

PREA Facility Audit Report: Final

Name of Facility: Brighton Recovery Center for Women

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 07/20/2025

Auditor Certification

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



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



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



Auditor Full Name as Signed: Sharon Ray Shaver

Date of Signature: 07/20/2025

AUDITOR INFORMATION

Auditor name: Shaver, Sharon

Email: sharonrshaver@gmail.com

Start Date of On-Site Audit: 06/04/2025

End Date of On-Site Audit: 06/04/2025

FACILITY INFORMATION

Facility name: Brighton Recovery Center for Women

Facility physical address: 375 Weaver Road, Florence, Kentucky - 41042

Facility mailing address: 375 Weaver Road, Florence, Kentucky - 41051

Primary Contact

Name:	Jane Hamilton
Email Address:	stljanie@gmail.com
Telephone Number:	8598785811

Facility Director	
Name:	Janie Hamilton
Email Address:	jhamilton@brightoncenter.com
Telephone Number:	8592925482

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

Facility Health Service Administrator On-Site	
Name:	St. Elizabeth Physicians
Email Address:	sarah.rabe@stelizabeth.com
Telephone Number:	859-292-5500

Facility Characteristics	
Designed facility capacity:	108
Current population of facility:	83
Average daily population for the past 12 months:	60
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Women/girls

In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of “intersex” and “transgender,” please see https://www.prearesourcecenter.org/standard/115-5)	
Age range of population:	18-72
Facility security levels/resident custody levels:	Recovery Housing-Community Facility
Number of staff currently employed at the facility who may have contact with residents:	12
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	6
Number of volunteers who have contact with residents, currently authorized to enter the facility:	2

AGENCY INFORMATION	
Name of agency:	Brighton Center, Inc.
Governing authority or parent agency (if applicable):	
Physical Address:	741 Central Avenue, Newport, Kentucky - 41071
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
Name:	

Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information			
Name:	Janie Hamilton	Email Address:	jhamilton@brightoncenter.com

Facility AUDIT FINDINGS	
Summary of Audit Findings	
<p>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.</p> <p>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.</p>	
Number of standards exceeded:	
2	<ul style="list-style-type: none"> • 115.215 - Limits to cross-gender viewing and searches • 115.231 - Employee training
Number of standards met:	
39	
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:	2025-06-04
2. End date of the onsite portion of the audit:	2025-06-04

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:	ION Center

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	108
15. Average daily population for the past 12 months:	60
16. Number of inmate/resident/detainee housing units:	41
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	73
19. 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:	0
20. 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:	1
21. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
22. 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:	0
23. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
24. 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:	5

25. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
26. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
27. 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:	3
28. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
29. 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):	<p>Upon arrival at the facility the auditors were welcomed by staff members who provided a detailed orientation, including an overview of the facility's history, mission, and daily operations. Following the briefing, the auditors were informed that the facility was fully occupied by clients, with staff actively present throughout the premises; notably, there were no outside contractors or visitors on site during our visit. The main site review commenced upon arrival and involved a systematic inspection of common areas, client living quarters, and staff workspaces. The auditors observed facility routines, engaged in conversations with both staff and clients to gather insights, and reviewed relevant documentation to assess compliance with operational standards and protocols.</p>

Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit

30. 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:	12
31. 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:	2
32. 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:	3
33. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.

INTERVIEWS**Inmate/Resident/Detainee Interviews****Random Inmate/Resident/Detainee Interviews**

34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	8
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35. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<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 type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	<p>The auditors employed a systematic and independent selection process, choosing individuals from every sector of the facility, encompassing both programming and non-programming roles. This approach was conducted without any involvement or influence from staff or management, thereby upholding strict objectivity. As a result, the sampling ensured a comprehensive and unbiased representation of the client population, enhancing the credibility and integrity of the audit findings.</p>
37. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
38. 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):	<p>There were no barriers.</p>
Targeted Inmate/Resident/Detainee Interviews	
39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	<p>8</p>

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".

40. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
40. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div data-bbox="815 936 1468 1099"> <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. </div> <div data-bbox="815 1144 1468 1227"> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
40. 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).	The auditors conducted a comprehensive review by examining records, cross-referencing client lists, and conducting in-depth interviews with both clients and staff members. Through this thorough process, they verified that no individuals were present or available for participation in this particular section of the category.
41. 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:	1

42. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	0
42. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div> <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. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
42. 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).	The auditors conducted a comprehensive review by examining records, cross-referencing client lists, and conducting in-depth interviews with both clients and staff members. Through this thorough process, they verified that no individuals were present or available for participation in this particular section of the category.
43. 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:	0
43. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div> <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. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>

43. 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).	<p>The auditors conducted a comprehensive review by examining records, cross-referencing client lists, and conducting in-depth interviews with both clients and staff members. Through this thorough process, they verified that no individuals were present or available for participation in this particular section of the category.</p>
44. 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:	<p>0</p>
44. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<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>
44. 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).	<p>The auditors conducted a comprehensive review by examining records, cross-referencing client lists, and conducting in-depth interviews with both clients and staff members. Through this thorough process, they verified that no individuals were present or available for participation in this particular section of the category.</p>
45. 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:	<p>3</p>
46. 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:	<p>0</p>

<p>46. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</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>46. 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).</p>	<p>The auditors conducted a comprehensive review by examining records, cross-referencing client lists, and conducting in-depth interviews with both clients and staff members. Through this thorough process, they verified that no individuals were present or available for participation in this particular section of the category.</p>
<p>47. 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:</p>	<p>0</p>
<p>47. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</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>47. 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).</p>	<p>The auditors conducted a comprehensive review by examining records, cross-referencing client lists, and conducting in-depth interviews with both clients and staff members. Through this thorough process, they verified that no individuals were present or available for participation in this particular section of the category.</p>

48. 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:	4
49. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
49. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div> <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. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
49. 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).	The auditors conducted a comprehensive review by examining records, cross-referencing client lists, and conducting in-depth interviews with both clients and staff members. Through this thorough process, they verified that no individuals were present or available for participation in this particular section of the category.
50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	There were no barriers.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
51. Enter the total number of RANDOM STAFF who were interviewed:	6

<p>52. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</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 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>53. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>53. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)</p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews.</p> <p><input checked="" 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 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>54. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>The auditors interviewed all staff available.</p>

Specialized Staff, Volunteers, and Contractor Interviews

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):

6

56. Were you able to interview the Agency Head?

☒ Yes

☐ No

57. Were you able to interview the Warden/Facility Director/Superintendent or their designee?

☒ Yes

☐ No

58. Were you able to interview the PREA Coordinator?

☒ Yes

☐ No

59. Were you able to interview the PREA Compliance Manager?

☐ Yes

☐ No

☒ NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

60. 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
61. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
62. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
62. Enter the total number of CONTRACTORS who were interviewed:	3
62. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input checked="" type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
63. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

64. Did you have access to all areas of the facility?

☒ Yes

☐ No

Was the site review an active, inquiring process that included the following:

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

☒ Yes

☐ No

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

☒ Yes

☐ No

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

☒ Yes

☐ No

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

☒ Yes

☐ No

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

Brighton Recovery Center for Women is a 100-bed facility located in Boone County that utilizes the recovery dynamics curriculum and is a peer-driven model of recovery. The program helps women recover from chronic substance use disorder and addiction, and move toward a life of sobriety and productivity. The focus is to help women change their behavior, skills, and attitudes. The facility's parent agency is Brighton Center with a mission to create opportunities for individuals and families to reach self-sufficiency through family support services, education, employment, and leadership. They achieve this by providing critical programs and services that help the community grow and thrive. BRC takes a long-term, holistic approach to recovery that is comprised of four distinct modules of progression and is ultimately connected to an array of Brighton Center services. On average, women spend 9-12 months immersed in a supportive environment that holistically allows them to recover from the effects of addiction and rebuild their lives. Clients may be referred to the program by the Kentucky Department of Corrections, through the courts, through community mental health service resources, self-admit, or through Casey's Law (which allows the parents, relatives, or friends of an addicted person to lawfully intervene and request involuntary, court-ordered addiction treatment for their addicted loved one). The four distinct components of the program are: Safe Off the Streets (SOS) - Provides a safe, non-medical environment to begin deciding on a plan of recovery; Motivational Tracks - Provides a low-pressure environment for committing to the process of recovery so that participants can experience the hope of change; Phase I - Provides effective solutions to the problems of addiction. Programs are more focused and intense than the Motivational Tracks. Goals are increased social wellness, economic independence and ultimately recovery from addiction; Phase II - Provides a means of reintroduction back into

society. Participants obtain employment or participate in educational/job training programs, pay rent, work on maintaining sobriety, attend self-help meetings, and prepare a plan of action for living sober as productive members of society. BRC is a part of the Recovery Kentucky initiative. The audit team included a lead auditor and an assistant auditor. The group met with the Director, who serves as the PREA Coordinator, as well as staff members on duty to discuss the audit process and the day's schedule. The team received requested documentation such as a housing breakdown, staff roster, shift roster, population list, training records, contractor information, and programming schedules for the facility. During the audit, the team conducted interviews, participated in a site review, observed intake and screening, and monitored key facility functions throughout the process. The facility was clean and well-kept; client rooms and living spaces were orderly, in good repair, and aesthetically pleasing. Interactions observed by the auditors between staff and clients were friendly and professional. BRC provides an important service to the community and provides a safe, positive, and caring environment for the clients in the program.

