

# PREA AUDIT: AUDITOR'S SUMMARY REPORT

## COMMUNITY CONFINEMENT FACILITIES



**[Following information to be populated automatically from pre-audit questionnaire]**

|  |  |   |                                  |
|--|--|---|----------------------------------|
| <b>Name of facility:</b> <u>The Brady Center</u>                               |  |   |                                  |
| <b>Physical address:</b> <u>1000 West Market Street, Louisville, KY 40202</u>  |  |   |                                  |
| <b>Date report submitted:</b> <u>Friday, October 9, 2015</u>                   |  |   |                                  |
| <b>Auditor Information</b> <u>Tina Sallee</u>                                  |  |   |                                  |
| <b>Address:</b> <u>P.O. Box 373, Campbellsville, KY 42718</u>                  |  |   |                                  |
| <b>Email:</b> <u>r.fields44@ymail.com</u>                                      |  |   |                                  |
| <b>Telephone number:</b> <u>270-980-2430</u>                                   |  |   |                                  |
| <b>Date of facility visit:</b> <u>Monday, September 28, 2015</u>               |  |   |                                  |
| <b>Facility Information</b> <u>-The Brady Center</u>                           |  |   |                                  |
| <b>Facility mailing address:</b><br><i>(if different from above)</i>           |  |   |                                  |
| <b>Telephone number:</b> <u>502-259-0080</u>                                   |  |   |                                  |
| <b>The facility is:</b>  | <input type="checkbox"/> Military                              | <input type="checkbox"/> County                               | <input type="checkbox"/> Federal |
|  | <input type="checkbox"/> Private for profit                    | <input type="checkbox"/> Municipal                            | <input type="checkbox"/> State   |
|  | <input checked="" type="checkbox"/> Private not for profit     |   |                                  |
| <b>Facility Type:</b>  | <input type="checkbox"/> Community treatment center            | <input type="checkbox"/> Community based confinement facility | <input type="checkbox"/> Other:  |
|  | <input checked="" type="checkbox"/> Halfway house              | <input type="checkbox"/> Mental health facility               |                                  |
|  | <input type="checkbox"/> Alcohol or drug rehabilitation center |   |                                  |
| <b>Name of Facility Head:</b> <u>Maurice Ludwick</u>                           |  | <b>Title:</b>   | <u>Director</u>                  |
| <b>Email address:</b> <u>maurice.ludwick@thehealingplace.org</u>               |  | <b>Telephone number:</b>                                      | <u>502-379-7651</u>              |
| <b>Name of PREA Compliance Manager (if applicable):</b> <u>Patrick Fogarty</u> |  | <b>Title:</b>   | <u>Chief Program Officer</u>     |
| <b>Email address:</b> <u>patrickfogarty@thehealingplace.org</u>                |  | <b>Telephone number:</b>                                      | <u>502-585-4848</u>              |
| <b>Agency Information</b>  |  |   |                                  |
| <b>Name of</b> <u>The Healing Place</u>  |  |   |                                  |

|   |   |  |
|---|---|--|
| <b>agency:</b>  |   |  |
| <b>Governing authority or parent agency:</b> (if applicable) _____                  |   |  |
| <b>Physical address:</b> _____ <u>1020 West Market Street, Louisville, KY 40202</u> |   |  |
| <b>Mailing address:</b> _____ (if different from above)                             |   |  |
| <b>Telephone number:</b> _____ <u>502-585-4848</u>                                  |   |  |
| <b>Agency Chief Executive Officer</b>   |   |  |
| <b>Name:</b>  | _____ <u>Karyn B. Hascal</u>                    | <b>Title:</b> _____ <u>President</u>               |
| <b>Email address:</b>   | _____ <u>karyn.hascal@thehealingplace.org</u>   | <b>Telephone number:</b> _____ <u>502-585-4848</u> |
| <b>Agency-Wide PREA Coordinator</b>   |   |  |
| <b>Name:</b>  | _____ <u>Patrick Fogarty</u>                    | <b>Title:</b> _____ <u>Chief Program Officer</u>   |
| <b>Email address:</b>   | _____ <u>patrickfogarty@thehealingplace.org</u> | <b>Telephone number:</b> _____ <u>502-585-4848</u> |

## AUDIT FINDINGS

**NARRATIVE:**

**[Following information to be populated automatically from auditor compliance tool]**

The first PREA community confinement facility audit of The Brady Center located at 1000 West Market Street, Louisville, Kentucky took place on Monday, September 28, 2015. The audit consisted of data review, staff and resident interviews and facility tour and observations. An exit conference was conducted. Staff members were interviewed, including the Facility Director; the Program Coordinator; the Agency Head Designee/PREA Coordinator and Monitoring Staff. A number of residents were interviewed. Documents were timely and complete. Staff and resident interviews occurred efficiently. The entire facility was toured. The facility floor plan is well covered by video cameras/monitors, both inside and outside the facility. Residents (all male) are between the age of 18-65 years old and their average length of stay is 8 months or less. Overall, the facility was well prepared for the audit and performed well in all areas.

