

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

Interim Final

Date of Report November 12, 2019

Auditor Information

Name: Brian D. Bivens	Email: briandbivens@gmail.com
Company Name: Brian D. Bivens and Associates	
Mailing Address: P.O. Box 51787	City, State, Zip: Knoxville, TN 37950
Telephone: 865-789-1037	Date of Facility Visit: October 3-4, 2019

Agency Information

Name of Agency:		Governing Authority or Parent Agency (If Applicable):	
Midway Rehabilitation Center -MRC			
Physical Address: 1515 E. Magnolia Avenue		City, State, Zip: Knoxville, TN 37917	
Mailing Address: P.O. Box 3364		City, State, Zip: Knoxville, TN 37927	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input checked="" type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency Website with PREA Information: www.midwayrehabcenter.com			

Agency Chief Executive Officer

Name: Monica Tillery	
Email: monica@askmidway.com	Telephone: 865-522-0301

Agency-Wide PREA Coordinator

Name: Denise Quince	
Email: denise@askmidway.com	Telephone: 865-522-0301
PREA Coordinator Reports to: Monica Tillery	Number of Compliance Managers who report to the PREA Coordinator: 1

Facility Information

Name of Facility: Midway Rehabilitation Center - MRC

Physical Address: 1515 E. Magnolia Avenue

City, State, Zip: Knoxville, TN 37917

Mailing Address (if different from above):
P.O. Box 3364

City, State, Zip: Knoxville, TN 37927

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Website with PREA Information: www.midwayrehabcenter.com

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

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

ACA

NCCHC

CALEA

Other (please name or describe: **Federal Bureau of Prisons**)

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:

Facility Director

Name: Monica Tillery

Email: monica@askmidway.com

Telephone: 865-552-0301

Facility PREA Compliance Manager

Name: William Pappas

Email: will@askmidway.com

Telephone: 865-552-0301

Facility Health Service Administrator N/A

Name:

Email:

Telephone

Facility Characteristics

Designated Facility Capacity:	80	
Current Population of Facility:	64	
Average daily population for the past 12 months:	71	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males	
Age range of population:	20-75	
Average length of stay or time under supervision	82 Days	
Facility security levels/resident custody levels	Minimum	
Number of residents admitted to facility during the past 12 months	335	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	335	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	300	
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):</p>	<input checked="" type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with residents:	28	
Number of staff hired by the facility during the past 12 months who may have contact with residents:	17	

Number of contracts in the past 12 months for services with contractors who may have contact with residents:	2
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	2
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0
Physical Plant	
<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	1
<p>Number of resident housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	3
Number of single resident cells, rooms, or other enclosures:	5
Number of multiple occupancy cells, rooms, or other enclosures:	24
Number of open bay/dorm housing units:	0
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Medical and Mental Health Services and Forensic Medical Exams

Are medical services provided on-site? Yes No

Are mental health services provided on-site? Yes No

Where are sexual assault forensic medical exams provided? Select all that apply.

On-site
 Local hospital/clinic
 Rape Crisis Center
 Other (please name or describe: _____)

Investigations

Criminal Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment: **0**

When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.

Facility investigators
 Agency investigators
 An external investigative entity

Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)

Local police department
 Local sheriff's department
 State police
 A U.S. Department of Justice component
 Other (please name or describe: [Click or tap here to enter text.](#))
 N/A

Administrative Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment? **3**

When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply

Facility investigators
 Agency investigators
 An external investigative entity

Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)

Local police department
 Local sheriff's department
 State police
 A U.S. Department of Justice component
 Other (please name or describe: [Click or tap here to enter text.](#))
 N/A

Audit Findings

Audit Narrative

The onsite PREA audit of Midway Rehabilitation Center (MRC) was conducted on October 3-4, 2019, by Department of Justice Certified PREA Auditor Brian D. Bivens. The Audit Notification was sent to the PREA Coordinator on October 3, 2019 both in English and Spanish; with instructions to post in each living area, common area and in the lobby of the facility. Audit notification was also sent to the PREA Resource Center on August 20, 2019. Pre-audit preparation included a thorough review of all policies, procedures, training curriculums, Pre-Audit Questionnaire, and supporting documentation provided by the facility to demonstrate compliance to the PREA standards. The auditors and the facility's PREA Coordinator had ongoing communication for several weeks prior to the audit to prepare for the on-site visit.