Documentation Sampling

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

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

☒ Yes

☐ No

71. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	All PREA related policy was found within the Brighton Recovery Center Operations Manual. Additional documentation was requested and reviewed by the auditor and is identified in each of the individual standard's narratives.
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SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

0

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

There was none.

79. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<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)
Inmate-on-inmate sexual abuse investigation files	
80. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
81. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<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)
82. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<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)
Staff-on-inmate sexual abuse investigation files	
83. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	1
84. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<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)

85. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<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	
86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
86. Explain why you were unable to review any sexual harassment investigation files:	There were none.
87. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
88. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
89. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

90. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<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 harassment investigation files)
Staff-on-inmate sexual harassment investigation files	
91. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
92. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<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 harassment investigation files)
93. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<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 harassment investigation files)
94. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	There were none.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

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

- ☒ Yes
- ☐ No

95. Enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during this audit:

1

Non-certified Support Staff

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

- ☐ Yes
- ☒ No

AUDITING ARRANGEMENTS AND COMPENSATION

97. Who paid you to conduct this audit?

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

Standards	
Auditor Overall Determination Definitions	
<ul style="list-style-type: none"> Exceeds Standard (Substantially exceeds requirement of standard) Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) Does Not Meet Standard (requires corrective actions) 	
Auditor Discussion Instructions	
<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>	

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: BRC (Brighton Recovery Center) PREA policy, Recovery Services (RS) Organizational Chart; Observations During Site Review, Information Obtained During Interviews.</p> <p>115.211(a): The Brighton Recovery Center Operations Manual, Section 4, guarantees fair and respectful treatment for all clients without discrimination. Staff are committed to honoring each client's dignity and diversity. In line with PREA standards, the Center enforces zero tolerance for sexual abuse or harassment, ensuring clients a safe environment and secure reporting channels, free from retaliation. The BRC Operations Manual establishes clear definitions and outlines comprehensive prevention measures for sexual abuse and harassment. It mandates that the facility implement strategies to prevent, detect, and effectively respond to such incidents, which include staff training, background investigations, and the enforcement of disciplinary policies. The manual also details agency protocols designed to minimize the occurrence of these behaviors.</p>

	<p>115.211(b): The agency's PREA Coordinator is the Director of Brighton Recovery Center. She reports to the Vice President of Brighton Center, Inc. An interview with the Director confirmed that she is responsible for ensuring compliance with PREA standards within the facility and has the time and authority to develop, implement, and oversee these efforts.</p> <p>A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard.</p>
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115.212	Contracting with other entities for the confinement of residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence Reviewed: Information Obtained During Interviews.</p> <p>115.212(a)(b)(c): The facility does not contract with any other entity for the confinement of clients; therefore, these provisions are not applicable.</p> <p>A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard.</p>

115.213	Supervision and monitoring
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence Reviewed: Floorplans, Email, Staffing Plan, BRC Census July and May 2024, Observations During Site Review, Information Obtained During Interviews.</p> <p>115.213(a)(c): The BRC Operations Manual, Section (c) Staffing Pattern, outlines the staff positions directly involved in the operation of BRC, in alignment with the contractual agreement between KDOC and BRC. According to the contract, BRC maintains 24-hour awake supervision by qualified staff. Personnel include, but are not limited to, a Director, Resident Monitors, Intake Supervisor/SOS Coordinator, and Recovery Services Supervisor (Phase I Coordinator). It is required that a female staff member be on duty at all times, seven days a week.</p> <p>The staffing pattern further incorporates video monitoring protocols, taking into</p>

	<p>account the facility’s physical layout, client population composition, and the history of substantiated or unsubstantiated incidents of sexual abuse, which, in Brighton’s case, are absent. In January 2019, six cameras were installed along the exterior perimeter. An additional three exterior and three interior cameras—focused on entry doors and the main hallway in the reception area—were added in August 2021. A comprehensive legend of all camera locations is provided at the conclusion of the manual.</p> <p>Since the last PREA audit, the average daily client count has been 60, which serves as the basis for the established staffing plan. The auditor’s review of the staffing plan, located on pages 9–13 of the BRC Operations Manual, confirmed its compliance with contractual requirements. BRC ensures 24-hour awake supervision, with staffing inclusive of, but not limited to: a Director, Resident Monitors, Intake Supervisor (SOS Coordinator), and Recovery Services Supervisor (Phase II Coordinator). A female staff member remains on duty at all times. During an interview, the Director confirmed that the staffing plan undergoes an annual review, incorporating the requirements of provision (c). Documentation of the May 1, 2025, annual staffing plan review was made available to the auditor.</p> <p>115.213(b): Interviews with the Director, staff, and clients indicated that the staffing levels met the minimum requirements outlined in the staffing plan, and no deviations from the plan were reported.</p> <p>A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard.</p>
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115.215	Limits to cross-gender viewing and searches
	<p>Auditor Overall Determination: Exceeds Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence Reviewed: BRC Operations Manual; Email Regarding Standard, Observations During Site Review, Information Obtained During Interviews.</p> <p>115.215(a)(b)(c): The BRC Operations Manual prohibits staff from conducting cross-gender strip, pat down, or visual body cavity searches; such pat downs, if necessary for officer safety, are performed by KDOC probation officers under CPP 9.8. Staff are not allowed to search transgender or intersex clients solely to determine genital status. The facility has no security staff and does not search clients. No cross-gender strip or visual body cavity searches occurred in the past year. Interviews confirm staff do not search clients for any reason.</p> <p>115.215(d): The BRC Operations Manual states that clients have privacy when showering, using the bathroom, or changing clothes, and are not subject to opposite-gender staff observation or video monitoring during these activities, including cross-gender clients. Staff conduct rounds per KYDOC requirements, and</p>

	<p>opposite-gender staff must announce themselves before entering relevant areas. Maintenance workers confirm they wait for female staff to clear areas before entry to protect client privacy. Interviews with the Director, staff, and clients confirmed that staff knock and announce before entering client rooms.</p> <p>115.215(f): Security staff have not received training on cross-gender or transgender/intersex pat-down searches, as the facility does not employ security staff. As a community recovery center rather than a secure correctional institution, staff are not authorized to conduct searches.</p> <p>A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard. Beyond meeting all required criteria, the facility has implemented supplementary measures to ensure client privacy and safety by announcing each time staff approach a client's door or bathroom area. Staff participate in regular training focused on respectful communication and established protocols, and routine internal audits are conducted to monitor ongoing compliance. Client feedback is actively sought and incorporated to further refine and improve these practices, reflecting the facility's strong commitment to exceeding compliance expectations.</p>
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115.216	Residents with disabilities and residents who are limited English proficient
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence Reviewed: BRC Operations Manual; English and Spanish PREA Brochure; English and Spanish Kentucky DOC Hotline Zero Tolerance Poster; Limited English Proficiency Policy, Policy Regarding Equal Opportunity of Disabled and Limited English Proficiency, Observations During Site Review, Information Obtained During Interviews.</p> <p>115.216(a): The BRC Operations Manual ensures clients with disabilities have equal access to all services aimed at preventing, detecting, and responding to sexual abuse and harassment. Materials are available in accessible formats for those with intellectual, visual, or other disabilities. The facility had no clients with physical, hearing, or visual disabilities; one cognitively impaired client confirmed understanding PREA information and reporting procedures.</p> <p>115.216(b): BRC provides education on its zero-tolerance policy toward sexual</p>