**DESCRIPTION OF FACILITY CHARACTERISTICS:**

**[Following information to be populated automatically from auditor compliance tool]**

The Brady Center located at 100 West Market Street, Louisville, Kentucky is a small community

confinement facility (halfway house) that houses approximately 80 all male residents. Residents are over 18 years old with the average length of stay being 8 months or less. The facility has one (1) building with 0 open bay/dorm housing units and 35 semi-private rooms (each room houses 4 residents) on 3 separate floors.

## SUMMARY OF AUDIT FINDINGS:

**[Following information to be populated automatically from auditor compliance tool]**

On Monday, September 28, 2015 a site visit and PREA certified facility audit was conducted at The Brady Center in Louisville, Kentucky and found that of the 39 standards:

**[Following information to be populated automatically from auditor compliance tool]**

Number of standards exceeded: 1

Number of standards met: 33

Number of standards not met: 0

Number of standards Not Applicable (N/A): 5

**[Following information to be populated automatically from auditor compliance tool]**

**Standard number here** STANDARD INSERTED HERE 115.211 (a)-(b) Prevention Planning: Zero Tolerance of sexual abuse and sexual harassment; PREA Coordinator.

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

—— Policy is thorough and mirrors the PREA language. Policy is in use and staff were able to explain it to the auditor when asked.

**[ space for comments extends as needed here]**

**Standard number here** STANDARD INSERTED HERE 115.212 (a)-(c) Contracting with other entities for the confinement of residents.

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) N/A
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

—— N/A – does not contract for the confinement of its residents.

**[ space for comments extends as needed here]**

**Standard number here** STANDARD INSERTED HERE 115.213 (a)-(c) Supervision and monitoring.

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

—— In the past 12 months there have been NO reports of sexual abuse. The Facility Director, the Program Coordinator, and the Agency Head Designee/PREA Coordinator all voiced that the physical layout of the facility, including the composition of the resident population, and other relevant factors are used to calculate adequate staffing levels and to determine needs for further technologies, etc...on an ongoing basis for the safety of the residents and staff.

**[ space for comments extends as needed here]**

**Standard number here** STANDARD INSERTED HERE 115.215 (a)-(f) Limits to cross-gender viewing and searches.

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

——(a) (b)There are NO CROSS GENDER strip searches permitted. (c)There are NO CROSS GENDER pat searches permitted. (d) All residents have the ability to shower/perform bodily functions/change clothes without being viewed. (e)N/A – there have been no transgender or intersex residents admitted to date. (f) All staff are trained in using a professional and respectful manner with transgender and intersex residents per documentation of training and staff reports during interviews (even though they have not had to address this issue to date) they have received training.

[ space for comments extends as needed here]

**Standard number here** STANDARD INSERTED HERE 115.216 (a)-(c) Residents with disabilities and residents who are limited English proficient.

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

——Agency has established procedures to provide residents with limited English proficiency 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 but there were no residents with disabilities or LEP residents to interview.

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[Following information to be populated automatically from auditor compliance tool]

**AUDITOR CERTIFICATION:**

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

Tina Sallee

10/09/2015

Auditor Signature

Date

**Standard number here: 115.217 (a)-(h) Hiring and promotion decisions.**

0 Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

0 Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard:** Agency has policy which is clear and thorough in place to conduct background checks. Interviews with the Facility Director, Agency Head Designee/PREA Coordinator and other staff confirmed policy and confirmed practice is in line with policy.

**Standard number here: 115.218 (a)-(b) Upgrades to facilities and technologies.**

0 Exceeds Standard (substantially exceeds requirement of standard)

0 Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

0 Does Not Meet Standard (requires corrective action)

X Not Applicable

**Auditor comments, including corrective actions needed if does not meet standard:** N/A – The facility has NOT made a substantial expansion to existing facility since August 2012 (an outside fence has been erected for added security). Interview with the Facility Director and Agency Head Designee/PREA Coordinator confirmed the practice is in line for future that the agency shall consider the effect of the design, modification, or installation of added video monitoring systems or other monitoring technology, upon the agency’s ability to protect residents and staff from sexual abuse.

