee training files. The facility is in compliance with this provision</p> <p>115.231 (d) KCI's Quality Assurance Manager/PREA Coordinator did provide to this auditor training documentation where the staff being trained acknowledged with their signature that they understand the training they received. During the interviews with all of the staff it was ascertained that they had a good understanding of 115.211 (a, 1-11) thereby corroborating their signed acknowledgement statement. The facility is in compliance with this provision</p> <p>This facility is in compliance with this standard.</p> <p>Corrective Action required: None.</p>
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<b>115.232</b>	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.232 (a) KCI's Inc. Zero Tolerance Policy states that MRRC ensures and will document all volunteers and contractors who have direct access to resident have been trained on and understand their responsibilities under MRRC sexual abuse and</p>

	<p>sexual harassment policies and procedures. This facility has not had volunteers or contractors working with the residents in the last 12 months that have received PREA training regarding their reporting responsibilities since the onset of the Covid-19 pandemic to date. This assertion was corroborated during the interview with the Facility Director and the Quality Assurance Manager/PREA Coordinator during their interviews. The facility is in compliance with this provision</p> <p>115.232 (b) KCI's Quality Assurance Manager/PREA Coordinator/ PREA Coordinator did provide a copy of the Volunteer Packet that volunteers and contractors would be provided if they were employed, which outlines their responsibilities under their Zero Tolerance policy. The facility is in compliance with this provision</p> <p>115.232 (c) KCI's Quality Assurance Manager/PREA Coordinator/ PREA Coordinator did indicate that MRRC would maintain any and all documentation confirming that a volunteer or contractor understood the training received. Since this facility has not had any volunteers providing services in the last 12 months the provision of documentation for a volunteer is not applicable. The facility is in compliance with this provision</p> <p>This facility is in compliance with this standard</p> <p>Corrective Action required: None</p>
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<b>115.233</b>	<b>Resident education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.233 (a) KCI's Inc. Zero Tolerance Policy states that during the admissions/intake process the resident are provided, by MRRC, appropriate PREA information about the agencies Zero Tolerance Policy and how to report incidents or suspicions of sexual abuse, right to be free from sexual abuse and sexual harassment, rights to be free from retaliation for reporting such incidents of sexual harassment or sexual activity. This information, as observed during an intake was done through verbal explanation by the intake staff after being provided the appropriate PREA education information found in their PREA brochure, in the Resident Handbook and the "What you need to Know" PREA video. The What you need to Know PREA video does address the following points: • Resident rights to be free from sexual abuse and sexual harassment • Their rights to be free from retaliation for reporting such incidents • The agency's policies and procedures for responding to such incidents.</p> <p>KCI's Quality Assurance Manager/PREA Coordinator also provided to this auditor with a copy the MRRC Resident Handbook in English and Spanish. During the random resident interviews, 12 of the 12 residents reported that this information was provided and explained to them upon intake. They further indicated that they understood the facility's zero-tolerance policy and know how to report a sexual</p>

abuse and sexual harassment allegation if one was to occur. Over the past 12 months 250 residents were admitted to MRRC and all of the intake packets included an acknowledgement statement signed by each resident that they received and understood the zero-tolerance policy information. When reviewing randomly selected resident files this auditor found no evidence that there were residents who had not receive the required Zero Tolerance Policy information. It was ascertained from the resident interviews that they had seen the "What you need to Know" video during their orientation to the facility. The facility is in compliance with this provision.

115.233 (b) KCI's Inc. Zero Tolerance Policy states and KCI's Quality Assurance Manager/PREA Coordinator corroborated that within 72 hours of admission, the MRRC intake staff provides refresher PREA education to resident who are transferred into their facility. During the interview with the case manager who also conducts the initial assessment, she corroborated this assertion. The facility is in compliance with this provision

115.233 (c) KCI's Inc. Zero Tolerance Policy states and KCI's Quality Assurance Manager/PREA Coordinator corroborated that resident education would be provided in formats accessible to all residents who are: • Limited in English Proficient • Deaf • Visually impaired • Otherwise, disabled • Having limited reading skills The MRRC intake staff provided this auditor with the resident education in formats accessible to all residents at the facility during this audit, including materials translated into Spanish. During the random resident interviews 12 of the 12 residents interviewed, they all indicated that they had received the PREA education on the day of their risk screening assessment. A review of the resident files indicated that all the randomly selected resident files did not have an acknowledgement or education roster reflecting that they did receive the PREA education within 72 hours from intake. During the intake staff interview this auditor asked him how she ensures that the current residents as well as those transferred in from other facilities were educated on the agency's Zero Tolerance Policy. She stated that regardless of how, when, or where a resident comes to the facility, they are provided with the same PREA education about their rights to be free from sexual abuse, sexual harassment, retaliation and how to report a sexual abuse and sexual harassment allegation. The facility is not in compliance with this provision

115.233 (d) The MRRC intake staff and KCI's Quality Assurance Manager/PREA Coordinator and the Intake staff did state to this auditor during their interview that the facility does maintain documentation in the resident's file (hard copy and electronically) of their participation in the PREA education session upon intake. There was documentation to reflect that the resident viewed the "What you need to Know" PREA education video after intake as per their PREA policy. A review of the resident's file corroborated their assertion. The facility is in compliance with this provision.

115.233 (e) During the pre-audit phase KCI's Quality Assurance Manager/PREA Coordinator did provide to this auditor pictures of the sexual abuse and sexual harassment posters and they were observed affixed to the bulletin board in the

	<p>common area of the facility during the site review. These posters did include the 24-hour confidential crisis line number 251-431-5100 for reporting a sexual abuse and sexual harassment allegation as well as the name, address and phone number of the Lighthouse, an affiliate of Lifeline Counseling Services number 251-473-7273 when seeking emotional support and crisis intervention. This auditor also received a copy of and reviewed the key PREA information that is in PREA brochure and in the Resident Handbook in (English and Spanish). The facility is in compliance with this provision</p> <p>This facility is not in compliance with this standard.</p> <p>Corrective Action required: The facility must provide to this auditor copies of the resident's PREA education acknowledgement forms demonstrating that they did receive the PREA education within 72 hours of intake in order to be in compliance with this standard.</p> <p>Corrective Action Response: The PREA Coordinator did provide copies of the signed PREA education acknowledgement forms from the residents who had been educated in PREA within 72 hours of intake, therefore this facility is in compliance with this standard.</p>
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<b>115.234</b>	<b>Specialized training: Investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>115.234 (a) According to KCI's Quality Assurance Manager/PREA Coordinator and the Facility Director MRRC does not have any employees that are facility investigators nor do they conduct administrative and criminal sexual abuse and sexual harassment investigations. Administrative and criminal sexual abuse and sexual harassment investigations are conducted by the Baldwin County Sheriff Department and or Spanish Fort Police Department who will conduct the criminal investigations and the Federal Bureau of Prisons who will conduct the administrative investigations. The facility is in compliance with this provision.</p> <p>115.234 (b) According to KCI's Quality Assurance Manager/PREA Coordinator and the Facility Director MRRC does not have facility investigators nor do they conduct administrative and criminal sexual abuse and sexual harassment investigations. The Baldwin County Sheriff Department and or Spanish Fort Police Department will conduct the criminal investigations and the Federal Bureau of Prisons conducts the administrative investigations. The facility is in compliance with this provision</p> <p>115.234 (c) According to KCI's Quality Assurance Manager/PREA Coordinator and the Facility Director MRRC does not have facility investigators nor do they conduct administrative and criminal sexual abuse and sexual harassment investigations. Administrative and criminal sexual abuse and sexual harassment investigations are</p>



	<p>conducted by the Baldwin County Sheriff Department and or Spanish Fort Police Department, who will conduct the criminal investigations and the Federal Bureau of Prisons, who will conduct the administrative investigations. The facility is in compliance with this provision</p> <p>115.234 (d) The KCI Quality Assurance Manager/PREA Coordinator and the Facility Director indicated during their interviews that they believe that the Federal Bureau of Prisons (BOP) does provide training for their investigators on how to conduct investigations in a confinement setting. The facility is in compliance with this provision.</p> <p>This facility is in compliance with this standard.</p> <p>Corrective Action required: None</p>
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115.235	<b>Specialized training: Medical and mental health care</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>115.235 (a) The KCI Inc. Human Resource staff, KCI's Quality Assurance Manager/ PREA Coordinator and Facility Director did indicate in their interviews that MRRC have not employed any medical or mental health staff since the onset of the Covid-19 pandemic, but, if and when they do, medical and mental health staff would be required to receive PREA related training on:</p> <ul style="list-style-type: none"> <li>· How to detect and assess signs of sexual abuse and sexual harassment</li> <li>· How to preserve physical evidence of sexual abuse</li> <li>· How to respond effectively and professionally to victims of sexual abuse and sexual harassment</li> <li>· How and whom to report allegations or suspicions of sexual abuse and sexual harassment</li> </ul> <p>The PREA Coordinator/Quality Assurance Manager and the MRRC Facility Director did indicate during their interviews that no volunteer or contractor has received PREA related training in the last 12 months since the onset of the Covid-19 pandemic. This facility is in compliance with this provision.</p> <p>115.235 (b) The KCI Inc. Human Resource staff, KCI's Quality Assurance Manager/ PREA Coordinator and Facility Director did indicate in their interviews that they do not employ a contract with medical staff and that all medical related inquiries, services, etc. are referred to the Baldwin County Hospital. The facility is in compliance with this provision</p>

	<p>115.235 (c) The KCI Inc. Human Resource staff, KCI's Quality Assurance Manager/ PREA Coordinator and Facility Director did indicate in their interviews that they do not employ contracting medical and mental health practitioners for this facility, but if they did, they would receive the training referenced in this standard. The facility is in compliance with this provision</p> <p>115.235 (d) The KCI Inc. Human Resource staff, KCI's Quality Assurance Manager/ PREA Coordinator and Facility Director did indicate in their interviews that they do not employ a contractors and volunteers for this facility since the onset of the Covid-19 pandemic. But when they do, they will receive the mandated training for employees under 115.231 and 115.232, depending on the practitioners status with this facility. The facility is in compliance with this provision</p> <p>This facility is in compliance with this standard</p> <p>Corrective Action required: None</p>
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<b>115.241</b>	<b>Screening for risk of victimization and abusiveness</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>115.241 (a) It was observed by this auditor during the onsite phase of the audit that MRRC does use an objective screening instrument within 72 hours after a resident's admission to obtain information about the resident's personal history and behavior to reduce the risk of sexual abuse by or upon another resident. The case manager was utilizing the intake screening assessment tool application in their security management system (SMS) and indicated that all residents would be assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive towards other residents. During the interviews with KCI's Quality Assurance Manager/PREA Coordinator and the Facility Director they corroborated this protocol for all admissions upon their arrival and transfers to another facility. The facility is in compliance with this provision</p> <p>115.241 (b) KCI's Inc. Zero Tolerance Policy states that residents shall receive an intake screening within 72 hours of their arrival to the facility. It was observed by this auditor during the onsite phase of this audit that the case manager did conduct the intake screening assessment of a new resident within just a few hours of the resident's arrival to the facility. Upon conducting the random file review of the 12 residents, this auditor found that 100% of those files had a risk screening completed within the 72-hour time period that was corroborated when shown these files in the security management system's (SMS) by the KCI's Quality Assurance Manager/PREA Coordinator. The facility is in compliance with this provision</p> <p>115.241 (c) It was observed in MRRC's security management system (SMS) that all PREA screening assessments being conducted is recorded using an objective intake</p>

screening instrument. 12 of the 12 resident files reviewed in the SMS reflected the usage of the same PREA screening instrument being utilized. The Quality Assurance Manager, the Facility Director and the Lead Case Manager all corroborated this assertion during their interviews. The facility is in compliance with this provision

115.241 (d) The intake screening instrument used at MRRC, does attempt to ascertain the following information:

1. Mental, physical, or developmental disabilities
2. Age of the resident;
3. Physical build of resident
4. Previous incarcerations
5. If criminal history is exclusively nonviolent;
6. Whether the resident has prior convictions for sex offenses against an adult or child
7. Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming;
8. The screener's perception of whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI.
9. Whether the resident has previously experienced sexual victimization
10. The residents own perception of vulnerability.