	<p>abuse and harassment, as well as reporting procedures, to clients with limited English proficiency. For clients who are non-English speaking, hard of hearing, deaf, or have mental disabilities, BRC will arrange interpretation and translation services through The Language Bank Interpretation and Translation Services (513-354-5702), Affordable Language Services (513-745-0888), Hearing Speech & Deaf Center Community Services for the Deaf (Sign Language) (513-487-7711), and/or Northern Kentucky Services for the Deaf (Sign Language) (859-372-5255). BRC assumes responsibility for any fees associated with these services. Educational materials are provided to clients in both verbal and written form, with accommodations made for individuals with limited reading ability, hearing or vision impairments, or limited English proficiency. Although the facility has not previously admitted a client with limited English proficiency, staff interviews confirm awareness of processes to access language services if needed. During the site visit, auditors did not observe any PREA informational documents translated into Spanish.</p> <p>115.216(c): BRC only allows client interpreters or assistants in rare cases where delays could jeopardize safety, first response, or investigations. According to the Director, procedures are in place per the Operations Manual but have not been needed, as no LEP clients were admitted during the audit period.</p> <p>A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard.</p>
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115.217	Hiring and promotion decisions
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Evidence Reviewed: BRC Operations Manual; Kentucky Housing Corporation Letter, Personnel Records; Employee Roster, Employee Application, National Sex Offender Public Website Documents, DOC Inspection Results, Certificate of Occupancy, New Hire documents, Background Records, PREA Acknowledgement Form, Contractor Records; Interviews, Observations During Site Review, Information Obtained During Interviews.</p> <p>115.217(a)(b)(f): The BRC Operations Manual stipulates that, prior to making hiring or promotion decisions, reasonable efforts must be made to ascertain whether a candidate has been civilly or administratively adjudicated for inappropriate sexual conduct as outlined in PREA standard 115.211, including by directly inquiring with the applicant. Both the Director and Agency Head confirmed that any known incidents of sexual harassment are taken into account when determining eligibility for employment, promotion, or contractual engagement. Additionally, staff members are subject to an ongoing obligation to report any misconduct, a requirement detailed in both the ethics training and the BRC Operations Manual.</p>

	<p>115.217(c)(d)(e): The BRC Operations Manual requires that all prospective employees undergo comprehensive background checks prior to employment. Interviews with the Human Resources Director and a review of the manual confirm that this process includes searches of NCIC, Kentucky State records, Kentucky AOC records, and the Sex Offender Registry. These background checks are implemented to identify any prior convictions for sexual offenses. Over the past 12 months, four employees who may have client contact were hired after undergoing criminal background record checks. Furthermore, two contractors completed background checks prior to commencing their assignments. In accordance with the BRC Operations Manual and statements from the Director, criminal background checks for current employees are performed at least once every five years. Auditors reviewed the files of seven employees, including two with over five years of tenure, as well as those of two contractors. During the reporting period, four new staff members were hired; their files were provided to the auditors and they complied fully with all requirements of this Standard. Interviews with the Director and HR Director, together with a review of the BRC Operations Manual, confirmed that if an applicant indicates previous employment at another institution, the organization contacts prior institutional employers. Reference checks are performed for all applicants; however, there are currently no staff members with prior institutional employment. Auditor review of the seven employee files verified that each individual maintained an up-to-date background check, consistent with policy requirements.</p> <p>115.217(g): The BRC Operations Manual specifies that material omissions related to such misconduct, or providing materially false information, constitute grounds for termination. According to interviews with the director and human resources, employees are informed of this during employment orientation and through the ethics policy.</p> <p>215.217(h): The human resources manager will provide information regarding substantiated allegations of sexual abuse or sexual harassment involving a former employee if requested by an institutional employer where the individual has applied. No such requests were reported during the audit. The misconduct questionnaire identifies whether a new hire has institutional employment history and records relevant information.</p> <p>A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard.</p>
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115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>Evidence Reviewed: BRC Operations Manual; Observations During Site Review, Information Obtained During Interviews.</p> <p>115.218(a)(b): The facility has not acquired new buildings or expanded existing ones since the last PREA audit, so this standard does not apply. The BRC Operations Manual requires consideration of resident safety in facility design and monitoring technology upgrades. Since the last audit, no new cameras have been installed; the decision was based on the facility layout, resident population, and absence of incidents. A schematic of cameras is securely kept and was reviewed by Auditors during their site visit. No additional cameras are recommended currently.</p> <p>A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard.</p>
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115.221	Evidence protocol and forensic medical examinations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Evidence Reviewed: BRC Operations Manual; RKY PREA policy; KY DOC CPP 14-7; Kentucky State Police Physical Collections Evidence Guide; MOU between KY DOC and Kentucky Association of Sexual Assault Programs (KASAP); Regional Map for KASAP Services; ION Agreement, First Response Evidence Collection PowerPoint, Letter from ION for SANE/SAFE, Kentucky DOC PREA Reporting Protocol, Observations During Site Review, Information Obtained During Interviews.</p> <p>115.221(a): RKY PREA Policy and the BRC Operations Manual require prompt, thorough, and objective investigations of sexual abuse and harassment by specially trained investigators from KYDOC, KSP, or other agencies as needed. Policy 14.7 provides a consistent protocol for administrative investigations, and evidence collection procedures maximize the chances of obtaining usable physical evidence for proceedings.</p> <p>115.221(b): The facility does not house youthful offenders; thus, this provision is not applicable.</p> <p>115.221(c): KY DOC CPP14-7 and the BRC Operations Manual mandate that alleged victims are promptly sent to outside facilities for exams, forensic evidence collection, STI testing, treatment, follow-up, and mental health assessment—all at no cost. No forensic medical exams were conducted during the audit period. Services are provided by community organizations, with referrals to the Northern Kentucky Women’s Crisis Center and St. Elizabeth’s Hospital for SAFE/SANE services, confirmed available via interviews.</p> <p>115.221(d)(e): An MOU between KY DOC and KASAP ensures emotional support services for sexual abuse victims, regardless of DOC supervision. Victim advocates</p>

	<p>support clients through medical and legal processes. Clients receive contact information for local, state, and national advocacy organizations, including a 24-hour crisis line offered by The Ion Center (859-491-3335).</p> <p>115.221(f) There has not been an incident at the facility necessitating an external criminal investigation to date. However, the Director clarified that whenever a case is referred to the Kentucky State Police or the Kentucky Department of Corrections for criminal investigation, the facility would request that the external agency conduct the investigation in accordance with CFR statutes 115.71 and 115.21. The facility would also make efforts to remain informed about the status of such cases.</p> <p>115.221(h) Based on the interview with the Director and the existing MOU, the facility consistently ensures the availability of a victim advocate from a Rape Crisis Center for victims. Therefore, this provision is deemed not applicable.</p> <p>A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard.</p>
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115.222	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Evidence Reviewed: BRC Operations Manual; RKY PREA Policy; Kentucky State Police (KSP) Policy, General Order OM-C-1; KSP Letter, BRC Website Search; Observations During Site Review, Information Obtained During Interviews.</p> <p>115.222(a)(b): The RKY PREA Policy and the BRC Operations Manual stipulate that all allegations of sexual abuse and sexual harassment are to be promptly, thoroughly, and objectively investigated. Investigations involving force, coercion, or potential criminal conduct must be conducted by specially trained investigators from the Kentucky Department of Corrections, the Kentucky State Police, or another appropriate law enforcement agency. The facility reported no allegations of sexual abuse or sexual harassment during the review period; therefore, neither administrative nor criminal investigations were initiated. The Director affirmed in an interview that any allegations with a criminal component would be immediately reported to the Kentucky State Police and, when applicable, to the Kentucky Department of Corrections. Additionally, a review of the agency's website confirmed that its policy regarding PREA investigations has been made publicly accessible.</p> <p>115.222(c): In accordance with the cooperative agreement between RKY and the</p>

	<p>Kentucky Department of Corrections, BRC is included in coordination efforts with the Kentucky State Police. Auditors reviewed the Kentucky State Police Policy, General Order OM-C-1, "Criminal Investigations & Reports," which clearly delineates the responsibilities of the investigative authority.</p> <p>A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard.</p>
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115.231	Employee training
	<p>Auditor Overall Determination: Exceeds Standard</p>
	<p>Auditor Discussion</p> <p>Evidence Reviewed: Signed PREA Acknowledgement Forms; Employee Training Records; Training Sign-in Sheet, BRC Policy, Training Power Point, Observations During Site Review, Information Obtained During Interviews.</p> <p>115.231(a)(c)(d): According to the RKY PREA policy and the BRC Operations Manual, all new employees, volunteers, interns, and individuals regularly or frequently associated with the RKY Center, and its clients are required to complete training on PREA standards, relevant laws, and RKY policies concerning the Code of Ethics and Dual Relationships. Refresher training is conducted annually, as well as whenever there are updates or at the discretion of the Director which is above the standard requirements. The BRC Operations Manual specifies that completion of this training must be documented by the employee's signature, confirming receipt and comprehension of the training materials. Review of the RKY PREA training module PowerPoint, which is utilized for both initial staff training and annual refreshers. The auditors verified that all personnel who may interact with clients are instructed regarding their responsibilities under agency protocols for preventing, detecting, reporting, and responding to sexual abuse and harassment. This training covers all topics stipulated in provision (a) 1-10 of the standard. Staff interviews further confirmed that all members received PREA training upon hire and at least once per year thereafter. Auditors reviewed randomly selected employee records, demonstrating that training is completed prior to any client contact. Additionally, the facility provided signed PREA Acknowledgement forms from all current staff (12), verifying receipt and understanding of the PREA training. The annual training requirement exceeds the requirement of provision (c).</p> <p>115.231(b): The RKY PREA policy mandates that training be gender-specific and tailored to the unique requirements of the facility. The auditors review of the training curriculum confirmed its appropriateness for the facility's population. Employees transferring from another RKY facility would undergo processing as new hires.</p> <p>A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard and exceeded based</p>