The facility supplied a list of resident names sorted by housing units, and special designations, as well as a list of facility staff names to the auditor. From these lists the auditor selected, at random, a sampling of residents and staff to be interviewed during the on-site visit. There 64 residents housed on the day of the onsite visit; it was determined to interview 16 residents. The sampling size for residents included 11 male and 6 female residents. This decision was made to ensure all residents throughout the facility were receiving the same information and education related to all aspects of the PREA program instituted at this facility.

The on-site audit began with an entrance meeting being conducted on Thursday, October 3, 2019 at approximately 08:35 A.M. in the Director's Office. The auditor received a VISITOR Information Sticker to wear detailing the agency's Zero Tolerance on Sexual Abuse and Sexual Harassment; How to Report Sexual Abuse and Sexual Harassment, and confidentially disclaimer. The auditor met with the following staff the entrance meeting:

Monica Tillery Program Director

Denise Quince, PREA Coordinator

Steve Pappas, PREA Manager

Following the entrance meeting, the auditors conducted a comprehensive site review that began at approximately 1000 and continued throughout the onsite visit. During the site review the auditors reviewed camera placement, blind spots, staff placement and documentation to assist in determining standard compliance. While touring the facilities the auditors observed the notices of this PREA audit in common areas of the building, as well as posters that called attention to the agency's Zero Tolerance Policy and how to report allegations of sexual abuse and sexual harassment. Random staff and resident interviews were conducted in a private office provided.

The following staff accompanied the auditor on the site review:

Monica Tillery, Program Director

Denise Quince, PREA Coordinator

Will Pappas, PREA Manager

All housing units, common areas, resident program areas, administrative area, laundry, dining area, recreation yards, kitchen, cleaning closet, and workout room. While touring several residents and staff were questioned about their knowledge of PREA standards, procedures for reporting, services available, and their responsibilities. All staff and residents informally interviewed during the tour acknowledged receiving training and procedures for reporting sexual abuse, sexual harassment, and/or retaliation for reporting.

The auditors interviewed a total of 16 staff members during the course of this audit (See Staff Interview). Staff demonstrated what to look for in regards to victims of sexual abuse. All staff stated they would communicate with the LBGTI community as they would with anyone else. All staff stated they were trained on how to communicate with LBGTI residents. When questioned about evidence preservation, all staff responses reflected knowledge of agency policies and procedures.

Staff Interviews (16)

Type	Number	Comments
Agency Head	1	
Program Director	1	Same as the Agency Head
SANE/SAFE Staff	1	Sexual Assault Center of East Tennessee
PREA Coordinator	1	
PREA Manager	1	
Administrative Investigator	1	
Criminal Investigator	0	Knoxville Police Department
Administrative Investigator	1	
Random Staff	4	
Medical Staff	0	No Medical Staff on-site
Mental Health Staff	0	No Mental Health Staff on-site
Screening Staff	2	
Volunteer	0	Agency does not utilize volunteers
Contract Employees	0	Agency does not utilize contract employees
Human Resources	1	Same as the PREA Coordinator
Retaliation Monitor	1	
Incident Review Team	1	Same as the PREA Manager
Agency Contract Admin.	0	Agency does not have this position
Staff supervising Juveniles	0	Agency does not house juveniles
First Responder	0	No Incidents reported during the past 12 months

There is no SAFE or SANE staff at the facility; they are made available through the Sexual Assault Center of East Tennessee, located in Knoxville, Tennessee. The facility is located approximately 5 miles from the facility.