During the interview with the Intake staff, she stated during his interview that all the screening questions being asked the resident during the intake PREA risk screening were being captured when she utilizes PREA Audit of the security management system (SMS) software. The facility is in compliance with this provision

115.241 (e) KCI's Quality Assurance Manager/PREA Coordinator and the Intake staff indicated during their interviews that the security management system software screening instrument does consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the facility, when assessing residents for risk of being sexually abused. The facility is in compliance with this provision

115.241 (f) KCI's Quality Assurance Manager/PREA Coordinator and the Intake staff did state during their interviews that MRRC does reassess residents within 30 days of their arrival to the facility for their risk of victimization or abusiveness based upon additional, relevant information received by the facility since the intake screening. A review of the electronic files of 12 residents reflected that all of them had not been re-assessment 30 days after their intake. This auditor was not provided with sample copies of the risk screening reassessment during the onsite visit. The facility is not in compliance with this provision.

115.241 (g) KCI's Quality Assurance Manager/PREA Coordinator and the Intake staff stated during their interviews that MRRC will reassess a resident's risk level when warranted due to a referral, a request, an incident of sexual abuse or receipt of additional information that bears the resident's risk of sexual victimization and abusiveness. Furthermore, they stated that in the last 12 months there have been no reassessments of a resident's risk level due to a referral, a request, an incident of sexual abuse or receipt of additional information that bears the resident's risk of sexual victimization and abusiveness. The facility is in compliance with this provision

115.241 (h) KCI's Quality Assurance Manager/PREA Coordinator stated during her interview that MRRC has not ever disciplined a resident for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), (d)(9) of this section. The Intake staff corroborated this assertion. A review of the resident files did not reveal any resident receiving any disciplinary action for not responding to questions during their risk assessment. The facility is in compliance with this provision

115.241 (i) KCI's Quality Assurance Manager/PREA Coordinator, the Facility Director and the Intake staff all indicated during their interviews that MRRC has implemented the appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents. This auditor was able to review these electronic files on the case manager's computer during the onsite visit. The electronic version of the risk assessments is maintained in their security management system (SMS) that requires a certain level of security access (password protection) to pull up the questionnaire. A test was conducted by this auditor on the Monitor's computer in the monitor's station to ascertain if they could access and review the risk assessment information and they were unable to access it. The facility is in compliance with this provision

This facility is not in compliance with this standard

Corrective Action required: The facility must provide copies of the electronic version of the risk reassessments conducted by the case manager staff, from the (SMS) for the next 30 days to demonstrate the "institutionalization" of this practice in order to be in compliance with this provision.

Corrective Action Response: The PREA Coordinator did provide to this auditor copies of the reassessment conducted within 30 days of Intake thereby demonstrating compliance and institutionalization with this standard. The facility is in compliance with this standard.

<b>115.242</b>	<b>Use of screening information</b>
	<b>Auditor Overall Determination:</b> Meets Standard

**Auditor Discussion**

115.242 (a) KCI's Inc. Zero Tolerance Policy states that MRRC uses all information obtained during risk screening to make housing, bed, work, education, and program assignments for each resident. The Intake staff, KCI's Quality Assurance Manager/PREA Coordinator and the Facility Director confirmed in their interviews that information learned during the intake risk screening assessment is used to make these informed decisions. The facility is in compliance with this provision

115.242 (b) KCI's Inc. Zero Tolerance Policy states that they will make individualized determinations during the intake risk assessment about how to ensure the safety of each resident. The KCI's Quality Assurance Manager/PREA Coordinator, the Intake staff and the Facility Director corroborated this policy and practice during their interviews. The facility is in compliance with this provision

115.242 (c) MRRC is a coed facility. KCI's Quality Assurance Manager/PREA Coordinator stated during her interview that MRRC did not have any transgender or intersex residents in their population over the last 12 months. A review of the resident's file revealed that no transgender or intersex resident had been in their population in the last 12 months. The Intake staff stated during his interview that the housing assignments would be made on a case-by-case basis and as with all residents, the assignment would be based on ensuring the residents health and safety, and whether placement would present management or security problems. MRRC reported on the PAQ of having zero transgender and zero intersex residents in their facility during the last 12 months. The facility is in compliance with this provision

115.242 (d) KCI's Inc. Zero Tolerance Policy states that MRRC would give serious consideration with respect to a transgender or intersex resident's own view concerning their safety when making placement and programming assignments. A review of the resident's file revealed that no transgender or intersex resident had been in their population in the last 12 months. MRRC reported on the PAQ of having zero transgender and zero intersex residents in their population during the last 12 months. The facility is in compliance with this provision

115.242 (e) KCI's Inc. Zero Tolerance Policy states that they would provide the opportunity for transgender and intersex resident the opportunity to shower separately from the other residents if any were in their population. During the facility site review this auditor observed the shower areas which are all single user shower room providing shower curtains for the resident's privacy. The facility is in compliance with this provision.

115.242 (f) KCI's Inc. Zero Tolerance Policy states that they shall not place lesbian, gay, bisexual, transgender, or intersex residents in a dedicated wing or unit solely on the basis of such identification or status, unless such placement is in a dedicated facility, unit, wing, established in connection with a consent decree, legal settlement, or legal judgement for the purpose of protecting such residents. Based on the facility's schematics, MRRC facility is a community confinement facility and

	<p>as such, it is not designed as a dedicated facility for this vulnerable, targeted population. The responses of the KCI's Quality Assurance Manager/PREA Coordinator, the Intake staff and the Facility Director during their interviews did corroborate MRRC's policy and practice regarding this provision. The facility is in compliance with this provision</p> <p>This facility is in compliance with this standard.</p> <p>Corrective Action required: None</p>
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<b>115.251</b>	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.251 (a) KCI's Quality Assurance Manager/PREA Coordinator stated during her interview that MRRC will provide multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff including staff neglect or violation of responsibilities that may have contributed to such incidents. KCI's Inc. Zero Tolerance Policy lists the following ways to report:</p> <ul style="list-style-type: none"> <li>(i) Submitting a written grievance, verbally or by any means the resident has access to;</li> <li>(ii) Calling the 24-hour toll free hotline 1 800-656-4673 without being heard by staff or other residents;</li> <li>(iii) Telling any staff member, volunteer, or contract employee who must then call the hotline <ul style="list-style-type: none"> <li>and inform the KCI's Quality Assurance Manager/PREA Coordinator;</li> </ul> </li> </ul> <p>or</p> <ul style="list-style-type: none"> <li>(iv) Calling and or writing the Federal Bureau of Prisons (BOP) number/ address.</li> </ul> <p>During the interviews with the random residents, they all indicated their knowledge of reporting a sexual abuse and sexual harassment, retaliation or staff neglect allegations by either telling a staff member, write a grievance or call the agency's anonymous number that is listed in the PREA brochure and on the bulletin board. This auditor observed during the site review on the common area's bulletin board the hotline for Federal Bureau of Prison (BOP) address and number being displayed of which a resident can call or write to report a sexual abuse and sexual harassment allegation or incident. During the random staff interviews they all indicated the ways a resident can report a sexual abuse and sexual harassment allegation by</p>

informing them, writing a grievance, calling the 1-800 number or by informing the facility director. The facility is in compliance with this provision

115.251 (b) KCI's Quality Assurance Manager/PREA Coordinator stated during her interview that a resident may call the toll-free hotline number maintained to Federal Bureau of Prisons (BOP), which is a government entity, not part of the facility or agency at 1 334-293-2355, to report a sexual abuse, sexual harassment, retaliation or staff neglect allegation.

KCI's Quality Assurance Manager/PREA Coordinator corroborated this practice during her interview. This auditor did make a test call to the Federal Bureau of Prison's Residential Reentry Hotline and the hotline representative did confirm the process for receipt and reporting sexual abuse and sexual harassment allegations back to the facility. During the random resident interviews each one indicated that they could make this call in a private area like the facility director or case manager's office, without being heard by the staff or other residents when reporting an allegation of sexual abuse and sexual harassment and could remain anonymous upon request. The facility is in compliance with this provision

115.251 (c) KCI's Quality Assurance Manager/PREA Coordinator stated during her interview that staff will promptly accepts verbal and written reports made anonymously or by third parties and promptly document any verbal reports. During the interview with the random staff, when asked this question, each staff stated that they would accept verbal reports of sexual abuse and sexual harassment verbally, in writing, anonymously, from third parties and would document them immediately on the agency's incident report form. A copy of the agency's sexual abuse incident review report form was provided to this auditor during the pre-audit phase. KCI's Quality Assurance Manager/PREA Coordinator and the Facility Director corroborated the random staff responses during their interviews. The facility is in compliance with this provision

115.251 (d) KCI's Quality Assurance Manager/PREA Coordinator stated during her interview that staff can privately report a sexual abuse, sexual harassment, retaliation or staff neglect that may contribute to an incident of sexual abuse by reporting it privately to the facility director, by calling the Federal Bureau of Prisons (BOP) PREA number at 334-293-2355, in writing to the address 820 Willow St, Maxwell AFB, Montgomery Alabama, 36112, by calling the Baldwin County Sheriff Department or the Spanish Fort Police Department. All of the random staff interviewed corroborated these methods of reporting a sexual abuse and sexual harassment allegation or incident privately. The facility is in compliance with this provision

This facility is in compliance with this standard.