	on the annual training requirement.
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115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Contractor and Volunteer Training Records; First Responder Duties, PREA Response Kit Contents, PREA Basics, Observations During Site Review, PREA Refresher Training, PREA Volunteer and Contractor Training materials, Information Obtained During Interviews.</p> <p>115.232(a)(b)(c): The BRC Operations Manual requires that Contractor and Volunteer Training encompass the following components: (a) BRC's zero-tolerance policy regarding sexual abuse and sexual harassment; (b) responsibilities in preventing, detecting, reporting, and responding to incidents of sexual abuse and sexual harassment under relevant policies and procedures; (c) clients' rights to be free from sexual abuse and sexual harassment; (d) protections against retaliation for clients and employees who report such incidents; (e) the dynamics of sexual abuse and sexual harassment within residential settings; (f) common reactions among victims; (g) strategies for identifying and responding to indications of threatened or actual sexual abuse; (h) guidelines for maintaining appropriate boundaries with clients; (i) effective and professional communication practices with clients, including those who identify as lesbian, gay, bisexual, transgender, intersex, or gender nonconforming; (j) compliance with legal obligations concerning mandatory reporting of sexual abuse to external authorities; and (k) potential consequences for failure to adhere to PREA standards, which may include personnel action up to and including termination and/or criminal prosecution.</p> <p>Employees, volunteers, interns, and affiliated individuals who complete this training are required to sign documentation acknowledging their understanding of the material presented. All training records must be maintained on-site. The facility stated that contractors and volunteers are subject to the same training requirements as employees, including completion of the Recovery Kentucky PREA training module. Interviews with three contract employees confirmed completion of PREA training and records review of four volunteer/contract staff verified completion and acknowledgment.</p> <p>A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard.</p>

115.233	Resident education
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed: BRC Operations Manual; Intake Packet, RKY PREA Policy; Zero-Tolerance poster English; PREA Reporting Hotline Poster; Observations During Site Visit; BRC Client PREA Education Curriculum; PREA Brochure English & Spanish; PREA Reporting Hotline Poster in Spanish; Zero Tolerance Poster in Spanish; Signed Client Acknowledgement Forms; Observations During Site Review, Information Obtained During Interviews.

115.233(a): According to the RKY PREA Policy and BRC Operations Manual, clients admitted to the RKY Center receive education covering a range of topics, including but not limited to: the zero-tolerance policy regarding sexual abuse and harassment, procedures for reporting incidents or suspicions of such conduct, expectations for appropriate behavior, clients' rights, and information on how to access support services. The facility ensures that both clients and staff who report sexual abuse or harassment are protected against retaliation. Over the past 12 months, 225 clients received this educational information during intake. Although there were no new admissions during the site visit for direct observation, staff provided a simulated intake process and explained the delivery of PREA information to new clients.

Based on the facility's Census Report, on the first day of the audit the facility had seventy-three clients admitted. Facility staff identified the following categories for the auditor to select interviewees: 1-identified as a client with a cognitive or functional disability, 3-disclosed prior victimization during screening; 5-identified as lesbian/gay/bisexual. There were no clients who reported sexual abuse at the facility, no youthful clients, no clients with physical, hearing or vision disability, and no clients who were LEP. For this population, the PREA Auditor Handbook requires interviews with ten clients (5-random/5-targeted). The auditor interviewed thirteen clients (8-random; 3-LGB; 4-disclosed prior sexual victimization; 1-cognitive or functional disability). These clients were at various stages of the program, SOS, MT, Phase 1, and Phase 2. These interviews with sixteen clients confirmed that they received training on PREA during intake on their first day of arrival and a "PREA Class" which is held at various times after arrival. The clients were able to explain to the auditor zero-tolerance policy regarding sexual abuse and sexual harassment; how to report incidents or suspicions of sexual abuse or sexual harassment; their rights to be free from sexual abuse and sexual harassment; their rights to be free from retaliation for reporting such incidents; the facility's policies and procedures for responding to PREA incidents. All clients interviewed said they feel safe at the facility and that staff are responsive to their needs.

115.233(b): The facility reports that clients are not transferred between facilities; as such, this standard is met by virtue of non-applicability.

115.233(c)(d): The RKY PREA policy and the BRC Operations Manual stipulate that training materials must be provided to clients both verbally and in writing, with special accommodations made for individuals with limited reading skills, hearing or visual impairments, or limited English proficiency. The policy further requires that

	<p>documentation of all such training be maintained in each client's file. For clients who are non-English speaking, hard of hearing, deaf, or have cognitive disabilities, BRC will utilize services from The Language Bank Interpretation and Translation Services (513-354-5702), Affordable Language Services (Translations & Interpretation, 513-745-0888), Hearing Speech & Deaf Center Community Services for the Deaf (Sign Language, 513-487-7711), and/or Northern Kentucky Services for the Deaf (Sign Language, 859-372-5255). BRC assumes responsibility for any fees associated with these services. During assessment, it was noted that no clients were identified as LEP, hearing impaired, or visually impaired. However, one client with a cognitive disability reported clear understanding of the Zero Tolerance information presented during an interview.</p> <p>115.233(e): The BRC Operations Manual mandates that essential information must be clearly posted and readily accessible to all clients. During the site visit the auditors observed signage throughout the facility in common areas in a format that is easily understood and accessible to all clients. During interviews with clients, the auditors confirmed their awareness of these posters and how to obtain more information if needed.</p> <p>A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard.</p>
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115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: BRC Operations Manual; RKY PREA Policy; BRC Specialized Training Certificates/Records; Investigating Sexual Abuse in Confinement Settings Curricula; Training Curriculum for Investigating Allegations of Staff Sexual Misconduct with Inmates. Training Agenda, Observations During Site Review, Information Obtained During Interviews.</p> <p>115.234(a): The RKY PREA policy and BRC Operations Manual stipulate that investigations of sexual abuse allegations involving force, coercion, or potential criminal conduct must be carried out by investigators with specialized training from the Kentucky Department of Corrections, Kentucky State Police, or another appropriate law enforcement agency. An interview with the Director confirmed that administrative investigations are managed by facility investigators, while any allegations of a criminal nature are referred to the relevant law enforcement authority.</p> <p>115.234(b)(c): The auditor's examination of the Specialized Training Curricula demonstrates that the program covers topics including PREA Updates and</p>

	<p>Standards Overview; Legal Issues and Liability; Organizational Culture; Trauma and Victim Response; Medical and Mental Health Care; First Response and Evidence Collection; Interviewing Techniques for Adults and Juveniles; Report Writing; and Prosecutorial Collaboration.</p> <p>The BRC director is the designated facility investigator and has been trained to perform administrative investigations within the facility. Auditors were provided with training records and certificates verifying completion of the required specialized training and basic training. During interviews, the director demonstrated comprehensive knowledge of the specialized investigative training received through the Kentucky Department of Corrections.</p> <p>A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard.</p>
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115.235	Specialized training: Medical and mental health care
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Evidence Reviewed: BRC Operations Manual; KDOC Training Curricula for PREA - Specialized Training for Medical and Mental Health Professionals Training Course with evidence of completion; Signed PREA Training Acknowledgement Forms; Medical and Mental Health Presentation, Observations During Site Review, Information Obtained During Interviews.</p> <p>115.235(a)(b)(c): The facility contracts with three staff members from St. Elizabeth's Physicians community health providers to triage clients for referrals to community medical and mental health practitioners as necessary, either upon request or when a need is identified. The facility furnished the Kentucky Department of Corrections specialized training curricula and confirmed that all three staff completed the required course and basic training. Interviews with the medical staff verified their familiarity with the relevant training topics. The BRC Operations Manual mandates that all medical and mental health staff receive basic and specialized training in compliance with this standard.</p> <p>A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard.</p>

115.241	Screening for risk of victimization and abusiveness
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Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed: BRC Operations Manual; RKY PREA Policy; Blank Screening Instrument; Completed Initial Risk Screenings; Completed Screening Forms; Completed Reassessments; Completed Follow-up Risk Screenings; Observations During Site Review, Information Obtained During Interviews.

115.241(a)(b)(c)(d)(e): RKY PREA policy and BRC Operations Manual state that clients shall be assessed for risk of sexual abuse victimization and predatory behaviors within 72 hours of admission using an objective risk assessment tool. The facility uses the Kentucky Department of Corrections Screening for Risk of Sexual Victimization and Abusiveness form to conduct these screenings. In addition to the manual screening, designated staff also enter the risk screening information into the KY DOC database (KOMS) for clients who are under KY DOC supervision.