There were 16 residents interviewed during the on-site visit. These residents consisted of: 11 male and 5 female residents selected at random residents. All residents interviewed felt if they had to file a PREA complaint the facility would respond appropriately to their complaint and that all PREA complaints were taken very serious by staff at this facility. Residents were familiar with multiple ways of reporting sexual abuse at the facility; including, tell a staff member, write a note, tell a family member, call the PREA reporting hotline or utilize their cellular phone to call 911. All residents stated they felt safe at the Midway Rehabilitation Center (MRC).

Resident Interviews (16)

Type	Number	Comments
General Population	13	Males 11 / Females 5
Juvenile	0	Facility does not house juveniles
Reported Sexual Abuse	0	None incarcerated at the time of the onsite review
Self-Identified LGBTI	1	
Screened for Risk	0	None incarcerated at the time of the onsite review
Blind/Low Vision	0	None incarcerated at the time of the onsite review
Deaf/Hearing Impaired	0	None incarcerated at the time of the onsite review
Cognitive Impairment	0	None incarcerated at the time of the onsite review
Physical Disability	2	

The auditor selected and carefully examined 5 personnel files and 10 staff training files. The personnel files were very well organized and contained all the necessary background check information and signed statements regarding previous sexual misconduct described in the standards. Annual self-declaration forms were also observed in each file. The training records were also very complete and included written documentation that staff and volunteers received the required training and understood what was being trained.

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

In the 12 months preceding the audit, Midway Rehabilitation Center (MRC), had not received any PREA complaints regarding sexual harassment or sexual abuse. Policy and procedure required that criminal investigative referrals were to be documented and proper referrals were made as warranted. The Knoxville Police Department would be responsible for investigating any potential criminal activity. The Auditor did view the “Notice of PREA Audit” posted in the lobby and in all common areas inside the building. The auditor did not receive any notifications via mail regarding the facility.

Investigative Files (0)

Type of Incident	Resident on Resident or Staff on Resident	Disposition	Comments
None			

At the conclusion of the on-site visit, an exit meeting was held on October 4, 2019, to discuss the audit findings. The following staff attended:

Monica Tillery, Program Director

Denise Quince, PREA Coordinator

Steve Pappas, PREA Manager

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

Facility Characteristics

In 1974, a group of concerned adults and professionals in Knoxville felt a need for an agency dedicated to substance abusers who were motivated to recover and function productively. The group founded a public, non-profit corporation, Alcoholism Services of Knoxville Inc., to operate.

A high quality, comprehensive inpatient program was designed to assist individuals who have made a commitment to remain sober, develop and improve lifestyle, and to become contributing members of the community.

In 1981, Midway was granted a federal contract to serve individuals transitioning back into the mainstream of society after experiencing legal consequences.

With the completion of a new office building in 1988, Midway began outpatient services to apply the same high-quality programs for individuals in the community. The auditor found the facility to be very clean and well maintained.

In 2000, Midway implemented a comprehensive business drug testing and education program. The quality of the professional staff and management team speaks to the longevity of Midway. is licensed by the Tennessee Department of Health as a substance abuse treatment center for residential and outpatient treatment. Midway Rehabilitation Center is currently utilized by the Bureau of Prisons for transition for those individuals leaving Federal custody and re-entering into the East Tennessee community.

The agency is contained in one multiple level building, the basement includes the kitchen, laundry, resident dining, workout area, dry storage and custodial. The facility is moments away from the Women's Basketball Hall of Fame and the University of Tennessee, Knoxville campus. The main floor contains all female housing, common area and staff office. The second and third floors are all male housing, common areas and staff offices. The fourth floor is the administrative office area. The facility has a computer lab on the administration floor; the PREA video is part of a lengthy orientation all new residents receive upon admission to the facility.

There are 59 cameras in the facility; estimated recording time is approximately 28 days. The auditor reviewed all camera placements; the system is very clear and easy to manage.