Corrective Action required: None

<b>115.252</b>	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.252 (a) KCI's Inc. Zero Tolerance policy and practices does provide an opportunity for a resident at MRRC to file a grievance regarding sexual abuse which is their administrative remedy process. Nothing in this section shall restrict the agency's ability to defend against a lawsuit filed by a resident on the ground that the applicable statute of limitations has expired. KCI's Quality Assurance Manager/PREA Coordinator and MRRC's Facility Director corroborated this policy assertion during their interviews. The facility is in compliance with this provision</p> <p>115.252 (b) During the interview with KCI's Quality Assurance Manager/PREA Coordinator and MRRC's Facility Director, they reiterated their agency's policy practice that a resident can submit a grievance regarding an allegation of sexual abuse without any type of time limit. They also indicated that they practice refraining from requiring a resident to use any informal grievance process in an attempt to resolve a sexual abuse or sexual harassment allegation with the alleged staff member. The Intake staff stated during her interview that all residents during Intake are verbally informed of this procedure A review of the grievance log revealed that there were zero allegations of sexual abuse and sexual harassment in the last 12 months. The facility is in compliance with this provision</p> <p>115.252 (c) KCI's Inc. Zero Tolerance Policy states that a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint and that such grievances are not referred to a staff member who is the subject of a complaint. During the interviews with KCI's Quality Assurance Manager/PREA Coordinator and MRRC's Facility Director they corroborated this policy statement as a practice of refraining from requiring a resident to use any informal grievance process in an attempt to resolve with a sexual abuse or sexual harassment allegation with staff member. The Intake staff stated during her interview that all residents during Intake are verbally informed of this procedure. A review of the grievance log revealed that there were zero allegations of sexual abuse and sexual harassment in the last 12 months. The facility is in compliance with this provision</p> <p>115.252 (d) KCI's Quality Assurance Manager/PREA Coordinator and MRRC's Facility Director indicated during their interviews that the agency does 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 shall not include time consumed by residents in preparing any administrative appeal. She also acknowledged that if they determined that the 90-day timeframe is insufficient that she would make an appropriate decision, claim an extension of time of not more than 70 days, and notify the resident in writing of any such extension and provide a date by which a decision will be made. They further stated that if the resident does not receive a response, they could consider the absence of a response</p>



to be a denial at that level and can then pursue outside litigation. During the interviews of the random residents, random staff, and a review of the grievance log of the past 12 months, this auditor found zero grievances for sexual abuse or sexual harassment. Procedure. The facility is in compliance with this provision

115.252 (e) KCI's Inc. Zero Tolerance Policy states that MRRC will accept verbal and written reports made anonymously or by third parties and promptly documents these verbal reports. MRRC publicly distributes information on the agency's website for third party reporting.

According to KCI's Inc. Zero Tolerance Policy, 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. Third party forms were observed and available to the public on the agency's website as well as were provided to this auditor during the pre-audit phase. KCI's Quality Assurance Manager/PREA Coordinator and MRRC's Facility Director indicated during their interviews that third parties are permitted to file such requests on behalf of residents, if a resident were to decline to have a third-party request processed on his behalf, that MRRC would document the resident's decision. She further stated that MRRC accepts third party allegations and grievances from anyone, this includes appeals on behalf of the resident, and that no grievance would be conditioned upon the resident agreeing to have a request filed on his behalf. The facility is in compliance with this provision

115.252 (f) MRRC has an open-door policy to the Facility Director's office and that a resident can file an emergency grievance alleging that they are subject to a substantial risk of imminent sexual abuse at any time. The Resident Handbook that was provided during the pre-audit phase has the grievance process outlined including the filing of an emergency grievance therein. During the interviews with the random staff, they all responded that if a resident submitted an emergency grievance or approached them indicating that they are at risk of imminent sexual abuse that they would take immediate action to keep the resident safe and immediately contact the Facility Director.

KCI's Quality Assurance Manager/PREA Coordinator indicated that after receiving an emergency grievance, that she or the Facility Director would provide an initial response to the resident within 48 hours, issue a final decision within 5 calendar days, document the facility's determination whether the resident is in substantial risk of imminent sexual abuse, take necessary and immediate action and document the facility's final decision in response to the emergency grievance. KCI's Quality Assurance Manager/PREA Coordinator and the MRRC Facility Director both stated also during their interviews that there have not been any emergency grievances filed by a resident in the last 12 months alleging substantial risk of sexual abuse in this facility. The facility is in compliance with this provision

115.252 (g) KCI's Inc. Zero Tolerance Policy states that the facility may discipline a resident for filing a grievance related to alleged sexual abuse if the resident filed the grievance in bad faith. KCI's Quality Assurance Manager/PREA Coordinator and the

	<p>Facility Director indicated during their interviews that no resident had been disciplined for filing any grievance of sexual abuse and sexual harassment in bad faith. A review of the grievances log for the past 12 months revealed that there were zero grievances filed alleging sexual abuse or sexual harassment. The facility is in compliance with this provision</p> <p>This facility is in compliance with this standard.</p> <p>Corrective Action required: None</p>
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115.253	Resident access to outside confidential support services
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>115.253 (a) KCI's Quality Assurance Manager/PREA Coordinator and MRRC's Facility Director stated during their interviews that all residents will have access to outside victim advocate and emotional support services related to sexual abuse and harassment via mailing addresses and telephone numbers including toll-free hotline numbers. MRRC has displayed on the bulletin board in the common areas telephone numbers to local, State, national victim advocacy and rape crisis organizations. A copy of the flyer containing these numbers was provided to this auditor during the pre-audit phase. During the interview with the 12 random residents, they confirmed that they had reasonable access to communicate with these organizations in a private and confidential manner. During the interview with the random staff, they confirmed that residents would be provided a private space to make a confidential phone call any of these agencies upon request. MRRC's Facility Director and KCI's Quality Assurance Manager/PREA Coordinator corroborated this assertion. During the interview with the Intake staff, she indicated that residents are also provided with this information about the Lighthouse, an affiliate of Lifeline Counseling Services, that provides emotional support and crisis counseling to victims of sexual abuse in the Mobile area. The Lighthouse, an affiliate of Lifeline Counseling Services Hotline Victim Advocate representative reported that there were no calls on record from MRRC in the past 12 months requesting their services. The facility is in compliance with this provision</p> <p>115. 253 (b) The Intake staff indicated during his interview that the residents are informed during intake the extent to which communications with these agencies will be monitored and the extent to which reports of sexual abuse being reported to them will be forwarded to the authorities in accordance to mandatory reporting laws. During the interviews with the random staff, they all reported that they are mandated to report of sexual abuse and sexual harassment by state law. The intake staff and KCI's Quality Assurance Manager/PREA Coordinator interviewed acknowledged that the residents are informed of the mandatory reporting rules governing privacy, confidentiality, and/or privileges that apply to disclosures of</p>

	<p>sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant Federal, State, or local law. The Intake staff indicated that verbal notification would be provided to the resident before discussing sexual abuse and sexual harassment allegation with the residents. MRRC random staff and management confirmed in during their respective interviews that the resident's phone calls are not monitored or recorded. The facility is in compliance with this provision</p> <p>115.253 (c) MRRC did provide a copy of the Memorandum of Understanding (MOU) with the Lighthouse, an affiliate of Lifeline Counseling Services during the pre-audit phase that provide residents with confidential, emotional support, crisis counseling and victim services related to sexual abuse and sexual harassment. This auditor did make a test call to the Lifeline Counseling Services Hotline and the hotline representative did confirm the process for receipt of a reported sexual abuse and sexual harassment allegations and its confidentiality. The Lighthouse, an affiliate of Lifeline Counseling Services, also provides emotional support services to members of the public, including residents of MRRC, free of charge and can also be provided in-person or by phone. MRRC does maintain a copy of the MOU with the Lighthouse, an affiliate of Lifeline Counseling Services. The facility is in compliance with this provision</p> <p>This facility is in compliance with this standard.</p> <p>Corrective Action required: None</p>
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<b>115.254</b>	<b>Third party reporting</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>115.254 (a) KCI's Quality Assurance Manager/PREA Coordinator described during her interview the procedures to receive and for making a 3rd party report of sexual abuse and harassment on behalf of a resident at MRRC. KCI's Zero Tolerance policy corroborated the agency's procedure for receiving 3rd party reports of sexual abuse and sexual harassment, its distribution of this policy publicly and how someone report a sexual abuse or sexual harassment allegation on the behalf of an offender.</p> <p>This auditor did observe the information regarding 3rd party reporting procedure on the agency website. KCI's Quality Assurance Manager/PREA Coordinator did not provide a copy of the 3rd party reporting form during the pre-audit phase and she reported that there have been no 3rd party grievances of sexual abuse and sexual harassment allegations filed on behalf of a resident in the last 12 months. The facility is not in compliance with this provision</p> <p>This facility is not in compliance with this standard.</p>

	<p>Corrective Action required: The facility must provide a copy of the 3rd party form that the general public would utilize when reporting an allegation on behalf of a resident alleging sexual abuse and sexual harassment in order to be in compliance with this standard.</p> <p>Corrective Action Response: The PREA Coordinator did provide a copy of the 3rd Party reporting form to this auditor and did have it posted on the agency's website upon review. This facility is in compliance with this standard.</p>
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<b>115.261</b>	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.261 (a) KCI's Inc. Zero Tolerance Policy does state that all staff must immediately report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment, retaliation against residents or staff who reported an incident any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation whether or not it is part of the agency. During the interviews with the random staff, they all indicated that they had a duty to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment, retaliation against residents or staff who reported an incident any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation. KCI's Quality Assurance Manager/PREA Coordinator and MRRC's Facility Director corroborated this assertion during their interviews. The facility is in compliance with this provision</p> <p>115.261 (b) KCI's Inc. Zero Tolerance Policy states that staff are prohibited 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. During the interviews with the random staff, they all indicated that they would not inform the other staff of an incident of sexual abuse or sexual harassment against a resident other than the extent necessary to make treatment, investigation and other security and management decisions. They would only report the incident immediately to the Facility Director. The facility is in compliance with this provision</p> <p>115.261 (c) MRRC does not employ medical or a mental health practitioner in this facility. This was confirmed during the interview with the KCI's Human Resource staff and corroborated by MRRC's Facility Director and KCI's Quality Assurance Manager/ PREA Coordinator during their interviews. They all affirmed that if there were contracting medical and mental health practitioners that they would inform the MRRC residents that they have a duty to report sexual abuse and sexual</p>

	<p>harassment, that there are limitations of confidentiality and all this does would occur at the initiation of the services being provided. The facility is in compliance with this provision</p> <p>115.261 (d) KCI's Quality Assurance Manager/PREA Coordinator and MRRC's Facility Director stated during their interviews that MRRC have not had any alleged victim is under the age of 18 or residents considered to be vulnerable adults under a State or local vulnerable persons statute in the last 12 months. They also indicated that MRRC will report any and all allegations to the designated State or local services agency under applicable mandatory reporting laws. The facility is in compliance with this provision</p> <p>115.261 (e) MRRC does not have any facility designated facility investigators who would conduct allegations of sexual abuse and sexual harassment, including those reported via a 3rd party reports or anonymously. All allegations of sexual abuse and sexual harassment are immediately reported to the Baldwin County Sheriff Department and or Spanish Fort Police Department who conducts the criminal investigations and the Federal Bureau of Prisons (BOP), would conduct the administrative investigations, which are the designated investigation agencies.</p> <p>During the random staff interview the staff were able to identify that all allegations of sexual abuse and sexual harassment would be investigated either by the Baldwin County Sheriff Department and or Spanish Fort and the Federal Bureau of Prisons (BOP). The facility is in compliance with this provision</p> <p>This facility is in compliance with this standard.</p> <p>Corrective Action required: None</p>
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<b>115.262</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.262 (a) KCI's Quality Assurance Manager/PREA Coordinator and MRRC's Facility Director stated during their interviews that upon receipt a resident is subject to a substantial risk if imminent sexual abuse, MRRC staff shall take immediate action to protect the resident. During the interviews of the specialized staff they all described their responsibility and understanding of, that when they learn that a resident is subject to a substantial risk of imminent sexual abuse that they must take immediate action to protect the resident. During the interviews with the random staff, they all indicated that they would take immediate action to protect the resident who may be subject to a risk of imminent sexual abuse.</p> <p>The actions to be undertaken includes keeping the resident safe, separating the alleged victim from the alleged perpetrator, housing reassignment for the female</p>