Interviews with staff and clients [16] confirmed these assessments confirm that screening questions were completed, in private and they were following the policy and standard requirements using the objective instrument. These interviews confirmed that the client, upon arrival, completes the screening form. The form is reviewed by the intake screener in a private setting and if the client is determined to be at substantial risk for victimization or perpetrating sexual abuse, the Director is notified immediately. Interviews confirmed there have been no clients who were determined to be at considerable risk for sexual abuse within the audit period. The facility reports that 225 clients entering the facility were screened for risk of sexual victimization or risk of sexually abusing other clients within 72 hours of their entry into the facility. A review of the screening instrument used by the facility confirms that it is objective, and that the facility considers provisions (d)1-9 of this standard. The auditors requested 29 client files for review, and found the evidence timely, thorough and meeting the standard requirements.

115.241(f)(g): In line with the 72-hour requirement for initial screening, the BRC Operations Manual specifies that a reassessment must occur within 30 days should any relevant additional information be received post-intake. The facility reported that 180 clients underwent rescreening within 30 days of arrival. Upon receipt of the completed screening form, the SOS Supervisor reviews it within 72 hours and initiates any necessary referrals. Additionally, the SOS Supervisor conducts meetings with each new client to perform reassessments as warranted by updated information. Reassessments are also conducted in the following scenarios: upon receipt of a referral or request, following an incident of sexual abuse, or when new, pertinent information regarding a client's risk is obtained. Auditors requested and reviewed completed risk reassessments for 29 clients and found they met the requirements of this standard.

115.241(h): A review of the BRC Operations Manual, along with interviews conducted with both the Director and the SOS Supervisor, verified that clients are not subject to disciplinary action for choosing not to respond to questions on the

	<p>screening instrument.</p> <p>115.241(i): Based on interviews with the Director, Interim Compliance Manager, Medical Staff, and SOS Supervisor, it was confirmed that sensitive information—including medical history and data obtained through interviews and treatment—is maintained in a separate file by the SOS Supervisor and is accessible exclusively to staff members who require such information to fulfill their responsibilities.</p> <p>A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard.</p>
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115.242	Use of screening information
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Evidence Reviewed: BRC Operations Manual; RKY PREA Policy; Memorandum Regarding 115.242, Screening Instrument; Housing Meeting Agenda; Observations During Site Visit; Observations During Site Review, Information Obtained During Interviews.</p> <p>115.242(a)(b): According to the RKY PREA policy and the BRC Operations Manual, information obtained from risk assessments is utilized to determine appropriate housing or bed placement, as well as suitability for the RKY program. Interviews with the Director indicated that the management team convenes weekly to discuss housing assignments. The facility staff conduct hourly unannounced rounds. This team includes the Housing Coordinator, SOS Supervisor, and Director. Review of a sample weekly agenda and interview responses confirm that data from the risk screening instrument inform these housing decisions. Any information from the risk screening indicating a client may be at substantial risk for sexual victimization or abusiveness is promptly forwarded to both the SOS Supervisor and the Director. As a peer support housing facility, client behavior is monitored by both staff and peer monitors. Prior to room assignment, the SOS Coordinator, with input from the Director, assesses compatibility. Client concerns regarding safety and roommate selection are carefully considered during this process; if incompatibility arises, the Housing Coordinator assists with reassignment. Regarding work placements, clients identified as elevated risk for sexual victimization or abusiveness are not assigned to work details that are isolated or occur during non-traditional hours with minimal staff oversight. All programming remains under supervision. Client interviews confirmed that their perceptions of safety are considered and that individualized decisions are made to safeguard each client.</p> <p>115.242(c)(d): No transgender or intersex clients were assigned to the facility during the audit period. Interviews with the Director and medical staff verified that housing needs are coordinated between the Director and the referring agency at the</p>

	<p>time of initial assignment, ensuring consistent consideration of both individual and collective client needs.</p> <p>115.242(e): All clients can shower privately and separately from other clients at BRC.</p> <p>115.242(f): BRC has no dedicated wings, and clients are not housed according to their sexual orientation or gender identity.</p> <p>A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard.</p>
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115.251	Resident reporting
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Evidence Reviewed: BRC Operations Manual; PREA Policy, Observations During Site Review, Information Obtained During Interviews.</p> <p>115.251(a)(b): The BRC Operational Manual stipulates that clients must be afforded multiple internal avenues to report incidents of sexual abuse privately, as well as access to at least one external reporting agency. Reports may be submitted verbally or in writing by either the client or a third party, and anonymous complaints are permitted. During the site visit, auditors noted that clear notices were posted to inform clients of the procedures and contact information for reporting sexual abuse. Interviews (16 out of 16) revealed that most clients understood that reports could be made to various staff members, and many were aware of the Kentucky DOC reporting hotline—an external, anonymous reporting mechanism—which was clearly displayed during the visit. Auditors verified the functionality of the Kentucky DOC reporting line through successful test calls that did not incur charges. The Director also successfully placed a test call to the Kentucky DOC PREA Reporting Hotline and received confirmation of receipt.</p> <p>115.251(c)(d): The BRC Operations Manual requires staff to immediately notify their supervisor of any knowledge, suspicion, or information regarding incidents of sexual abuse or harassment. Staff are also required to report any awareness of a colleague’s failure to report such incidents or other violations related to these duties, including acts of retaliation. The manual specifies that staff may confidentially report instances of sexual abuse or harassment involving clients, either verbally or in writing, to their supervisor, the Director, the agency’s Human Resources Director, or any member of upper management. According to the Director's interview, staff may additionally utilize the Kentucky DOC PREA hotline for private reporting if necessary. Staff interviews corroborated their familiarity with the various methods available to both clients and staff for submitting confidential reports. Furthermore, staff demonstrated a clear understanding of their obligation to</p>

	<p>promptly report any suspicion of sexual abuse or harassment, regardless of the source, and to appropriately document any verbal report.</p> <p>A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard.</p>
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115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: BRC Operations Manual; Information Obtained from Interviews.</p> <p>115.252(a): The facility has no administrative grievance remedies for sexual abuse, so it is exempt from this standard and provisions (b)-(g) do not apply.</p>

115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: BRC Operations Manual; Kentucky Association of Sexual Assault Programs (KASAP) Agreement with KYDOC; ION Agreement, ION Contact information, Brochures English and Spanish, KASAP Regional Map; Observations During Site Review, Information Obtained During Interviews.</p> <p>115.253(a)(b)(c): As outlined in the BRC Operations Manual and confirmed through an interview with the Director, clients identified as having mental health concerns are referred to appropriate mental health services. Clients are also provided with contact information—including mailing addresses and telephone numbers—for local, state, or national victim advocacy and rape crisis organizations. Staff facilitate reasonable communication between clients and these organizations, ensuring confidentiality to the greatest extent possible. Before granting clients access to external support services, staff inform them of mandatory reporting requirements related to privacy and confidentiality, including any limitations under applicable federal, state, or local laws regarding disclosures of sexual abuse to outside victim advocates. The ION Center, located at 835 Madison Ave., Covington, KY 41011 (859-491-3335), is a local resource with which BRC maintains an agreement. Additionally, clients have access to emotional support services from outside victim advocates through the Kentucky Association of Sexual Assault Programs (KASAP) pursuant to an agreement with the Kentucky Department of Corrections (DOC). These protocols are documented in the BRC Operations Manual and were observed during the site review. The facility utilizes the Kentucky DOC flyers and brochures</p>

	<p>containing advocacy information, which were available at the facility during the site visit. Staff interviews confirmed that communications with advocacy organizations are not monitored and that clients are informed about the limits of confidentiality when reporting sexual abuse. Interviews with clients demonstrated awareness of available mental health services and outside community advocacy services available to victims of sexual abuse.</p> <p>A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard.</p>
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115.254	Third party reporting
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence Reviewed: BRC Operations Manual; Zero Tolerance Poster, RKY PREA Policy; Web Search; Observations During Site Visit; Interviews.</p> <p>115.254(a): The RKY PREA policy and the BRC Operations Manual specify that clients or third parties may report a sexual offense either verbally or in writing. The Brighton Recovery Center provides this information on its website, stating: "To report any incident of sexual assault or sexual harassment involving an offender, call the PREA hotline toll-free at 1-833-362-PREA (7732). Individuals may choose to remain anonymous. Reports of sexual abuse or sexual harassment that suggest possible criminal conduct will be referred to the Kentucky Department of Corrections or the Kentucky State Police for further investigation." The BRC Operations Manual further states that employees must accept third-party reports and refer them for investigation in accordance with established procedures.</p> <p>A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard.</p>

115.261	Staff and agency reporting duties
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence Reviewed: BRC Operations Manual; RKY PREA Policy; Observations During Site Review, Information Obtained During Interviews, Investigations.</p> <p>115.261(a): The RKY PREA Policy and BRC Operations Manual mandate that staff must promptly report to their supervisor any knowledge, suspicion, or information concerning incidents of sexual abuse or harassment, regardless of the location of</p>