Standards Exceeded

Number of Standards Exceeded: 3

List of Standards Exceeded: 115.211, 115, 231, and 115.251

Standards Met

Number of Standards Met: 115.211, 115.212, 115.213, 115.215, 115.216, 115.217, 115.218, 115,221, 115.222, 115.232, 115.233, 115.234, 115.235, 115,241, 115.242, 115.252, 115.253, 115.254, 115.261, 115.262, 115.263, 115.264, 155.265, 115.266, 115.267, 115.271, 115.272, 115.273, 115.276, 115.277, 115.278, 115.282, 115.283, 115.286, 115.287, 115.288, 115.289, 115.401, and 115.403

Standards Not Met

Number of Standards Not Met: N/A

List of Standards Not Met: N/A

PREVENTION PLANNING

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

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

115.211 (a)

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

115.211 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

115.211 (a): The agency has a written policy and procedure (Policy 115.211) mandating zero tolerance for all forms of sexual abuse and sexual harassment. This policy outlines the agency's approach to preventing, detecting and responding to such conduct. The procedures for all staff were clearly outlined in the Midway Rehabilitation Center page 1. Interviews with random residents and random staff clearly indicated that zero tolerance for sexual abuse and sexual harassment are

woven into the culture of Midway Rehabilitation Center. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.211 (B): The agency employs an upper-level, agency-wide PREA Coordinator. Denise Quince is the PREA Coordinator at Midway Rehabilitation Center (MRC). Ms. Quince was appointed to this position by the Programs Director in January, 2019. She is very knowledgeable of the PREA standards and actively assists the facility with compliance. Ms. Quince has the authority to develop, implement, and oversee PREA compliance. The agency's organization charts supports this claim. She is actively updating the facility as new FAQ's are published on the PREA Resource Center website; she has also completed the National Institute of Corrections course "PREA Coordinator Role and Responsibilities". She conducts monthly meets with staff to discuss any PREA related issues. Ms. Quince acknowledged during his interview she had enough time to perform her PREA duties. The facility has a PREA Manager. Mr. Pappas is well versed in the PREA standards and indicated he has sufficient time to complete his PREA responsibilities. Therefore, the facility exceeds compliance with this part of the standard during this audit.

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

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

115.212 (a)

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

115.212 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.212(a)-1 is "NO".) Yes No NA

115.212 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Midway Rehabilitation Center is a private provider and does not contract with other agencies for the confinement of its residents. This was revealed during an interview with the Program Director and is corroborated by additional staff interviews and by the auditor's observation. This is also stated in Midway Rehabilitation Center Policy 115.212. Therefore, this standard was found to be in compliance for this facility during this audit cycle.

Standard 115.213: Supervision and monitoring

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

115.213 (a)

- Does the agency develop for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
 Yes No
- Does the agency document for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
 Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the physical layout of each facility in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the resident population in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? Yes No

115.213 (b)

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

115.213 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based on staff interviews, review of documentation provided and review of Midway Rehabilitation Center staffing analysis. The following delineates the audit findings regarding this standard:

115.213 (a) The Midway Rehabilitation Center (MRC) has developed and implements a staffing plan. The plan includes:

- Staff to Offender Ratios
- Staff Supervision of offenders
- Video Monitoring systems
- Applicable laws, regulations and findings
- Staffing plan review
- Composition of the residents housed

- The prevalence of substantiated and unsubstantiated incidents of sexual abuse
- Monitoring and deviation plan

This plan has been signed by the agency director is reviewed annually. At the time of the initial site visit, there had not been any deviations to the staffing plan in the past twelve months; an interview with the Program Director confirmed this statement. The facility will use overtime pay when necessary to fill staffing shortages. Therefore, the facility does demonstrated compliance with this part of the standard during this audit.

115.213 (b) Policy 115.213 page 2 outlines that Midway Rehabilitation Center (MRC) has procedures in place to ensure all deviations are documented. Policy states “in circumstances where the staffing plan is not complied with, the facility shall document and justify all deviations from the plan. The agency PREA Coordinator must be notified, along with the facility’s Assistant Program Coordinator.” There have been no deviations reported where the staffing plan has not been complied with in the past twelve months, as confirmed by interview with the Program Director. This plan has been signed by the agency director. At the time of the initial site visit, there had not been any deviations to the staffing plan; an interview with the Program Director confirmed this statement. Therefore, the facility does demonstrated compliance with this part of the standard during this audit.