**Standard number here: 115.221 (a)-(h) Responsive Planning: Evidence protocol and forensic medical examinations.**

0 Exceeds Standard (substantially exceeds requirement of standard)

0 Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

0 Does Not Meet Standard (requires corrective action)

X Not Applicable

**Auditor comments, including corrective actions needed if does not meet standard:** (a) and (b) N/A – The name of the agency that has responsibility, The Kentucky Department of Corrections and/or the Louisville Metro Police Department. (c) – (h) The facility offers contact information for the following: The Center for Women and Families with the toll free 24 hour crisis line; University of Louisville Emergency Room; and the Kentucky Department of Corrections.

**Standard number here: 115.222 (a)–(e) Policies to ensure referrals of allegations for investigations.**

0 Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

0 Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard:** The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. In the past 12 months there have been NO reports of sexual abuse. The agency has a policy that requires that all allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations unless the allegation does not involve potentially criminal behavior.

**Standard number here: 115.231 (a)-(d) Training and Education: Employee training.**

0 Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

0 Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard:** Documentation and staff interviews indicated that staff were trained in all 10 elements of the subsection. That training is tailored to the gender of the residents and that staff can receive additional training if needed, that employees are made aware of the facility's no tolerance for sexual abuse and/or sexual harassment policies and procedures.

**Standard number here: 115.232 (a)-(c) Volunteer and contractor training.**

0 Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

0 Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard:** The Facility Director and the Program Coordinator confirmed that volunteers, vendors and/or contractors receive training on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

**Standard number here: 115.233 (a)-(e) Resident education.**

0 Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

0 Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard:** The agency/facility policy is thorough and mirrors the PREA language. PREA education is conducted during intake with pamphlets, posters on bulletin boards, notices posted in common areas and documentation of the resident participation in these education sessions with resident signatures verifying they understand the agency's zero-tolerance policy regarding sexual abuse and sexual harassment. Residents acknowledged during interviews they do receive the education upon entering the program, that they understood their rights to be free from sexual abuse and sexual harassment and their right to be free from retaliation for reporting such incidents. The agency does provide residents education in formats accessible to all, including those who are limited English proficient or handicapped.

**Standard number here: 115.234 (a)-(d) Specialized training: Investigations.**

0 Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

0 Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard:** The Kentucky Department of Corrections and/or the Louisville Metro Police Department handles the criminal investigations. This facility does NOT conduct its own criminal investigations.

**Standard number here: 115.235 (a)-(d) Specialized training: Medical and mental health care.**

0 Exceeds Standard (substantially exceeds requirement of standard)

0 Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

0 Does Not Meet Standard (requires corrective action)

X Not Applicable

**Auditor comments, including corrective actions needed if does not meet standard:** N/A- does not employ nor have any full or part-time medical or mental health practitioners who work in the facility.



**Standard number here: 115.241 (a)-(i) Screening for Risk of Sexual Victimization and Abusiveness: Screening for risk of victimization and abusiveness.**

0 Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

0 Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard:** Residents are screened during intake for risk of sexual victimization and sexually abusive behavior. Screening instrument contains all 9 criteria to assess residents for risk of sexual victimization and sexually abusive behavior. Documentation of the screening instrument is maintained in each resident file and the facility reassesses the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening. No resident reported to the auditor that their personal information was used in any exploitative or inappropriate way.

**Standard number here: 115.242 (a)-(f) Use of screening information.**

0 Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

0 Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard:** Documentation and staff interviews indicate that the agency policy reflects PREA language. The agency uses information from the risk screening required by 115.241 to decide housing and program assignments with the goal of keeping all residents safe. To date there have been NO transgender or intersex resident's admitted to the program but staff receive training for the possibility in future if the need should arise regarding separate shower/housing/and programming assignments.

**Standard number here: 115.251 (a)-(d) Reporting: Resident reporting.**

0 Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

0 Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard:** Documentation, staff interviews and resident interviews indicate that the agency policy mirrors PREA language. Residents have multiple internal and external ways to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment and/or staff neglect or violation of responsibilities that may have contributed to such reports. Staff will accept reports made verbally, in writing, anonymously, and from third parties and promptly document any report.

**Standard number here: 115.252 (a)-(g) Exhaustion of administrative remedies.**

0 Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

0 Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard:** The agency has an administrative procedure for dealing with resident grievances regarding sexual abuse. Policy is also in line with expectations in subsections.

**Standard number here: 115.253 (a)-(c) Resident access to outside confidential support services.**

0 Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

0 Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard:** Policy, procedures and practice is in line with subsections as evidenced by documentation and by staff and resident interviews conducted.