	<p>occurrence. These policies further require reporting of any retaliation against individuals who have reported such incidents, as well as any knowledge of staff failing to report these matters. Staff may additionally utilize the PREA hotline to make reports. Interviews with personnel demonstrated comprehensive awareness of their obligation to immediately relay all allegations to the Director. Staff interviews confirmed a strong understanding that suspicions or complaints related to sexual abuse or harassment necessitate immediate reporting.</p> <p>115.261(b)(c): The BRC Operations Manual stipulates that all information pertaining to reports or investigations of sexual offenses is to be treated as confidential, except where disclosure is necessary for notifying appropriate supervisors, conducting thorough investigations, providing treatment, or making security or management decisions. Individuals interviewed during an investigation are advised to maintain confidentiality. Any breach of this requirement may result in disciplinary action. Medical and mental health services for clients are provided externally by community providers, who are also subject to state mandatory reporter laws.</p> <p>115.261(d): BRC does not house clients under the age of 18 and has not had any clients meeting criteria as vulnerable adults during the audit period. According to the Director, should crimes against vulnerable adults occur, investigations would be conducted by the Kentucky State Police (KSP), with notification to the Department of Human Services (DHS) in accordance with the Adult Protection Act.</p> <p>115.261(e): The RKY PREA policy requires that notifications for investigative purposes be made immediately to the designated facility investigator. Both the BRC Operations Manual and statements from the Director affirm that PREA-related allegations are reported to the Kentucky Department of Corrections (KDOC) and law enforcement if the allegation involves force, coercion, or threats. Reports to KDOC are made within 24 hours of an incident. Training materials and staff interviews confirm that any PREA-related allegations are immediately brought to the attention of the Director, who serves as the facility's designated and specially trained administrative investigator. The Director is responsible for referring all allegations involving potentially criminal sexual assault to the Kentucky State Police for criminal investigation, as well as notifying the referring agency.</p> <p>A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard.</p>
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115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed: BRC Operations Manual; RKY PREA Policy; Observations During Site Visit; Information Obtained from Interviews.

	<p>115.262(a): Section 115.262 of the BRC Operations Manual and RKYPREA policy both require immediate action if it is discovered that a client faces a substantial risk of imminent sexual assault. The facility reports that, in the past 12 months, there have been no cases where a client was determined to be at such risk. Staff interviews confirmed that any knowledge or suspicion of a substantial risk of abuse must be addressed promptly to ensure the individual's safety, with the director notified for guidance and further instructions. According to the Director, alternative placements would be coordinated through the referring agency should a client be unable to remain safely housed at the facility.</p> <p>A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard.</p>
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115.263	Reporting to other confinement facilities
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence Reviewed: BRC Operations Manual; RKY PREA Policy; KYDOC Community Confinement Sexual Offense Allegation Report, Observations During Site Review, Information Obtained During Interviews.</p> <p>115.263(a)(b)(c)(d): According to 115.263(a)-(d) of the BRC Operations Manual, if an allegation of client sexual abuse at another facility is received, the Director must notify the relevant facility head within 72 hours and document the report. All such allegations are investigated following established protocols. During the audit period, only one such allegation occurred, which was handled appropriately. The Director confirmed awareness of procedures, and no allegations were received from other facilities regarding incidents at BRC.</p> <p>A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard.</p>

115.264	Staff first responder duties
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence Reviewed: BRC Operations Manual; RKY PREA Policy; First Response Evidence Collection PowerPoint, KY DOC CPP 14-7; PREA Refresher, Observations During Site Visit; Information Obtained from Interviews.</p>

	<p>115.264(a)(b): In accordance with the BRC Operations Manual, the facility has established a First Responder Policy. As the facility is non-secure and does not employ security personnel, all first responders are designated from non-security staff. Upon receiving a report of sexual abuse or harassment, on-duty staff are required to ensure the immediate separation of the alleged victim and perpetrator and, when possible, secure and preserve any potential crime scene evidence for subsequent examination and investigation. If securing the crime scene is not feasible, staff must document the scene through photography or video recording. Should an incident be identified through direct observation, staff are to immediately separate all involved parties. Staff must also instruct and ensure that the alleged victim refrains from activities that could compromise physical evidence—such as washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating—where appropriate. Immediate notification of a facility PREA Investigator or the Director is required. Staff are trained to escort the client victim to the SOS Monitor’s Office.</p> <p>The Kentucky Recovery employee training curriculum includes comprehensive first responder instructions, ensuring staff are equipped with the necessary procedures. Facility staff are responsible solely for maintaining the integrity of the crime scene until external investigators arrive to collect evidence. Training materials reviewed confirm staff receive adequate instruction regarding first responder responsibilities. Based on staff interviews, all personnel demonstrated thorough knowledge of their roles as first responders. The facility reported no allegations of sexual abuse during the audit period.</p> <p>A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard.</p>
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115.265	Coordinated response
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence Reviewed: BRC Operations Manual; RKY PREA Policy; BRC Plan of Action, Observations During Site Review, Information Obtained During Interviews.</p> <p>115.265(a): The RKY PREA Policy mandates that each RKY facility develop a site-specific action plan. A review of the BRC Operations Manual confirmed that the PREA Coordinator/Director is responsible for coordinating response efforts to incidents of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and for keeping agency leadership informed. The facility provided its institutional plan outlining coordination procedures. This plan details a structured response involving staff first responders, community medical and mental health providers, investigators, and facility leadership. Staff interviews confirmed that all individuals are aware of their respective roles and collective responsibilities in</p>

	<p>responding to allegations of sexual abuse. Additionally, the plan features localized instructions and contact information. Auditors reviewed this coordinated response plan and determined that it meets all requirements of the standard.</p> <p>A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard.</p>
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115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Observations During Site Review, Information Obtained During Interviews.</p> <p>115.266(a): According to interviews with the Director and Agency Head, the agency has not entered into any collective bargaining agreement or other arrangement that would restrict the facility's authority to remove staff members accused of sexual abuse from client contact when appropriate.</p> <p>A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard.</p>

115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: BRC Operations Manual; RKY PREA Policy; Retaliation Monitoring Form; Observations During Site Review, Information Obtained During Interviews.</p> <p>115.267(a)(b)(c)(d)(e): A review of the BRC Operations Manual confirms that BRC has established policies to prevent retaliation against customers who report sexual abuse or harassment, or who cooperate with investigations, from either clients or staff. Directors are tasked with designating retaliation monitors and are responsible for reporting any potential incidents to Senior Management. All employees are expected to remain alert for indications of retaliation and to report them immediately to the Director. BRC is committed to acting promptly to address any acts of retaliation. Both clients and staff will be monitored for signs of retaliation, including disciplinary actions, unnecessary housing changes, or negative</p>

	<p>performance evaluations. Various protective measures such as room changes or transfers to another facility may be implemented based on the severity of the situation. Individuals found responsible for retaliatory abuse will be immediately removed, and emotional support services will be made available through the Women's Crisis Center or North Key.</p> <p>Retaliation monitoring will continue for a minimum of 90 days. If no reports or indications of retaliation arise during this period, monitoring may be discontinued. However, if there are concerns of retaliation, monitoring shall persist, at the discretion of the Director. Directors are required to complete the retaliation monitoring form monthly for at least 90 days and retain these documents in the file. Monitoring may end earlier if allegations are determined to be unfounded. In cases where a customer is transferred to another facility, the PREA Coordinator is responsible for notifying the receiving agency of the current retaliation monitoring status. No incidents were reported during the audit period; thus, no retaliation monitoring was necessary.</p> <p>A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard.</p>
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115.271	Criminal and administrative agency investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Evidence Reviewed: BRC Operations Manual; RKY PREA Policy; KSP Memorandum; Investigator Training Agenda, Training Application, Sample Initial Allegation Report, Sample Investigative Report, Investigation, Reporting Procedures Revised, Observations During Site Review, Information Obtained During Interviews.</p> <p>115.271(a)(b): The RKY PREA Policy and BRC Operations Manual stipulate that all allegations of sexual abuse and sexual harassment must be promptly, thoroughly, and objectively investigated. Sexual abuse investigations involving force, coercion, or potential criminal conduct are to be conducted by specially trained investigators from the Kentucky Department of Corrections, KSP, or another appropriate law enforcement agency. BRC staff members also undergo specialized investigative training. Training documentation for the designated BRC investigator was provided for auditor review. This individual is responsible for conducting administrative investigations into allegations of sexual abuse or sexual harassment. Interviews with both the Director and the primary administrative investigator confirmed their comprehensive understanding of the procedures required for a timely, thorough, and impartial investigation. Moreover, any allegation with indications of criminal activity is immediately reported to the KSP and any relevant referring agencies. As there were no allegations reported during the audit period, auditors did not review any case files. Nevertheless, based on policy reviews and interviews, all</p>