115.213 (c) The staffing plan is reviewed annually by the PREA Coordinator and approved by the Program Director. The Program Director approves any recommendations made which would include changes to policy and procedures, physical plant, video monitoring, or staffing levels. The last Annual Staffing Plan assessment was completed January 3, 2019. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.215: Limits to cross-gender viewing and searches

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

115.215 (a)

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

115.215 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if less than 50 residents)
 Yes No NA
- Does the facility always refrain from restricting female residents’ access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if less than 50 residents) Yes No NA

115.215 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female residents? Yes No

115.215 (d)

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

115.215 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? Yes No
- If a 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 No

115.215 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based on Midway Rehabilitation Center (MRC) PREA policy 115.215, training curriculums, staff interviews, training file reviews, and documentation provided. The following delineates the audit findings regarding this standard:

115.215 (a) Midway Rehabilitation Center (MRC) PREA 115.215, outlines residents searches and that staff shall not conduct cross-gender strip searches or gross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners. The review of training curriculums and staff interviews revealed cross gender strip searches are prohibited except in exigent circumstances and must be documented when conducted. There have been no documented cross-gender visual body cavity or strip searches reported in the past 12 months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.215 (b) Midway Rehabilitation Center (MRC) PREA policy 115.215 prohibits female employees from frisk/pat searches of male residents except in exigent circumstances. The PREA Coordinator advised there were no cross-gender searches conducted during this audit cycle. (MRC) requires that a male and female are on staff 24/7. All 16 residents confirmed this practice. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.215 (c) Midway Rehabilitation Center (MRC) PREA 115.215 prohibits frisk/pat searches of the male residents by female staff and requires that all cross-gender searches in exigent circumstances be documented. All female staff interviewed corroborated this practice. The agency requires that both a male and female must be on duty at all times. This was confirmed by all 16 residents interviewed. Staff typically utilizes a handheld metal detector. The PREA Coordinator advised there were no cross-gender searches conducted during this audit cycle. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.215 (d) Midway Rehabilitation Center (MRC) policy 115.215 page 2, outlines that residents shall be permitted to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks or genitalia. All 15 out of 16 residents confirmed during interviews they have privacy when showering, using the toilets and while changing their clothes. Midway Rehabilitation Center (MRC) 115.215 also requires staff of the opposite gender to knock and announce their presence prior to entering the housing units; signs are posted on each entry door reminding staff to announce. Resident and staff interviews revealed that opposite gender announcements were common practice at this facility. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.215 (e) Midway Rehabilitation Center (MRC) PREA policy 115.215 page 2 (e), training curriculum provided and staff interviews the facility prohibits staff from physically examining transgender or intersex residents for the sole purpose of determining genital status. If the resident's genital status is unknown, it is determined 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. The facility received medical records from the facility that the resident is transitioning from. The PREA Coordinator advised the facility had not received any transgender or intersex residents during this audit cycle. 16 out of 16 random

staff member interviews confirmed this practice. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.215 (f) Based on Midway Rehabilitation Center (MRC) PREA policy 115.215, training curriculum provided, staff training file reviews, and staff interviews the facility trains security staff to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. There were no documented cross-gender searches during the past twelve months. Staff utilized hand-held metal detectors. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

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

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

115.216 (a)

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

- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? Yes No

115.216 (b)

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

115.216 (c)

- Does the agency always refrain from relying on 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 No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based Midway Rehabilitation Center (MRC) PREA policy 115.216, review of the lesson plans, PREA handouts, as well as staff and resident interviews. The following delineates the audit findings regarding this standard:

115.216 (a) Midway Rehabilitation Center (MRC) PREA 115.216, outlines basic steps are taken to provide residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of its efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