	<p>resident and transfer for the male resident to home confinement or another facility, providing one on one supervision, and removing the other person who is causing the imminent risk of sexual abuse or sexual harassment is their procedure according to the KCI's Quality Assurance Manager/PREA Coordinator. The Facility Director did provide this auditor with a memorandum stating her expectation of her staff in response to receiving an allegation of a risk for imminent sexual abuse. The facility is in compliance with this provision.</p> <p>This facility is in compliance with this standard.</p> <p>Corrective Action required: None</p>
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<b>115.263</b>	<b>Reporting to other confinement facilities</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>115.263 (a) KCI's Quality Assurance Manager/PREA Coordinator and the Facility Director both stated during their interviews that MRRC must immediately notify the agency head of the facility or appropriate office of the agency where the abuse occurred and that the head of the facility that receives the allegation would also notify the appropriate investigative agency.</p> <p>KCI's Quality Assurance Manager/PREA Coordinator stated during her interview that MRRC has not received an allegation from a resident either during intake or while confined at another facility in the last 12 months. She further stated that if she would have received one that upon receipt of an allegation, they would notify immediately the head of the facility or appropriate office of the agency where the alleged abuse occurred, the Baldwin County Sheriff Department and or Spanish Fort or the Federal Bureau of Prisons (BOP), which are their investigative entities. The facility is in compliance with this provision</p> <p>115.263 (b) MRRC's Facility Director stated during her interview that she would make the notification to the head of the facility where the abuse allegedly occurred within 72- hours after receiving the allegation. The Intake staff stated during her interview that he had not received an allegation from a resident during intake alleging that they were sexually abused during intake or at another facility in the last 12 months. The facility is in compliance with this provision</p> <p>115.263 (c) MRRC's Facility Director stated during her interview that she would document the notification of sexual abuse related to another facility and maintain a record of it. She also stated that she had not received an allegation from a resident during intake or a call from another facility's head alleging that a resident was sexually abused at another facility in the last 12 months. The facility is in compliance with this provision</p>

	<p>115.263 (d) MRRC’s Facility Director indicated during her interview that although there has not been an allegation made in the last 12 months, that she, during the notification process to the facility’s head, would ask the facility head to ensure that it be investigated according to this standard. And if the resident is in her facility that she would refer the allegation to the Baldwin County Sheriff Department and or Spanish Fort Police Department to conduct the criminal investigations and to the Federal Bureau of Prisons (BOP) to conduct the administrative investigation, which are their investigative entities. The facility is in compliance with this provision</p> <p>This facility is in compliance with this standard.</p> <p>Corrective Action required: None</p>
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<b>115.264</b>	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>115.264 (a) KCI’s Quality Assurance Manager/PREA Coordinator and MRRC’s Facility Director both stated during their interviews that upon learning a resident was sexually abused, the first staff member to respond to the report is required to separate the alleged victim and abuser, preserve and protect any crime scene until appropriate steps can be taken to preserve any evidence and 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.</p> <p>During the interviews with the all of the 9 random staff, who are all first responder, indicated that they would separate the alleged victim and the alleged abuser, preserve the evidence, protect the crime scene, and instruct the alleged victim and abuser not to take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating to allow for the collection of physical evidence. All of the random staff interviewed did state that they would instruct the victim and the abuser not to take any action that would destroy usable evidence and that in accordance to their policy they would preserve and protect any usable evidence. A review of the Moss Group PREA Employee Training curriculum from the PREA Resource Center’s training portal as well as their training acknowledgment forms corroborates the staff’s knowledge, interview responses and duty. The facility is in compliance with this provision</p> <p>115.264 (b) KCI’s Quality Assurance Manager/PREA Coordinator and MRRC’s Facility Director stated during their interviews that all MRRC staff, including non-security staff, are trained as first responders and have the responsibility to separate the alleged victim from imminent risk, request that the alleged victim not take any</p>

	<p>actions that could destroy physical evidence as stated above, and then report the incident per policy to the Facility Director. She did provide a sample copy of the first responder form to be utilized for reporting a sexual abuse allegation. The facility is in compliance with this provision.</p> <p>The facility is in compliance with this standard.</p> <p>Corrective Action required: None</p>
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<b>115.265</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>115.365 (a) KCI's Quality Assurance Manager/PREA Coordinator and MRRC's Facility Director both stated during their interviews that MRRC will maintain a written plan to coordinate the actions taken among first responders, investigators, and the facility leadership in response to an incident of sexual abuse. KCI's Quality Assurance Manager/PREA Coordinator did indicate on the PAQ that medical and mental health services would be provided by the Lighthouse, an affiliate of Lifeline Counseling Services, the rape crisis center agency and by a Sexual Assault Nurse Examiner (SANE) at Baldwin County Hospital's emergency room unit since there are no SANE on staff. KCI's Quality Assurance Manager/PREA Coordinator did provide this auditor with a copy of KCI MRRC's written coordination plan including the PREA Sexual Misconduct, Abuse and or Assault Procedure Checklist that has been implemented in this facility. She also corroborated this policy requirement during her interview. During the interviews with the random and the first responder staff they all described the coordinated responsibilities in the event of a sexual abuse or sexual harassment allegation, i.e., contact the facility director, law enforcement, separate the sexual abuse victim and perpetrator, etc. in accordance to the established written plan. The facility is in compliance with this provision</p> <p>This facility is in compliance with this standard.</p> <p>Corrective Action required: None.</p>

<b>115.266</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>



	<p>115.266 (a) KCI's Quality Assurance Manager/PREA Coordinator and MRRC's Facility Director both stated during their interviews that MRRC have not entered into any agreement that limits its ability to remove alleged staff sexual abusers from contact with a resident pending the outcome of an investigation or determination of whether and to what extent discipline is warranted.</p> <p>KCI's Quality Assurance Manager/PREA Coordinator indicated during her interview that MRRC does not employ unionized employees therefore they do not participate in collective bargaining and that the facility director can remove an alleged sexual abuser from having contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. Upon review of the employee and investigative files there were no allegations of any sexual abuse and sexual harassment nor investigations in the last 12 months.</p> <p>There was no indication of any discipline being warranted, or including removing an alleged sexual abuse staff member from contact with a resident. Furthermore, a review of the contractual Statement of Work (SOW) with the Federal Bureau of Prisons (BOP) does not prevent MRRC from removing an alleged staff sexual abuser from contact with a resident pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. The facility is in compliance with this provision.</p> <p>115.266 (b) KCI Inc.'s Quality Assurance Manager/PREA Coordinator indicated during her interview that nothing in this standard shall prevent KCI Mobile from entering into or renewing their contractual agreement with the Federal Bureau of Prisons (BOP). That the conduct of the disciplinary process initiated by KCI MRRC is not inconsistent with the contractual agreement or the provisions of 115.272 and 115.276 respectfully, including a no-contact assignment pending the outcome of an investigation. If the investigation is not substantiated, the facility director stated that the outcome of the investigation will either be expunged from or retained in the staff member's personnel file. The facility is in compliance with this provision.</p> <p>This facility is in compliance with this standard.</p> <p>Corrective Action required: None</p>
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<b>115.267</b>	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>115.267(a) KCI's Inc. Zero Tolerance Policy does state that they will protect all residents and staff who report sexual abuse or sexual harassment or cooperate with a sexual abuse or sexual harassment investigation from retaliation by other residents or staff. KCI's Quality Assurance Manager/PREA Coordinator stated during her interview that the Lead Case Manager is the Staff Designated to Monitor for</p>

Retaliation against staff and or residents that report sexual abuse or harassment. During the interview with the Facility Director, she corroborated this policy assertion. The facility is in compliance with this provision

115.267(b) KCI's Inc. Zero Tolerance Policy states that states they will use multiple protection measures to protect the resident and staff from retaliation, such as housing (dorm) transfers, home confinement assignment, removal of the alleged abuser from contact with the alleged victim, and including the provision of emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. During the interview with the designated staff who monitors for retaliation, she indicated there have been no sexual abuse or sexual harassment allegations in the past 12 months but that they would protect the victim by reassigning the alleged abuser to another dorm, discharge them from the facility back to BOP, move a staff abuser or place them on administrative leave and would provide emotional support services to the alleged staff or resident abuser through the Lighthouse, an affiliate of Lifeline Counseling Services. The facility is in compliance with this provision

115.267(c) KCI's Inc. Zero Tolerance Policy states that for at least 90 days (except when the allegation is unfounded), the designated staff members would monitor the reporter and the alleged victim promptly to remedy any such retaliation, monitor for signs of retaliation including items such as conduct and treatment of the resident or staff who reported the sexual abuse, to see if there are any changes to suggest possible retaliation by residents or staff in disciplinary reports, housing or program changes, staff reassignments, negative performance reviews and conducts periodic status checks on the alleged victim.

During the interview with KCI's Quality Assurance Manager/PREA Coordinator and the Staff Designated to Monitor for Retaliation, both indicated that they would also monitor in all of the areas as stated above to protect the staff or resident who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with an investigation. They further stated that for at least 90 days following a report of sexual abuse that they would monitor the resident program changes, the reassignment of staff, any negative performance reviews and would continue the monitoring beyond 90 days if the initial monitoring indicates a continuing need. This assertion is also in the agency's Zero Tolerance policy. MRRC did not report any monitoring of residents or staff for retaliation in the last 12 months. The facility is in compliance with this provision

115.267(d) KCI's Inc. Zero Tolerance Policy states that they would conduct periodic status checks on the alleged victim. During the interview with KCI's Quality Assurance Manager/PREA Coordinator and the Designated Staff to Monitor for Retaliation, both indicated they would conduct period status checks on the alleged victim daily. MRRC did not report any monitoring of residents or staff for retaliation in the last 12 months. The facility is in compliance with this provision

115.267 (e) KCI's Inc. Zero Tolerance Policy states that if any other individual cooperates with an investigation expresses fear of retaliation, they would take