	<p>allegations—including third-party and anonymous reports—will be fully investigated.</p> <p>115.271(c)(d)(f)(h): The facility investigator's authority is limited to administrative actions; however, they adhere to KY DOC CPP 14-7 procedures for collecting and preserving both direct and circumstantial evidence when necessary. According to the BRC Operations Manual, all investigations are documented in detailed written reports, which include descriptions of physical and testimonial evidence, rationales for credibility determinations, reviews of prior complaints or reports involving the alleged perpetrator, as well as relevant investigative findings. Compelled interviews are not conducted by the facility; such matters are referred to the appropriate law enforcement agency. Any prosecutorial referrals are initiated by the investigating or referring agency. Interviews with the Director and Agency Head verified that administrative investigations assess whether staff actions or omissions may have contributed to an incident.</p> <p>115.271(e): Interviews with the Director confirmed that the credibility of all alleged victims, suspects, and witnesses is assessed individually and without regard to their residency or employment status. Clients alleging sexual abuse are not required to submit to polygraph examinations or other truth-verification devices as a condition for the facility proceeding with an investigation.</p> <p>115.271(g)(l): Facility staff do not conduct criminal investigations; these are carried out by the KSP. Auditors reviewed documentation from the KSP confirming that all Troopers receive training in sexual abuse investigations during basic training, as mandated by §115.34. The Director further affirmed that, should an external law enforcement agency assume responsibility for an investigation, the facility will make efforts to maintain communication with the external investigator regarding the progress of the case.</p> <p>115.271(i): The RKY PREA Policy and BRC Operations Manual require retention of all records related to allegations of sexual offenses—including incident and investigation reports, client information, case dispositions, medical and counseling evaluations, and recommendations for aftercare—in accordance with the established records retention schedule. Both the Director and the BRC Operations Manual specify that all client records are to be maintained for a minimum of ten years.</p> <p>115.271(j): The BRC Operations Manual mandates that the departure of either the alleged perpetrator or victim from the facility's employment or control does not constitute valid grounds for terminating an investigation. This procedure was further verified through interviews with the Director.</p> <p>A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard.</p>
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	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: BRC Operations Manual; KDOC PREA Facilities, Reporting Protocol for Community Confinement KSP Evidence Guide, Observations During Site Review, Information Obtained During Interviews.</p> <p>115.272(a): Interviews with the Director confirmed that the preponderance of the evidence standard is exclusively applied when determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard.</p>

115.273	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: BRC Operations Manual; RKY PREA Policy; Observations During Site Review, Information Obtained During Interviews.</p> <p>115.273(a)(c)(d)(e): The RKY PREA Policy and BRC Operations Manual stipulate that alleged victims are to be notified regarding the outcome of investigations, specifically whether a report is substantiated, unsubstantiated, or unfounded. Alleged victims are also informed if the alleged perpetrator is no longer housed at the RKY facility, no longer employed by or affiliated with BRC, or has been indicted or convicted. This duty to notify terminates upon the victim's departure from the BRC program. The Kentucky DOC Notification to Victim form is employed to document all notifications. It is noted that no allegations were reported within the past 12 months; therefore, no investigations were conducted during this period.</p> <p>115.273(b): The Director confirmed in an interview that for allegations investigated by external agencies, she maintains communication with the external investigator to stay apprised of case status and, upon closure, will ensure notification is provided to the alleged victim.</p> <p>A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard.</p>

115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard

	<p>Auditor Discussion</p> <p>Evidence Reviewed: BRC Operations Manual; RKY PREA Policy; Implementation Plan, Observations During Site Review, Information Obtained During Interviews.</p> <p>115.276(a)(b)(c)(d): The RKY PREA Policy and BRC Operations Manual stipulate that staff may be subject to disciplinary actions up to and including termination for violations of RKY, DOC, or parent agency sexual harassment or sexual abuse policies. Any criminal acts committed by staff, contractors, or volunteers must be reported to law enforcement authorities. Violations related to the code of ethics or dual relationship policies are required to be reported to relevant licensing or certification boards. Interview with the Director/PREA Coordinator confirmed that termination is the standard disciplinary action for staff found to have engaged in sexual abuse. Moreover, employees are held accountable through a disciplinary process that aligns sanctions with the nature and circumstances of policy violations. Should staff be suspected of criminal behavior, such incidents are reported to the Kentucky State Police (KSP), regardless of the employee's resignation status; relevant licensing bodies will also be informed of any terminations related to sexual abuse or harassment policy violations as appropriate. The BRC reports no staff violations of sexual harassment or sexual abuse policies within the past twelve months.</p> <p>A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard.</p>
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115.277	Corrective action for contractors and volunteers
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence Reviewed: BRC Operations Manual; RKY PREA Policy; Observations During Site Review, Information Obtained During Interviews.</p> <p>115.277(a)(b): The RKY PREA Policy and the BRC Operations Manual stipulate that staff are subject to disciplinary sanctions, up to and including termination, for violations of RKY, DOC, or parent agency policies regarding sexual harassment or sexual abuse. Any criminal acts committed by staff, contractors, or volunteers must be reported to law enforcement authorities. Additionally, breaches of the code of ethics or dual relationship policies are to be reported to any relevant licensing or certification boards. Interview with the Director/PREA Coordinator confirmed that termination is the presumptive disciplinary action for contractors or volunteers who engage in sexual abuse or violate agency policies. Contractors or volunteers suspected of criminal activity will be promptly reported to the KSP by the facility, and any applicable licensing bodies will be notified of terminations related to</p>

	<p>violations of sexual abuse or harassment policies, as appropriate. The BRC reports no contractor or volunteer violations of sexual harassment or sexual abuse policies within the past 12 months.</p> <p>A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard.</p>
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115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: BRC Operations Manual; RKY PREA Policy; KY DOC CPP 14-7; Observations During Site Review, Information Obtained During Interviews.</p> <p>115.278(a)(b)(c): Interviews with the Director confirm that BRC adheres to KY DOC CPP 14-7 for clients referred by the Kentucky Department of Corrections. This policy stipulates that offenders may face disciplinary action for substantiated incidents of offender-on-offender sexual abuse. In such cases, any client found responsible for perpetrating sexual abuse will be terminated from the program, as individuals in this facility are not classified as incarcerated persons. The policy further requires consideration of an offender's mental disabilities or mental illness when determining appropriate sanctions for those with pending disciplinary actions related to offender-on-offender sexual abuse. BRC will consult with the referring agency and/or relevant law enforcement as necessary regarding further disciplinary measures. Clients identified with mental disabilities or mental illnesses are referred to appropriate community resources as deemed necessary. There were no reported incidents of sexual abuse perpetrated by a client during the audit period.</p> <p>115.278(d): The facility does not provide therapy, counseling, or other interventions directed at addressing or correcting underlying motivations for sexual abuse. Clients requiring such services are referred to the referring agency or to appropriate community service providers as needed.</p> <p>115.278(f): According to RKY PREA Policy, a client may only be discharged for making a false allegation of sexual abuse or harassment if it is clearly demonstrated that the allegation was knowingly made in bad faith. Reports submitted in good faith, based on reasonable belief, do not constitute false reporting even if not substantiated upon investigation. The Director/PREA Coordinator interview confirmed that false reporting is treated as a serious violation of the client code of conduct.</p> <p>115.278(g): The PREA Acknowledgment Form informs clients of the facility's zero-tolerance policy for any sexual contact during participation in the program.</p> <p>A systematic review and analysis of the evidence concluded that the facility</p>

	demonstrated compliance with all provisions of this standard.
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115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: BRC Operations Manual; RKY PREA Policy; KY DOC CPP 14-7; Observations During Site Review, Information Obtained During Interviews.</p> <p>115.282(a)(b)(c)(d): The BRC Operations Manual stipulates that client victims of sexual abuse are to receive prompt and unobstructed access to emergency medical treatment and crisis intervention services. The type and extent of these services are determined by qualified medical and mental health practitioners exercising their professional judgement. All treatment services will be provided at no cost to the victim and are not contingent upon the victim reporting the abuse or participating in any related investigation. During the audit, interviews with the Director, and with the St. Elizabeth's contracted medical staff confirmed that client victims would immediately receive emergency care consistent with community standards. Victims would be transported to St. Elizabeth's Hospital Emergency Room for a SANE examination, with consent, and would have access to advocate services. No incidents were reported during the audit period that required emergency medical treatment or crisis intervention services.</p> <p>A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard.</p>

115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: BRC Operations Manual; RKY PREA Policy; KY DOC CPP 14-7; Observations During Site Review, Information Obtained During Interviews.</p> <p>115.283(a)(b): The BRC Operations Manual stipulates that BRC will provide medical and mental health evaluations and, as appropriate, treatment for all clients who have experienced sexual abuse in any prison, jail, lockup, or juvenile facility. BRC</p>