Midway Rehabilitation Center (MRC) policy 115.216, outlines reasonable steps to ensure meaningful access to all aspects of the (MRC)'s efforts to prevent, detect, education, screening and respond to sexual abuse and sexual harassment to residents who are LEP and/or have disabilities. There were no LEP residents at Midway Rehabilitation Center (MRC) to interview at the time of the onsite visit. There were no residents with disabilities at Midway Rehabilitation Center (MRC) to interview at the time of the initial on-site visit. During a tour of the facility, the auditor did see additional materials posted throughout the facilities. An interview with the PREA Coordinator revealed the necessary steps had taken place to ensure all residents with disabilities are properly screened and trained on the PREA standards. The agency has a full-time bi-lingual employee to assist any LEP resident. Therefore, the facility does demonstrate compliance with this part of the standard.

115.216 (b) Midway Rehabilitation Center (MRC) PREA policy 115.216 delineates that staff does 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, including steps to provide interpreters who can interpret effectively accurately and impartially. The agency has a full-time employee who is bi-lingual to assist LEP residents as needed. There were no LEP residents housed in the facility during the onsite visit. Therefore, the facility does not demonstrated compliance with this part of the standard during this audit.

Midway Rehabilitation Center (MRC) has revised policy 115.216 outlines reasonable steps to ensure meaningful access to all aspects of the (MRC)'s efforts to prevent, detect, education, screening and respond to sexual abuse and sexual harassment to residents who are LEP and/or have disabilities. There were no LEP residents at Midway Rehabilitation Center (MRC) to interview at the time of the initial onsite visit. There were no residents with disabilities at Midway Rehabilitation Center (MRC) to interview at the time of the second on site visit. During a tour of the facility, the auditor did see additional materials posted throughout the facilities. An interview with the PREA Coordinator revealed the necessary steps had taken place to ensure all residents with disabilities are properly screened and trained on the PREA standards. The agency utilizes the Knoxville Center for the Deaf to communicate with deaf/hard of hearing residents. During the past twelve months, the agency has not has a deaf resident. Therefore, the facility does demonstrate compliance with this part of the standard.

115.216 (c) Midway Rehabilitation Center (MRC) does not rely 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. 16 out of 16 staff

members interviewed stated they would not utilize a resident interpreter in a sexual abuse or sexual harassment incident. The agency has a bi-lingual staff member. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.217: Hiring and promotion decisions

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

115.217 (a)

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

115.217 (b)

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

115.217 (c)

- Before hiring new employees, who may have contact with residents, does the agency: Perform a criminal background records check? Yes No

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

115.217 (d)

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

115.217 (e)

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

115.217 (f)

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

115.217 (g)

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

115.217 (h)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based on Midway Rehabilitation Center (MRC) practice, Human Resource staff interviews, and personnel file reviews. The following delineates the audit findings regarding this standard:

115.217 (a) Midway Rehabilitation Center (MRC) policy 115.117 states does not hire or promote anyone who may have contact with residents, and does not enlist the services of any contractor or volunteer who may have contact with residents, who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution, has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity described above. During the onsite visit background checks had been conducted as required on all current staff. The auditor found that 5 out of 5 human resource files selected were following the background requirements. Based on the documentation received and reviewed, the facility has demonstrated compliance with this part of the standard.