	<p>appropriate measures to protect that individual against retaliation. During the interview with KCI's Quality Assurance Manager/PREA Coordinator and the Designated Staff to Monitor for Retaliation, both indicated that if any other individual who cooperated with an investigation expresses fear of retaliation, that they would take appropriate measures to protect them also against retaliation. MRRC did not report any monitoring of residents or staff for retaliation in the last 12 months. The facility is in compliance with this provision</p> <p>115.267(f) Auditor is not required to audit this provision.</p> <p>This facility is in compliance with this standard.</p> <p>Corrective Action required: None</p>
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<b>115.271</b>	<b>Criminal and administrative agency investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>115.271 (a) KCI's Quality Assurance Manager/PREA Coordinator and MRRC's Facility Director both stated during their interviews that states that MRRC does not conduct its own criminal or administrative investigations. Criminal investigations are conducted by the Baldwin County Sheriff Department and or Spanish Fort Police Department and the administrative investigation would be conducted by the Federal Bureau of Prisons (BOP). KCI's Quality Assurance Manager/PREA Coordinator did provide to this auditor during the pre-audit phase a copy of their contract with the Federal Bureau of Prisons (BOP) and a copy of the memorandum from the Baldwin County Sheriff Department, the Spanish Fort and the Federal Bureau of Prisons (BOP) inclusive of their responsibilities for conducting sexual abuse and sexual harassment investigations promptly, thoroughly and objectively including 3rd party and anonymous reports</p> <p>115.271 (b) KCI's Quality Assurance Manager/PREA Coordinator indicated during her interview that the Baldwin County Sheriff Department and or Spanish Fort Police Department and the Federal Bureau of Prisons (BOP) law enforcement personnel, to her understanding, have received specialized training in conducting in conducting sexual abuse investigations. This facility does not conduct its own administrative or criminal sexual abuse or sexual harassment investigations. The facility is in compliance with this provision</p> <p>115.271 (c) KCI's Quality Assurance Manager/PREA Coordinator and the MRRC Facility Director indicated during their interviews that they believe that both the Baldwin County Sheriff Department and or Spanish Fort Police Department and the Federal Bureau of Prisons (BOP) investigators would gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data, interview all alleged victims, suspected</p>

perpetrators and witnesses and would review all prior reports and complaints of sexual abuse involving the suspected perpetrator. The facility is in compliance with this provision

115.271 (d) KCI's Quality Assurance Manager /PREA Coordinator stated during her interview that to her knowledge that the Baldwin County Sheriff Department and or Spanish Fort Police Department and the Federal Bureau of Prisons (BOP) would conduct interviews of all alleged victims, suspected perpetrators and witnesses as an agency practice and refer those cases where the evidence appears to support criminal prosecution to the local and or state prosecutor. Since MRRC does not conduct any type of sexual abuse and sexual harassment investigations, the conducting of compelled interviews is left up to the investigative entities. The facility is in compliance with this provision

115.271 (e) Since MRRC does not conduct any type of sexual abuse and sexual harassment investigation KCI's Quality Assurance Manager/ PREA Coordinator and MRRC's Facility Director indicated during their interviews that they believe that the Baldwin County Sheriff Department and or Spanish Fort Police Department and the Federal Bureau of Prisons (BOP) would assess the credibility of an alleged victim, suspect, witness on an individual basis and not on the basis of the individual's status as a resident or staff and that the resident would not be required to submit to a polygraph examination or other truth telling device as a condition for proceeding. The facility is in compliance with this provision

115.271 (f) KCI's Quality Assurance Manager/PREA Coordinator stated during her interview that she believes that the Federal Bureau of Prisons (BOP), who conducts administrative investigations, to her knowledge, would include an effort to determine whether staff actions or failures to act contributed to the abuse. All administrative investigations would be documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind the credibility assessment and the investigative facts and findings. MRRC report zero allegations for sexual abuse and sexual harassment in the last 12 months. She also indicated that if there were written reports, they would contain a thorough description of the physical, testimonial, and all documentary evidence where feasible. The facility is in compliance with this provision

115.271 (g) Since MRRC does not conduct any type of sexual abuse and sexual harassment investigations and that in the last 12 months there were no criminal investigations conducted by the Baldwin County Sheriff Department and or Spanish Fort Police Department , KCI's Quality Assurance Manager/PREA Coordinator and MRCC's Facility Director stated during their interviews that they believe that all criminal investigations would be documented in written reports that include a thorough description of the physical evidence, testimonial and documentary evidence and attached copies of all documentary evidence where feasible. The facility is in compliance with this provision

115.271 (h) KCI's Quality Assurance Manager/PREA Coordinator stated during her interview that she believes that the Baldwin County Sheriff Department and or

	<p>Spanish Fort Police Department, who would conduct all criminal sexual abuse investigations, would refer them for prosecution if there appear that a criminal element is present. The facility is in compliance with this provision</p> <p>115.271 (i) KCI's Quality Assurance Manager/PREA Coordinator and MRRC's Facility Director both stated during their interviews that MRRC will maintain all written criminal and administrative reports for as long as the alleged abuser is in their program or employed by them, plus 5 years. KCI's Quality Assurance Manager/PREA Coordinator stated during her interview MRRC will maintain all written criminal and administrative reports in accordance to this provision of plus 5 years. The facility is in compliance with this provision</p> <p>115.271 (j) KCI's Quality Assurance Manager/PREA Coordinator and MRRC's Facility Director both stated during their interviews that MRRC would encourage the Baldwin County Sheriff Department and or Spanish Fort Police Department and the Federal Bureau of Prisons (BOP), in accordance with this provision, not to terminate an investigation solely on the basis that the alleged abuser or victim is no longer in their program or employed. This auditor found no evidence of the Baldwin County Sheriff Department and or Spanish Fort Police Department or the Federal Bureau of Prisons (BOP) doing such since there have been no administrative or criminal investigation in the last 12 months during the staff and resident file review while onsite. The facility is in compliance with this provision</p> <p>115.271 (k) Auditor is not required to audit this provision.</p> <p>115.271 (l) KCI's Quality Assurance Manager/PREA Coordinator and MRRC's Facility Director both stated during their interviews that MRRC would cooperate with the Baldwin County Sheriff Department and or Spanish Fort Police Department and the Federal Bureau of Prisons (BOP) investigators and will endeavor to remain informed about the progress of the investigation. KCI's Quality Assurance Manager/PREA Coordinator and Facility Director both indicated during their interviews that they would fully cooperate with these outside investigative entities regarding any investigation being conducted by them for sexual abuse and sexual harassment along with remaining involved until the investigation was completed. The facility is in compliance with this provision</p> <p>This facility is in compliance with this standard.</p> <p>Corrective Action required: None</p>
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<b>115.272</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	115.272 (a) KCI's Quality Assurance Manager/PREA Coordinator and MRRC's Facility

	<p>Director both stated during their interviews that in all administrative investigations into allegation of sexual abuse or sexual harassment, if and when they occur at MRRC, the investigator's findings must be based on a preponderance of evidence. Both also indicated during their interviews that all administrative sexual abuse and sexual harassment investigations conducted by the Federal Bureau of Prisons (BOP) would base their findings on the standard higher no higher than the preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated, KCI's Quality Assurance Manager/PREA Coordinator did provide this auditor a memorandum corroborating this evidentiary standard which is also included in the agency's Zero Tolerance policy. The facility reported zero administrative investigations for sexual abuse and sexual harassment in the last 12 months. The facility is in compliance with this provision</p> <p>This facility is in compliance with this standard.</p> <p>Corrective Action required: None</p>
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<b>115.273</b>	<b>Reporting to residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.273 (a) KCI's Inc. Zero Tolerance Policy states that until a resident is discharged from the facility, MRRC will document all notifications and attempted notifications following an investigation into a resident's allegation of sexual abuse suffered in this facility. This would include whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. KCI's Quality Assurance Manager/PREA Coordinator indicated during her interview that if a resident alleges a sexual abuse which resulted in an administrative investigation being conducted, they would be notified of that investigation finding. A review of the residents file revealed that there were no notifications provided due to no alleged allegation for sexual abuse and sexual harassment in the last 12 months. The facility is in compliance with this provision</p> <p>115.273 (b) KCI's Inc. Zero Tolerance Policy states that following a resident's allegation that a staff member will request the information from the investigating agency so the resident may be informed. KCI's Quality Assurance Manager/PREA Coordinator stated during her interview that they would always request information from the Baldwin County Sheriff Department and or Spanish Fort Police Department and the Federal Bureau of Prisons (BOP) to inform the resident of the investigation's outcome. there were no notifications provided due to no alleged allegation for sexual abuse and sexual harassment in the last 12 months. The facility is in compliance with this provision</p> <p>115.273 (c) KCI's Inc. Zero Tolerance Policy states that that following a resident's allegation that a staff member committed sexual abuse against the resident, MRRC</p>

will inform the resident whenever the following events occur, except when the allegation is determined to be unfounded, or unless the resident has been released from the program, that they will inform the resident whenever:

- • The staff member is no longer posted within the residents housing unit
- • The staff member is no longer employed at the facility
- • MRRC learns that the staff member has been indicted on a charge related to sexual abuse
- • Or MRRC learns that the staff member has been convicted on a charge related to the sexual abuse

KCI's Quality Assurance Manager/PREA Coordinator and MRRC's Facility Director stated during their interviews that there have been no staff on resident sexual abuse allegations in the last 12 months and provided to this auditor a memorandum to corroborate this assertion. The facility is in compliance with this provision

115.273 (d) KCI's Inc. Zero Tolerance Policy states that following a resident's allegation that he has been sexually abused by another resident, MRRC informs the alleged victim whenever the following events occur:

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

KCI's Quality Assurance Manager/PREA Coordinator and MRRC's Facility Director stated during their interviews that there have been no resident-on-resident sexual abuse allegations in the last 12 months that resulted in a resident abuser being indicted or convicted on a charge of sexual abuse. The review conducted of the resident files corroborated this assertion of zero sexual abuse and sexual harassment allegations in the last 12 months. The facility is in compliance with this provision

115.273 (e) KCI's Quality Assurance Manager/PREA Coordinator stated during her interview that she would document and or attempt all notifications to residents regarding the outcome of an administrative or criminal sexual abuse investigation when applicable. There have been no notifications to a resident in the last 12 months. The facility is in compliance with this provision

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

The facility is not in compliance with this standard.

Corrective Action required: The facility must provide to this auditor with a copy of the sample notification letter to be provided to a sexual abuse victim (resident) concerning the outcome of an investigation and a memorandum from the facility director indicating that there have been no resident on staff sexual abuse in the last 12 months in order to be in compliance with this standard.