	<p>clients receive medical care at St. Elizabeth's Hospital, while mental health services are coordinated through the North Kentucky Women's Crisis Center. The auditor's interview with the Director confirmed the availability of these services for BRC clients. It is noted that BRC clients are not classified as incarcerated individuals. The facility assists clients with follow-up care and facilitates connections with community resources as part of aftercare and release planning.</p> <p>115.283(c): BRC does not maintain on-site medical services; instead, clients receive necessary care at St. Elizabeth's Hospital or other external medical providers. Service delivery aligns with established community standards of care.</p> <p>115.283(d)(e): According to the BRC Operations Manual, victims of sexually abusive vaginal penetration during incarceration are offered pregnancy testing. Should pregnancy result from such an incident, victims are provided with timely and comprehensive information and access to all lawful pregnancy-related medical services. Auditors confirmed through interviews with the Director and Registered Nurse that such procedures are in place, ensuring timely information and support via community partners.</p> <p>115.283(f): The BRC Operations Manual requires that client victims of sexual abuse during incarceration be offered sexually transmitted infection (STI) testing as medically indicated. Interviews with the Director and medical staff corroborated that STI testing is included in the initial intake process and would be routinely extended to any victim of sexual abuse, with testing conducted by community service providers.</p> <p>115.283(h): The facility does not conduct in-house mental health evaluations or treatment but arranges referrals to appropriate community service providers when necessary. Confirmed incidents involving a client perpetrator of sexual abuse will result in termination from the program, following consultation with the referring agency, as verified by the Director. The BRC Operations Manual further specifies that clients identified with mental health concerns will be referred for suitable mental health services.</p> <p>A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard.</p>
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115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed: BRC Operations Manual; RKY PREA Policy; Annual PREA Data Collection, PREA Data and Storage Publication and Destruction, Observations During Site Review, Information Obtained During Interviews.

	<p>115.286(a)(b)(c)(d)(e): The BRC Operations Manual mandates that an incident review be conducted for each case of sexual abuse within 30 days unless the allegations are determined to be unfounded. The review team comprises the agency PREA Coordinator or Director, investigator, and involved facility staff; medical or mental health professionals participate, as necessary. The team evaluates whether the allegation or investigation suggests revisions to policy or practice to improve prevention, detection, or response to abuse. Additionally, they consider potential motivations related to race, ethnicity, gender identity, LGBT status or perceived status, or gang affiliation. The review includes assessment of the location where the incident occurred, analysis of physical barriers, staffing levels, monitoring technology, and any changes required. According to the Director, the primary objective of this review is to determine if adjustments to policy, staffing, behavioral norms, infrastructure, or monitoring technology are warranted. The team is responsible for preparing a written report with recommendations, which is then submitted to the agency head and PREA compliance manager. Auditors interviewed two members of the incident review team and found them to be well-versed in the relevant standards. Notably, no allegations of sexual abuse or harassment were reported during the audit period; consequently, no incident reviews were performed.</p> <p>A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard.</p>
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115.287	Data collection
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Evidence Reviewed: BRC Operations Manual; RKY PREA Policy; Annual PREA Data Collection, PREA Data and Storage Publication and Destruction, KY DOC Web Search; 2023- 2024 Audit Reports, KY DOC Annual Report 2023-2024, PREA Statistical Report 2023-2024; Observations During Site Review, Information Obtained During Interviews.</p> <p>115.287(a)(d): The facility systematically gathers accurate and consistent data on each allegation of sexual abuse, utilizing a standardized instrument and defined set of terms. According to interviews with both the Director and the PREA Coordinator for KY DOC, BRC submits its sexual abuse data to the KY DOC through monthly reports, which include incident-based documentation when applicable.</p> <p>115.287(b)(c)(f): The Department of Justice (DOJ) has not requested the completion of the Survey of Sexual Violence report, as this center does not function as a correctional facility. The KY DOC aggregates BRC's data together with that from other contracted facilities on at least an annual basis; these aggregated, incident-based data are published on the department's public website.</p> <p>115.287(e): The facility does not engage private agencies for client confinement;</p>

	<p>therefore, this provision does not apply.</p> <p>A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard.</p>
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115.288	Data review for corrective action
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Evidence Reviewed: BRC Operations Manual; RKY PREA Policy; KY DOC CPP 14-7; BRC Annual Report, 2022; BRC Annual Report, 2024 Brighton Center's Public Website; KY DOC Annual PREA Reports 23-24; Observations During Site Review, Information Obtained During Interviews.</p> <p>115.288(a)(b)(c)(d): The BRC Operations Manual stipulates that sexual abuse data must be continuously reviewed to identify problem areas and implement corrective measures. BRC is responsible for collecting, reviewing, and maintaining data from all available incident-based documents, including reports, investigation files, and reviews of sexual abuse incidents. According to interviews with the Director, BRC analyzes collected and aggregated facility data annually to assess and enhance the effectiveness of its policies and training related to the prevention, detection, and response to sexual abuse. Additionally, BRC is required to submit data to the Kentucky DOC through monthly reports. BRC also includes facility data in its annual report, which is publicly accessible on its website. The Director described an ongoing process of monitoring collected data to find issues and implement corrective actions, as necessary. Upon review, the auditor found that BRC's annual report, approved by the agency head and posted to the facility's webpage, included only current year data without comparison to previous years, which does not meet compliance requirements.</p> <p>A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard.</p>

115.289	Data storage, publication, and destruction
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Evidence Reviewed: BRC Operations Manual; RKY PREA Policy; Personal Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.289(a)(b)(c)(d): The BRC Operations Manual stipulates that both incident-based</p>

	<p>and aggregate data are securely stored on the agency's shared drive, with access strictly limited to designated BRC staff, IT personnel, and upper-level management. Daily backups of this secure data are performed to ensure its integrity. Sexual abuse data is made accessible to the public through the facility's annual report, which is published on the facility's website; auditors reviewed the 2022 report as part of their assessment. BRC retains collected sexual abuse data for a minimum of 10 years following initial collection, unless otherwise mandated by federal, state, or local law. Annual reports—incorporating policies regarding referral of sexual abuse or harassment allegations for criminal investigation—are published on the BRC section of the agency's website: www.brightoncenter.com. Each annual report undergoes review and approval by the agency's President and CEO. Prior to public release of aggregated sexual abuse data, all personal identifiers are removed to maintain confidentiality. No incidents of sexual abuse were reported during the current audit period. This data is also submitted to the Kentucky Department of Corrections in accordance with contractual requirements for bed space.</p> <p>A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard.</p>
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115.401	Frequency and scope of audits
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Evidence Reviewed: Personal Observations During Site Visit; Observations During Site Review, Information Obtained During Interviews.</p> <p>115.401(a): Brighton Recovery Center for Women operates as a stand-alone facility and is affiliated with Recovery Kentucky Centers. This report represents the fourth audit for the facility. The last audit was conducted January 30-31, 2023, with a final report published on October 12, 2023, and was a reschedule of the audit that would have been completed within the third cycle. The facility completed no audit during the third cycle and completed two audits during the fourth cycle. The Kentucky Department of Corrections maintains a contract with BRC for bed space for paroling and community-status offenders, necessitating compliance with PREA standards.</p> <p>115.401(h): Auditors were granted full access to all areas of the facility and were allowed a comprehensive review of both the building and the surrounding grounds.</p> <p>115.401(m): The auditors were provided with a private office to conduct confidential interviews with clients and staff. Interview participants were randomly selected from among all clients and staff members.</p> <p>115.401(n): The facility does not place any restrictions on client correspondence</p>

	<p>with external parties via telephone or mail. The Audit Notices were posted according to the auditor's instructions on April 11, 2025, and dated photographs were provided to via email as confirmation. Client interviews verified that information regarding the PREA audit was displayed for a minimum of two months prior to the audit. Furthermore, the auditors noted that Audit Notices were prominently posted at the facility's entrance and within common areas accessible to all clients. Interviews also confirmed that clients understood they had the opportunity to communicate with auditors in a confidential manner.</p> <p>A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard.</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Public Website Search; Observations During Site Review, Information Obtained During Interviews.</p> <p>115.403: The auditors noted that the most recent audit for Brighton is available to the public on its official website at https://www.brightoncenter.com/brc.</p> <p>A systematic review and analysis of the evidence concluded that the facility demonstrated compliance with all provisions of this standard.</p>

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

	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.)	yes
115.213 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.213 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	na
115.213 (c)	Supervision and monitoring	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing	yes

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

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

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

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

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

(f)		
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.217 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.217 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.218 (a)	Upgrades to facilities and technology	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	na
115.218 (b)	Upgrades to facilities and technology	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the	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.)	
115.221 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
	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.)	yes
115.221 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

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

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

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

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

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

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

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

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

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

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

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

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

	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.252 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.252 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	na
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve	na

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

	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.)	na
115.252 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	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.)	na
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	na
	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.)	na
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
115.252 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to	na

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

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

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

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

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

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

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

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

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

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

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

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

	about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	
115.282 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.283 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.283 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive	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.)	
115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.286 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

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

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

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

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

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