115.217 (b) Midway Rehabilitation Center (MRC) policy 115.117 states the facility considers any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor or volunteer, who may have contact with residents. All applicants and employees must sign the agency's "Self-Declaration of Sexual Abuse/Sexual Harassment" form. The facility requires employees to sign the form annually; 5 out of 5 Human Resource files reviewed confirmed this practice. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.217 (c)-1 Midway Rehabilitation Center (MRC) policy 115.117 and practice, requires a criminal background records check be completed before hiring any new employee. Background checks are completed by the Program Director. On October 3, 2019, the United States Department of Justice Federal Bureau of Prisons notified the Program Director of Midway Rehabilitation Center that all employees had passed their criminal history background check. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.217 (c)-2 Midway Rehabilitation Center (MRC) makes their best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any pending investigations of allegation of sexual abuse. This request is documented on Midway Rehabilitation Center (MRC)'s "PREA Questionnaire for Prior Institutional Employers" form. This practice was confirmed during an interview with the Program Director. This process is outlined in policy 115.117. The auditor reviewed two such forms. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.217 (d) Midway Rehabilitation Center (MRC) practice, requires a criminal background records check be completed before enlisting the services of any contractor or volunteer who may have contact with the residents. The review of Human Resource files and interview with the Program

Director confirmed this practice. The auditor reviewed two such forms. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.217 (e) Midway Rehabilitation Center (MRC) practice, requires a criminal background records check be completed on all current employees, volunteers, and contractors at least every five years according to policy 115.117 page 2. Documentation of the completed backgrounds as well as a copy of the tracking system put into place was sent and reviewed by the auditor. Based on the documentation received and reviewed, the facility has demonstrated compliance with this part of the standard.

115.217 (f) Midway Rehabilitation Center (MRC) instills upon all employees a continuing affirmative duty to disclose any sexual misconduct as required by this standard. A “Self-Declaration of Sexual Abuse/Sexual Harassment” form is completed by all applicants, unescorted contractors or volunteers, employees upon being hired, and employees being considered for a promotion to document this requirement. Review of five Human Resource files revealed that all five substantiated this practice. Employees are required to sign the “Self-Declaration of Sexual Abuse/Sexual Harassment” annually. This was also confirmed during interviews with random staff and with the Human Resources personnel. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.217 (g) Midway Rehabilitation Center (MRC) policy 115.117 and practice, mandates that material omissions regarding sexual misconduct, and the provision of materially giving false information, are grounds for termination as required by this standard. The PREA Coordinator stated there had not been such an incident during this audit cycle. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.217 (h) Midway Rehabilitation Center (MRC) policy 115.177 page 2 and practice, should require that the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a current or former employee upon receiving a request from an institutional employer for whom such employee has applied to work. The PREA Coordinator advised (MRC) had not received such a request during this audit cycle. Therefore, the facility does demonstrated compliance with this part of the standard during this audit.

Standard 115.218: Upgrades to facilities and technologies

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

115.218 (a)

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

115.218 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based upon review of Midway Rehabilitation Center staff interviews, review of camera placement, and review of documentation provided. The following delineates the audit findings regarding this standard:

115.218 (a) Midway Rehabilitation Center (MRC) policy 115.118, requires when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.218 (b) Midway Rehabilitation Center (MRC) policy 115.118 page 2 requires when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect residents from sexual abuse.

During this audit cycle the facility has not enhanced the video technology throughout the facility. All identified blind spots were addressed and staff as well as residents confirmed during interviews they felt safe in the facility. The agency has 59 cameras which record approximately 28 days. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

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

115.221 (a)

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

115.221 (b)

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

115.221 (c)

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

115.221 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? Yes No
- Has the agency documented its efforts to secure services from rape crisis centers?
 Yes No

115.221 (e)

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

115.221 (f)

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

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based upon review of Midway Rehabilitation Center (MRC) policy 115. 221 and practice, PREA Coordinator interview, and review of documentation provided. The following delineates the audit findings regarding this standard:

115.221 (a) and (b) Midway Rehabilitation Center (MRC) complies with all elements of this standard. The agency follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings. The Knoxville Police Department investigates all PREA complaints for potential criminal activity and maintains a close working relationship with the Knox County District Attorney's Office and the Midway Rehabilitation Center (MRC) investigator on

each case. This is documented on page 2 of policy 115.221. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.221 (c) Midway Rehabilitation Center (MRC) offers all victims of sexual abuse access to forensic medical examinations at the Sexual Assault Center of East Tennessee without financial cost, where evidentiary or medically appropriate. Such examinations are to be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) as required. This is documented in policy 115.221 on page 2. The PREA Coordinator confirmed there has not been a SANE or SAFE exam conducted during this audit cycle. Therefore, the facility does demonstrated compliance with this part of the standard during this audit.