	<p>Corrective Action response: The PREA Coordinator did provide to this auditor a copy of a sample resident notification letter concerning the outcome of a sexual abuse allegation. Since there have been no sexual abuse allegations in the last 12 months to warrant a resident notification letter, the facility is found to be in compliance with this standard.</p>
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<b>115.276</b>	<b>Disciplinary sanctions for staff</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>115.276 (a) KCI's Inc. Zero Tolerance Policy states that staff members are subject to disciplinary sanctions up to and including termination of employment for violating MRRC sexual abuse or sexual harassment policies. KCI's Quality Assurance Manager/PREA Coordinator MRRC's Facility Director stated during their interview that there have been no staff disciplinary actions taken against staff in the last 12 months for violating the Zero Tolerance policy. A review of the employee files revealed that no staff in the last 12 months had any disciplinary action taken against them for violating the Zero Tolerance policy. The facility is in compliance with this provision</p> <p>115.276 (b) KCI's Inc. Zero Tolerance Policy states that termination of employment is the presumptive disciplinary sanction for staff members who have engaged in sexual abuse. KCI's Quality Assurance Manager/PREA Coordinator and MRRC's Facility Director stated during their interviews that there have been no staff disciplinary actions taken against staff in the last 12 months for violating the Zero Tolerance policy. A review of the employee files revealed that no staff in the last 12 months had any disciplinary action taken against them for violating the Zero Tolerance policy. The facility is in compliance with this provision</p> <p>115.276 (c) KCI's Inc. Zero Tolerance Policy states that disciplinary sanctions for violations of MRRC policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) will be 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. KCI's Quality Assurance Manager/PREA Coordinator and MRRC's Facility Director stated during their interviews that there have been no staff disciplinary actions taken against staff in the last 12 months for violating the Zero Tolerance policy. A review of the employee files revealed that no staff in the last 12 months had any disciplinary action taken against them for violating the Zero Tolerance policy. The facility is in compliance with this provision</p> <p>115.276 (d) KCI's Inc. Zero Tolerance Policy states that all terminations for violations of the agency sexual abuse or sexual harassment policies, or resignations by staff</p>



	<p>who would have been terminated if not for their resignations, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.</p> <p>KCI's Quality Assurance Manager/PREA Coordinator and MRRC's Facility Director stated during their interviews that there have been no staff disciplinary actions taken against staff or any reports to a relevant licensing body in the last 12 months for violating the Zero Tolerance policy. A review of the employee files revealed that no staff in the last 12 months had any disciplinary action taken against them for violating the Zero Tolerance policy. The facility is in compliance with this provision</p> <p>This facility is in compliance with this standard.</p> <p>Corrective Action required: None</p>
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<b>115.277</b>	<b>Corrective action for contractors and volunteers</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>115.277 (a) According to KCI Inc's Zero Tolerance policy, if a contractor or volunteer engages in sexual abuse, MRRC will:</p> <ul style="list-style-type: none"> <li>· Prohibit the contractor or volunteer from having any contact with MRRC resident;</li> <li>· And report the finding of abuse to law enforcement agency and to any relevant licensing bodies.</li> </ul> <p>KCI's Quality Assurance Manager/PREA Coordinator, MRRC's Facility Director and KCI's Human Resource staff all stated during their interviews that there the MRRC facility does not have any volunteers or contractors that is providing services in this facility to residents since the onset of the Covid-19 pandemic, but do look towards having them to return to the facility later in the year. There have been no contracting staff to have engaged in sexual abuse with a resident resulting in a report being made to law enforcement or a relevant licensing body in the last 12 months. There has not been any disciplinary action taken against a volunteer or contractor for a violation for sexual abuse against a resident in this facility in the last 12 months. The MRRC Facility Director did provide a memorandum to this auditor thereby corroborating this assertion. The facility is in compliance with this provision</p> <p>115.277 (b) KCI's Quality Assurance Manager/PREA Coordinator, MRRC's Facility Director and KCI's Human Resource staff stated during their interviews that there have been no violation of the agency's sexual abuse or sexual harassment policy by</p>

	<p>a contractor or volunteer employed in this facility in the last 12 months. Furthermore, that appropriate remedial measures would be consider, if a violation had occurred, whether to prohibit further contact with residents in the MRRC facility. PREA responsibilities for volunteers and contractors are outlined in the Zero Tolerance policy and in the Volunteer Packet that was provided to this auditor during the pre-audit phase. The facility is in compliance with this provision</p> <p>This facility is in compliance with this standard.</p> <p>Corrective Action required: None</p>
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<b>115.278</b>	<b>Disciplinary sanctions for residents</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>115.278 (a) KCI's Quality Assurance Manager/PREA Coordinator and MRRC's Facility Director both stated during their interviews that a resident may be subject to disciplinary sanctions for engaging in sexual abuse only when:</p> <ul style="list-style-type: none"> <li>· There is a criminal finding of guilt or an administrative finding that the resident engaged in resident-on-resident sexual abuse; and</li> <li>· The discipline is determined through a due process hearing.</li> </ul> <p>KCI's Quality Assurance Manager/PREA Coordinator and MRRC's Facility Director stated during their interviews that there no resident has received any disciplinary sanctions against them in the last 12 months for engaging in a resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse. They further stated that residents are subject to disciplinary sanction pursuant to a formal disciplinary process. A review of the resident files revealed that no resident in the last 12 months had any disciplinary sanctions against them for engaging in a resident-on-resident sexual abuse or findings of guilt. The Facility Director did provide to this auditor a memorandum corroborating this assertion. The facility is in compliance with this provision</p> <p>115.278 (b) KCI's Inc. Zero Tolerance Policy states that any disciplinary 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.</p> <p>KCI's Quality Assurance Manager/PREA Coordinator and MRRC's Facility Director both stated during their interviews that there have been no disciplinary sanctions taken against a resident in the last 12 months for engaging in a resident-on-resident sexual abuse or finding of guilt. A review of the resident files revealed that no resident in the last 12 months had any disciplinary sanctions against them for</p>

engaging in sexual abuse against another resident. The facility is in compliance with this provision

115.278 (c) KCI's Inc. Zero Tolerance Policy states that when determining what types of sanctions, if any, should be imposed, that MRRC would consider whether a resident's mental disabilities or mental illness contributed to his behavior. KCI's Quality Assurance Manager/PREA Coordinator and MRRC's Facility Director both stated during their interviews that there have been no disciplinary sanctions taken against a resident in the last 12 months for engaging in sexual abuse and that they would consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when imposing disciplinary sanctions. The facility is in compliance with this provision

115.278 (d) KCI's Inc. Zero Tolerance Policy states the facility would offer resident abusers counseling and other interventions designed to address and correct underlying reasons or motivations for the abuse through the Lighthouse, an affiliate of Lifeline Counseling Services. During the interview with KCI's Quality Assurance Manager/PREA Coordinator and MRRC's Facility Director that stated that they would refer the resident victim for therapy, counseling, or other intervention services and that such participation in these interventions would not be a condition of access to general programming and other benefits. A review of the resident files revealed that no resident had been offered therapy, counseling or intervention services in the last 12 months. The facility is in compliance with this provision

115.278 (e) KCI's Inc. Zero Tolerance Policy states a resident may be disciplined for sexual contact with staff only upon a finding that the staff member did not consent to such contact. During the interview with KCI's Quality Assurance Manager/PREA Coordinator MRRC's Facility Director they stated in their interviews that no resident had been disciplined in the last 12 months for sexual contact with a staff member only upon a finding that the staff member did not consent to such contact. A review of the resident and staff files revealed that no resident had been disciplined in the last 12 months for sexual contact with a staff member that did not consent to such contact. The facility is in compliance with this provision

115.278 (f) KCI's Inc. Zero Tolerance Policy states MRRC may not discipline a resident if the resident made a report of sexual abuse in good faith based upon a reasonable belief that the alleged conduct occurred not constitute falsely reporting an incident of lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. A review of the resident file revealed that no resident had been disciplined in the last 12 months for making a report of sexual abuse in good faith based upon a reasonable belief that the alleged conduct occurred. KCI's Quality Assurance Manager/PREA Coordinator and MRRC's Facility Director corroborated this assertion during their interviews. The facility is in compliance with this provision

115.278 (g) KCI's Inc. Zero Tolerance Policy states that MRRC always refrain from considering non-coercive sexual activity between residents to be sexual abuse. During the interview with KCI's Quality Assurance Manager/PREA Coordinator and

	<p>MRRC's Facility Director they stated in their interview that no resident had engaged in non-coercive sexual activity with another resident in the last 12 months. A review of the resident file revealed that there had not been a sexual abuse allegation made in the last 12 months. The facility is in compliance with this provision</p> <p>This facility is in compliance with this standard.</p> <p>Corrective Action required: None</p>
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<b>115.282</b>	<b>Access to emergency medical and mental health services</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>115.282 (a) The Quality Assurance Manager/PREA Coordinator and MRRC's Facility Director both stated during their interviews that resident victims of sexual abuse will 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 judgement.</p> <p>The Quality Assurance Manager/PREA Coordinator and MRRC's Facility Director stated during their interviews that a resident victim will receive and be provided 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 judgement. The Baldwin County Hospital is where the emergency medical service would be provided. and when the mental health services would be required, it would be provided by Lifeline Counseling Services. A Memorandum of Understanding from the Lifeline Counseling Services provided outlines their commitment in the provision of these services for a MRRC victim of sexual abuse. The facility is in compliance with this provision</p> <p>115.282 (b) KCI's Quality Assurance Manager/PREA Coordinator and the Facility Director both stated during their interviews that if no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, staff first responders will take preliminary steps to protect the victim and must immediately notify the appropriate medical and mental health practitioner. KCI's Quality Assurance Manager/PREA Coordinator and MRRC's Facility Director stated during their interviews that all staff have been trained as first responders who will immediately take steps to protect the victim, will contact the Facility Director, KCI's Quality Assurance Manager/PREA Coordinator and the Mobile and or Spanish Fort Police Department, who would take the victim to Lifeline Counseling services for mental health care and to the Baldwin County Hospital for medical care. During the interviews with the random staff and first responders, they all indicated that when they become aware that of a sexual abuse allegation whereas a victim need emergency medical and mental health care, they would separate the victim from the perpetrator, contact the Facility Director, call the Lifeline Counseling Services</p>

	<p>hotline number, call law enforcement and keep the resident near them until the Facility Director and law enforcement arrives to proceed forward to ensure that the appropriate services are provided. There have been zero allegation of sexual abuse whereas emergency medical and mental health care was needed or provided in the last 12 months. The facility is in compliance with this provision</p> <p>115.282 (c) KCI's Quality Assurance Manager/PREA Coordinator and MRRC's Facility Director both stated during their interviews that residents are provided timely information about and timely access to emergency contraception and sexually transmitted infection prophylaxis in accordance with professionally accepted standards of care, where medically appropriate. During the interview with the KCI's Quality Assurance Manager/PREA Coordinator, she stated that the Baldwin County Hospital provision of services through would provide timely information about and timely access to emergency contraception and sexually transmitted infection prophylaxis to the resident victim. A Memorandum of Understanding from Lifeline Counseling Services as provided outlines their commitment in the provision of these services. The facility is in compliance with this provision</p> <p>115.282 (d) KCI's Inc. Zero Tolerance Policy states that MRRC provides treatment services to the victim without cost and regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident. The Lifeline Counseling Services Hotline Victim Advocate and the SANE Nurse at Baldwin County Hospital also indicated during their interviews that forensic medical services are provided at no cost to a resident victim. A review of the Memorandum of Understanding Lifeline Counseling Services for the provision of services supports the SANE nurse's assertion. KCI's Quality Assurance Manager/PREA Coordinator and MRRC's Facility Director both stated during their interviews that the above services are provided at no cost to a resident victim. The facility is in compliance with this provision</p> <p>This facility is in compliance with this standard.</p> <p>Corrective Action required: None</p>
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<b>115.283</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>115.283 (a) KCI's Quality Assurance Manager/PREA Coordinator and MRRC's Facility Director both stated during their interviews that MRRC offers medical and mental health evaluation as appropriate, for treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility from Lifeline Counseling Services coordinated services through Baldwin County Hospital. KCI's</p>

Quality Assurance Manager/PREA Coordinator and MRRC's Facility Director indicated during their interviews that medical and mental health evaluations and treatment will be provided to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. There have been no sexual abuse incidents requiring ongoing medical and mental health care in this facility in the last 12 months. The facility is in compliance with this provision