**Standard number here: 115.254 Third-party reporting.**

0 Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

0 Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard:** The agency and facility provides methods to receive third-party reports of resident sexual abuse or sexual harassment and publicly distributes the information on how to report sexual abuse and sexual harassment on behalf of a resident.

**Standard number here: 115.261 (a)–(e) Official Response Following a Resident Report: Staff and agency reporting duties.**

0 Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

0 Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard:** Agency policy, procedures, and staff interviews confirm that staff are required to and would report allegations or suspicions immediately to the facility’s director.

**Standard number here: 115.262 Agency protection duties.**

0 Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

0 Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard:** Agency policy, procedures, and staff interviews confirm that when the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident.

**Standard number here: 115.263 (a)-(d) Reporting to other confinement facilities.**

0 Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

0 Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard:** Agency policy and staff interviews confirm that upon receiving an allegation that a resident was sexually abused while confined at another facility, the facility director must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. The agency’s policy also requires that the head of the facility notify the appropriate investigative agency.

**Standard number here 115.264 (a)–(b) Staff first responder duties.**

0 Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

0 Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard: Agency policy, procedure, and staff interviews confirm that policy does cover all required elements of staff first responder duties.

**Standard number here: 115.265 Coordinated response.**

0 Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

0 Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard: Agency/facility has a written plan along with staff interviews confirm agency/facility policy to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, investigators, and facility leadership.

**Standard number here: 115.266 (a)-(b) Preservation of ability to protect residents from contact with abusers.**

0 Exceeds Standard (substantially exceeds requirement of standard)

0 Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

0 Does Not Meet Standard (requires corrective action)

X Not Applicable

Auditor comments, including corrective actions needed if does not meet standard: N/A – agency/facility does not enter collective bargaining agreements.

**Standard number here: 115.115.267 (a)-(f) Agency protection against retaliation.**

0 Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

0 Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard:** Agency policy, staff interviews confirm agency protection against retaliation and zero tolerance for retaliation.

**Standard number here: 115.271 (a)-(l) Criminal and administrative agency investigations.**

0 Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

0 Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard:** Agency policy along with staff interviews confirm agency policy is in line with the PREA subsection language.

**Standard number here: 115.272 Evidentiary standard for administrative investigations.**

0 Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

0 Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard:** Agency policy is in line with the PREA language.

**Standard number here 115.273 (a)-(f) Reporting to residents.**

0 Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

0 Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard:** Agency policy, documentation, and staff interviews indicates that this is the practice.

**Standard number here: 115.276 (a)-(d) Discipline: Disciplinary sanctions for staff.**

0 Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

0 Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard:** Agency policy, documentation, and staff interviews indicates that this is the practice.

**Standard number here: 115.277 (a)-(b) Corrective action for contractors and volunteers.**

0 Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

0 Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard:** There were no examples reportedly but agency policy, documentation, and interview with staff confirmed that violations of any sexual abuse or harassment policy by a vendor would be reported to law enforcement when warranted and immediately not allowed any further contract with the residents.

**Standard number here: 115.278 (a)-(g) Disciplinary sanctions for residents.**

0 Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

0 Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard:** The agency policy is clear and reflect the PREA subsections intent.

**Standard number here: 115.282 (a)-(d) Medical and Mental Care: Access to emergency medical and mental health services.**

0 Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

0 Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard:** The agency policy, documentation, along with staff interviews confirms that all residents would have access to emergency medical and mental health services without financial cost and reflects the PREA subsections intent.

**Standard number here: 115.283 (a)–(h) Ongoing medical and mental health care for sexual abuse victims and abusers.**

0 Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

0 Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard:** The agency policy, documentation, along with staff interviews confirms and reflects the PREA subsections intent.

**Standard number here: 115.286 (a)-(e) Data Collection and Review: Sexual abuse incident reviews.**

0 Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

0 Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard:** The agency policy, documentation, along with staff interviews confirms and reflects the PREA subsections intent.

**Standard number here: 115.287 (a)-(f) Data Collection.**

0 Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

0 Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard:** The agency policy, documentation, along with staff interviews confirms and reflects the PREA subsections intent.

**Standard number here: 115.288 (a)–(d) Data review for corrective action.**

0 Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

0 Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard:** The agency policy, documentation, along with staff interviews confirms and reflects the PREA subsections intent.

**Standard number here: 115.289 (a)–(d) Data storage, publication, and destruction.**

0 Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

0 Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard:** The agency policy, documentation, along with staff interviews confirms and reflects the PREA subsections intent.