115.283 (b) KCI's Quality Assurance Manager/PREA Coordinator and MRRC's Facility Director both stated during their interviews 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. KCI's Quality Assurance Manager/PREA Coordinator and MRRC's Facility Director both indicated during their interviews that residents, as appropriate, would receive follow-up services, treatment plans, and, when necessary, and referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. A review of the resident files indicated that no resident needed follow up services due to a sexual abuse following their transfer to or placement in other facilities or their release from custody. The facility is in compliance with this provision

115.283 (c) KCI's Quality Assurance Manager/PREA Coordinator and MRRC's Facility Director both indicated during their interviews that Lifeline Counseling Services and Baldwin County Hospital does and will provide victims with medical and mental health services consistent with the community level of care. The facility is in compliance with this provision

115.283 (d) MRRC is an all-male facility. KCI's Quality Assurance Manager/PREA Coordinator and Facility Director both indicated during their interviews that this is a coed facility and that a female resident victim who may have been sexually abusive vaginal penetration while incarcerated would be offered pregnancy test a pregnancy test. The Lifeline Counseling Services Hotline Advocate confirmed that they would be offered pregnancy test, providing with timely and comprehensive information about and to all lawful pregnancy related medical services, and tested for sexually transmitted infections to all sexual abuse victim resident as part of their protocol. These services would occur at the Baldwin County Hospital. The facility is in compliance with this provision

115.283 (e) KCI's Quality Assurance Manager/PREA Coordinator and Facility Director indicated during their interviews that if there were female residents in this facility that a resident would receive timely and comprehensive information about and timely access to all lawful pregnancy related medical services following any sexually abusive vaginal penetration, since MRRC is a coed facility. The Lifeline Counseling Services Hotline Advocate at the Lotus confirmed that through the coordinated services with the Baldwin County Hospital that they would offering pregnancy test (if applicable), providing timely and comprehensive information about and to all lawful pregnancy related medical services, and testing for sexually transmitted infections to a sexual abuse victim resident as part of their protocol. A review of the resident files revealed that no resident had been referred to Baldwin County

	<p>Hospital for tests for sexually transmitted infections as a sexual abuse victim in the last 12 months. The facility is in compliance with this provision</p> <p>115.283 (f) KCI's Inc. Zero Tolerance Policy states that MRRC will ensure that tests for sexually transmitted infections are offered, as medically appropriate, to resident victims of sexual abuse while in their facility. The Lifeline Counseling Services Hotline Advocate confirmed that they would ensure that tests for sexually transmitted infections are offered, as medically appropriate, to resident victims of sexual abuse. A review of the resident files revealed that no resident had been referred to the Baldwin County Hospital for tests for sexually transmitted infections as a sexual abuse victim in the last 12 months. The facility is in compliance with this provision</p> <p>115.283 (g) KCI's Inc. Zero Tolerance Policy states that MRRC provides treatment services to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident. KCI's Quality Assurance Manager/PREA Coordinator and MRRC's Facility Director indicated during their interviews that all services received by a resident referred to the Baldwin County Hospital by Lifeline Counseling Services would be at no cost to the resident. A review of the resident files revealed that no resident had been referred by Lifeline Counseling Services to the Baldwin County Hospital for any of their services in the last 12 months. There were no residents in the population to interview who had been referred by Lifeline Counseling Services to Baldwin County Hospital in the last 12 months. The facility is in compliance with this provision</p> <p>115.283 (h) KCI's Inc. Zero Tolerance Policy states that MRRC attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. KCI's Quality Assurance Manager/PREA Coordinator and MRRC's Facility Director indicated during their interviews that once they learn or become aware of a known resident-on-resident abuser's abuse history, that within 60 days they would refer the resident to mental health practitioners for treatment as they deemed appropriate. Lotus is where these mental health service would occur and referrals would be made. There were no residents in the population to interview who had been referred to the Lotus in the last 12 months for ongoing medical and mental health care for sexual abuse victims and abusers. The facility is in compliance with this provision</p> <p>This facility is in compliance with this standard.</p> <p>Corrective Action Required: None</p>
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<b>115.286</b>	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

115.286 (a) KCI's Inc Zero Tolerance Policy states that MRRC 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. KCI's Quality Assurance Manager/PREA Coordinator stated during her interview that a sexual abuse incident review would be conducted at the conclusion of every sexual abuse investigation, including for allegations that are Unsubstantiated, unless the allegation has been determined to be Unfounded. MRRC reported on the PAQ zero allegations for sexual abuse and sexual harassment in the last 12 months, so no sexual abuse reviews were held.

KCI's Quality Assurance Manager/PREA Coordinator did provide a memorandum indicating that no sexual abuse incident review occurred in the last 12 months due to having no sexual abuse investigative findings being Unsubstantiated or Substantiated. A review of the resident, employee and investigative records revealed that there were zero Unsubstantiated or Substantiated allegation of sexual abuse that occurred in the last 12 months. This assertion was corroborated during the interview with one of the sexual abuse incident members. The facility is in compliance with this provision

115.286 (b) KCI's Inc. Zero Tolerance Policy states that MRRC will conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, within 30 days, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. KCI's Quality Assurance Manager/PREA Coordinator indicated during her interview that there were zero sexual abuse incident reviews held in the last 12 months due to there being zero sexual abuse investigative findings of Unsubstantiated or Substantiated. A review of the resident, employee and investigative records revealed that there were zero Unsubstantiated or Substantiated allegation of sexual abuse that occurred in the last 12 months. This assertion was corroborated during the interview with one of the sexual abuse incident members. The facility is in compliance with this provision

115.286 (c) The MRRC incident review team includes the Facility Director, KCI's Quality Assurance Manager/PREA Coordinator (both upper-level management officials), with input from the external investigators, and medical or mental health practitioners. The MRRC team consists of the following individuals:

- a. KCI's Quality Assurance Manager/PREA Coordinator
- b. Facility Director
- c. Staff Monitor
- d. Representative from the Federal Bureau of Prisons (BOP) Investigative Unit
- e. Representative from the Lifeline Counseling Services (Rape Crisis Center)
- f. Senior Case Manager

During the interviews with KCI's Quality Assurance Manager/PREA Coordinator she stated that the members of the Incident Review Team have not been identified in



this facility because of staff turnover, though there has not been a sexual abuse or sexual harassment incident in the last 12 months. She further stated that if there is in the future a sexual abuse or sexual harassment incident that a meeting would convene within 30 days of an investigative finding, that input would be provided by them regarding how to prevent further incidents of sexual abuse and sexual harassment from occurring.

A review of the resident, employee and investigative records revealed that there were zero Unsubstantiated or Substantiated allegation of sexual abuse that have occurred in the last 12 months. The facility is in compliance with this provision.

115.286 (d) KCI's Inc. Zero Tolerance Policy states that MRRC would:

- Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse.
- 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.
- Examine the area in the facility 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.
- Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and to the Quality Assurance Manager/PREA Compliance Manager.

KCI's Quality Assurance Manager/PREA Coordinator did provide a memorandum from MRRC's Facility Director indicating that in the last 12 months there were no sexual abuse incident review convened because there were zero sexual abuse incident and zero investigative findings being Unsubstantiated or Substantiated. The facility is in compliance with this provision

115.286 (e) KCI's Inc. Zero Tolerance Policy states that MRRC would submit a report of its findings to the KCI's Quality Assurance Manager/PREA Coordinator, MRRC's Facility Director and other appropriate staff to implement the recommendations for improvement, or document its reasons for not doing so. KCI's Quality Assurance Manager/PREA Coordinator did provide memorandum indicating that for the last 12 months there were zero sexual abuse incident review convened because there were zero sexual abuse incident and zero investigative findings being Unsubstantiated or Substantiated. The facility is in compliance with this provision

This facility is in compliance with this standard.

	Corrective Action required: None
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<b>115.287</b>	<b>Data collection</b>
	<p data-bbox="280 434 981 465"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="280 510 564 542"><b>Auditor Discussion</b></p> <p data-bbox="280 586 1469 1034">115.287 (a) KCI's Quality Assurance Manager/PREA Coordinator and MRRC's Facility Director both stated during their interviews that MRRC will collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The Agency Head and KCI's Quality Assurance Manager/PREA Coordinator indicated during their interviews that they do collect accurate data on every allegation from facilities under their control using a standardized instrument and set of definitions. MRRC currently reported on the PAQ as having zero sexual abuse and sexual harassment allegations in the last 12 months. A copy of the monthly facility PREA Report was provided to this auditor during the pre-audit and onsite phase for his review. The facility is in compliance with this provision</p> <p data-bbox="280 1079 1469 1438">115.287 (b) KCI's Quality Assurance Manager/PREA Coordinator and MRRC's Facility Director both stated during their interviews that KCI Inc. will collect 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 data at least once each year. During the interview with KCI's Quality Assurance Manager/PREA Coordinator stated that would aggregated MRRC's and the other facilities sexual abuse data annually. A review of the agency's website revealed that annual reports, inclusive of MRRC's, of aggregated sexual data was posted on the agency's website. The facility is in compliance with this provision</p> <p data-bbox="280 1482 1469 1684">115.287 (c) KCI's Quality Assurance Manager/PREA Coordinator indicated during her interview that they do not participate in the Survey of Sexual Violence (SSV) conducted by the Department of Justice (DOJ) but if they did, their incident-based data would include the data necessary to answer the questions on the said survey. The facility is in compliance with this provision</p> <p data-bbox="280 1729 1469 1998">115.287 (d) KCI's Quality Assurance Manager/PREA Coordinator indicated during her interview that they would and do maintain, review, and collect data as needed from available incident-based documents, including reports, investigation files and sexual abuse incident reviews. A review of the agency's website revealed that the annual reports of aggregated sexual data was posted and was this information provided to this auditor during the pre-audit and onsite audit phase to demonstrate their compliance with this provision. The facility is in compliance with this provision</p> <p data-bbox="280 2042 1469 2074">115.287 (e) KCI's Quality Assurance Manager/PREA Coordinator indicated during her</p>

	<p>interview that Keeton Corrections Inc. nor does MRRC contract for the confinement of their residents with another private facility. The facility is in compliance with this provision</p> <p>115.287 (f) KCI's Quality Assurance Manager/PREA Coordinator indicated during her interview that they would provide, upon request, all such data from the previous calendar year to the Department of Justice no later than June 30. She further stated that DOJ has not requested any agency data from Keeton Corrections Inc. or MRRC in the last 3 years as well as in the 12 months. The facility is in compliance with this provision</p> <p>This facility is in compliance with this standard.</p> <p>Corrective Action required: None</p>
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<b>115.288</b>	<b>Data review for corrective action</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>115.288 (a) KCI's Quality Assurance Manager/PREA Coordinator stated during her interview that she has and would review any and all data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by:</p> <ul style="list-style-type: none"> <li>· Identifying problem areas</li> <li>· Taking corrective action on an ongoing basis.</li> </ul> <p>She stated that she did prepare annual aggregated reports for 2021 and 2022 of her findings and applicable corrective action to be taken, comparing current and prior year data and corrective action. The Quality Assurance Manager/PREA Coordinator did not provide to this auditor a copy of the 2021-2022 annual report of her findings. The facility is not in compliance with this provision</p> <p>115.288 (b) KCI's Quality Assurance Manager/PREA Coordinator stated during her interview although she did complete an annual report for 2021 and 2022, though not provided to this auditor during the onsite visit. She further indicated that she does compare the current year's data and corrective actions, which were none, with those from prior years to provide an assessment of the agency's progress in addressing sexual abuse. She did not provide evidence of the same though there have been no sexual abuse or sexual harassment incidents report in MRRC over the</p>

	<p>last 3 years. The facility is in compliance with this provision</p> <p>115.288 (c) KCI's Quality Assurance Manager/PREA Coordinator stated during her interview that although she did not complete an annual report for 2020 and 2021, and that the annual reports have been approved by the Agency Head are made readily available to the public though the agency's website. A review of the agency's website revealed that the 2017, 2018, 2019 and 2020 annual reports had been posted on the agency's website but not the 2021 and 2022 annual report. The facility is not in compliance with this provision</p> <p>115.288 (d) KCI's Quality Assurance Manager/PREA Coordinator stated that during her interview that she did complete annual reports for 2017, 2018, 2019 and 2020, that are posted on the agency's website and the nature of the material to be redacted from the reports had occurred before publication, that would present a clear and specific threat to the safety and security of a facility. A review of the agency's website revealed that all of the mentioned annual reports have been posted but not the 2021 and 2022 annual reports. The facility is not in compliance with this provision</p> <p>This facility is not in compliance with this standard.</p> <p>Corrective Action required: The facility must provide to this auditor the Annual Aggregate Data report for 2021 and 2022 and post it on the agency's website in order to be in compliance with this standard.</p> <p>Corrective Action Response: Corrective Action Response: The PREA Coordinator did provide to this auditor copies of the 2021 and 2022 annual reports for his review as well as informed him that they are posted on the agency's website. This auditor did review the agency's website and did observe these annual reports posted for the public's review. The facility is found compliant with this standard.</p>
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<b>115.289</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.289 (a) KCI's Quality Assurance Manager/PREA Coordinator and MRRC's Facility Director both stated during their interviews that MRRC will collect and retain sexual abuse and sexual harassment data in a secure manner. KCI's Quality Assurance Manager/PREA Coordinator indicated during her interview that all sexual abuse and sexual harassment data collected will be securely retained pursuant to 115.387. She further stated that this information is securely retained in the KCI's Quality Assurance Manager/PREA Coordinator's corporate office under password protection and lock and key. The facility is in compliance with this provision</p> <p>115.289 (b) KCI's Quality Assurance Manager/PREA Coordinator indicated during her</p>

interview that all aggregated sexual abuse data, from facilities under its direct control, though they do not contract for confinement of their residents to another private facility, was made readily available to the public annually for years 2017, 2018, 2019 and 2020 through the agency's website. The 2017, 2018, 2019 and 2020 annual reports were completed, approved by the Agency Head and are posted on the agency's webpage. The 2021 and 2022 annual reports have not been completed nor posted on the agency's website as of the onsite visit. The facility is not in compliance with this provision

115.289 (c) KCI's Quality Assurance Manager/PREA Coordinator stated during her interview that she did complete annual reports for 2017, 2018, 2019 and 2020, and that she removed all personal identifiers before making the aggregated sexual abuse data available to the public through the agency's website. The 2017, 2018, 2019 and 2020 published annual reports does have all personal identifiers removed. The 2021 and 2022 annual reports have not been completed nor posted on the agency's website as of the onsite visit. The facility is not in compliance with this provision

115.289 (d) KCI's Quality Assurance Manager/PREA Coordinator and MRRC's Facility Director both stated during their interviews that MRRC would maintain all sexual abuse data collect pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise. The Quality Assurance Manager/ PREA Coordinator stated during her interview that Keeton Corrections Inc., the parent company, would maintain all sexual abuse data collect pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise. This facility is in compliance with this provision.

The facility is not in compliance with this standard.

Corrective Action required: The Quality Assurance Manager/PREA Coordinator must provide to this auditor a copy of the 2021 and 2022 Annual Reports of the aggregate sexual abuse and sexual harassment data and post it on the agency's website in order to be in compliance with this standard.

Corrective Action Response: Corrective Action Response: The PREA Coordinator did provide to this auditor copies of the 2021 and 2022 annual reports for his review as well as informed him that they are posted on the agency's website. This auditor did review the agency's website and did observe these annual reports posted for the public's review. The facility is found compliant with this standard.

<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

	<p>115.401(a) KCI's Quality Assurance Manager/PREA Coordinator stated during her interview that the MRRC was audited at least once on August 20th-21st, 2010 and received their Final Report on March 19th, 2020. The facility is in compliance with this provision</p> <p>115.401 (b) KCI's Quality Assurance Manager/PREA Coordinator stated during her interview that at least one third of their facilities were audited during each one-year audit cycle period. The facility is in compliance with this provision</p> <p>115.401 (h) During the onsite phase of this audit this auditor did have access to, and the ability to observe, all areas of the KCI's MRRC facility. The facility is in compliance with this provision</p> <p>115.401 (I) During the onsite phase of this audit this auditor was permitted to request and receive copies of any relevant documents, including electronically stored information, from MRRC's files and records. The facility is in compliance with this provision</p> <p>115.401 m. During the onsite phase of this audit this auditor was able to conduct private interviews with the residents in a private setting. These interviews occurred in the educational classroom which was located in another part of the facility, an earshot away from other staff and residents. The facility is in compliance with this provision</p> <p>115.401 n. During the pre-audit, onsite and post-audit phase of this audit, residents were and are permitted to send confidential information or correspondence to this auditor in the same manner as if they were communicating with legal counsel. As of the writing of this report, this auditor has not received any confidential information or correspondence from a resident and or staff from KCI MRRC to date. There was no evidence found that residents were prohibited from sending confidential correspondence to the auditor during this audit phase. The facility is in compliance with this provision</p> <p>This facility is in compliance with this standard.</p> <p>Corrective Action required: None</p>
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<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	115.403 (f) A review of MRRC's website revealed that the KCI Mobile (MRRC) facility was last audited on August 20th -21st of 2019 and received their Final PREA Audit Report on March 19th 2020 by the Certified PREA Auditor. A review of Keeton

Corrections Inc. (KCI) website revealed that this final report has been posted on its website in accordance with this provision. All of the other facilities under their control have their final reports posted on the website. The facility is in compliance with this provision

The facility is in compliance with this standard

Corrective Action required: The Quality Assurance Manager/PREA Coordinator must provide a copy of MRRC's last Final Report of 2020, post it on the agency's website and then inform this auditor via email so that he can verify that the previous Final Reports for the last 3 years have been posted on the agency's website in order to be in compliance with this standard.

Corrective Action findings: The Quality Assurance Manager/PREA Coordinator did provide to this auditor a copy of the 2020 Final Report for MRRC and upon review, it was observed posted on the agency's website. The facility is in compliance with this standard.

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



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

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

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

	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
<b>115.216 (b)</b>	<b>Residents with disabilities and residents who are limited English proficient</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
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
<b>115.216 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes
<b>115.217 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of	yes

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

<b>(f)</b>		
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.217 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.217 (h)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.218 (a)</b>	<b>Upgrades to facilities and technology</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	na
<b>115.218 (b)</b>	<b>Upgrades to facilities and technology</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	na

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



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

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

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

	does the agency provide refresher information on current sexual abuse and sexual harassment policies?	
<b>115.231 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.232 (a)</b>	<b>Volunteer and contractor training</b>	
	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
<b>115.232 (b)</b>	<b>Volunteer and contractor training</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
<b>115.232 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.233 (a)</b>	<b>Resident education</b>	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes

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

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

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

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



	Whether the resident's criminal history is exclusively nonviolent?	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes
<b>115.241 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
<b>115.241 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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

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

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

<b>(f)</b>		
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
<b>115.251 (a)</b>	<b>Resident reporting</b>	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
<b>115.251 (b)</b>	<b>Resident reporting</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
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
<b>115.251 (c)</b>	<b>Resident reporting</b>	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.251 (d)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
<b>115.252 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
<b>115.252 (b)</b>	<b>Exhaustion of administrative remedies</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
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve	yes

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

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

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



	information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
<b>115.261 (b)</b>	<b>Staff and agency reporting duties</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
<b>115.261 (c)</b>	<b>Staff and agency reporting duties</b>	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
<b>115.261 (d)</b>	<b>Staff and agency reporting duties</b>	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
<b>115.261 (e)</b>	<b>Staff and agency reporting duties</b>	
	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

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

	washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
<b>115.264 (b)</b>	<b>Staff first responder duties</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
<b>115.265 (a)</b>	<b>Coordinated response</b>	
	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
<b>115.266 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	
	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
<b>115.267 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes

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

	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
<b>115.267 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of residents, does such monitoring also include periodic status checks?	yes
<b>115.267 (e)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.271 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a). )	na
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a). )	na
<b>115.271 (b)</b>	<b>Criminal and administrative agency investigations</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
<b>115.271 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial	yes

	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
<b>115.271 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
<b>115.271 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
<b>115.271 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271</b>	<b>Criminal and administrative agency investigations</b>	

<b>(h)</b>		
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.271 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
<b>115.271 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
<b>115.272 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	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
<b>115.273 (a)</b>	<b>Reporting to residents</b>	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
<b>115.273 (b)</b>	<b>Reporting to residents</b>	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency	yes

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



	the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
<b>115.273 (e)</b>	<b>Reporting to residents</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.276 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.276 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.276 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.276 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
<b>115.277 (a)</b>	<b>Corrective action for contractors and volunteers</b>	

	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
<b>115.277 (b)</b>	<b>Corrective action for contractors and volunteers</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
<b>115.278 (a)</b>	<b>Disciplinary sanctions for residents</b>	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
<b>115.278 (b)</b>	<b>Disciplinary sanctions for residents</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
<b>115.278 (c)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.278 (d)</b>	<b>Disciplinary sanctions for residents</b>	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a	yes

	condition of access to programming and other benefits?	
<b>115.278 (e)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.278 (f)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.278 (g)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.282 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
<b>115.282 (b)</b>	<b>Access to emergency medical and mental health services</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
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.282 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	Are resident victims of sexual abuse offered timely information	yes

	about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	
<b>115.282 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.283 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.283 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</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
<b>115.283 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.283 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
<b>115.283 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive	yes

	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.)	
<b>115.283 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.283 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.283 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
<b>115.286 (a)</b>	<b>Sexual abuse incident reviews</b>	
	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
<b>115.286 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.286 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

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

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

<b>115.288 (b)</b>	<b>Data review for corrective action</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
<b>115.288 (c)</b>	<b>Data review for corrective action</b>	
	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
<b>115.288 (d)</b>	<b>Data review for corrective action</b>	
	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
<b>115.289 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
<b>115.289 (b)</b>	<b>Data storage, publication, and destruction</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
<b>115.289 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.289 (d)</b>	<b>Data storage, publication, and destruction</b>	
	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



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

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