115.221 (d) The Midway Rehabilitation Center (MRC) utilizes the Sexual Assault Center of East Tennessee to provide outside victim advocacies services to the residents.

115.221 (e) Midway Rehabilitation Center (MRC) entered into a Memorandum of Understanding with Sexual Assault Center of East Tennessee which agrees to provide outside victim advocacies services to the residents upon request. The facility also makes available a victim advocate, upon request by the victim, who will accompany and support the victim through the forensic medical examination process and investigatory interviews and provide emotional support, crisis intervention, information, and referrals as warranted. Therefore, the facility does demonstrated compliance with this part of the standard during this audit.

115.221 (f), (g) Midway Rehabilitation Center (MRC) policy 115.221 states MRC is responsible for administrative investigations. Midway Rehabilitation Center (MRC) has requested the Knoxville Police Department follow the sections (a) through (f) of this standard for investigations. Therefore, the facility does demonstrated compliance with this part of the standard during this audit.

Standard 115.222: Policies to ensure referrals of allegations for investigations

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

115.222 (a)

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

115.222 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No

- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.222 (c)

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

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based upon review of Midway Rehabilitation Center (MRC) practice, PREA Coordinator interview, and review of documentation provided. The following delineates the audit findings regarding this standard:

115.222 (a) The Midway Rehabilitation Center (MRC) policy 115.222 page 1, requires an administrative or criminal investigation be completed for all allegations of sexual abuse and sexual harassment. All potential criminal activity is referred to the Knoxville Police Department for criminal investigation. The Midway Rehabilitation Center has a Memorandum of Understanding with the Knoxville Police Department; the MOU outlines KPD's responsibilities under PREA Standards for investigating sexual assault in a confinement setting. The Programs Director stated there has not been claim of sexual abuse or sexual harassment in the past 12 months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.222 (b) All PREA allegations are investigated by a The Knoxville Police Department investigator for potential criminal activity. If it is determined that the allegation involves potential criminal activity, it is referred to the Knoxville Police Department for criminal investigation and prosecution as warranted. This policy is posted on the agency's website. The Midway Rehabilitation Center has a

Memorandum of Understanding with the Knoxville Police Department; the MOU outlines KPD's responsibilities under PREA Standards for investigating sexual assault in a confinement setting. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.222 (c) The Midway Rehabilitation Center utilizes the Knoxville Police Department for all sexual abuse investigations. During this audit cycle there had been no PREA complaints reported at this facility. The Midway Rehabilitation Center has a Memorandum of Understanding with the Knoxville Police Department; the MOU outlines KPD's responsibilities under PREA Standards for investigating sexual assault in a confinement setting. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.222 (d) The Knoxville Police Department completes all PREA investigations for the Midway Rehabilitation Center (MRC). During this audit cycle there had been no PREA complaints reported at this facility. There is no state entity responsible for conducting administrative or criminal investigations. Therefore, this part of the standard is found to be applicable and compliant.

TRAINING AND EDUCATION

Standard 115.231: Employee training

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

115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities? Yes No
- Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse? Yes No

- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.231 (b)

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

115.231 (c)

- Have all current employees who may have contact with residents received such training? Yes No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? Yes No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.231 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based upon review of Midway Rehabilitation Center (MRC) practice, staff interviews, random staff training file review, and review of documentation provided (power points, certificates, sign-in sheets, signed acknowledgement forms, training curriculums, and employee handouts). The following delineates the audit findings regarding this standard:

115.231 (a) Midway Rehabilitation Center (MRC) policy 115.231 states the agency trains all their employees who have contact with residents on:

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

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

115.231 (b) The training is tailored to both genders of the residents at Midway Rehabilitation Center (MRC). The training curriculum was developed by the Midway PREA Coordinator; utilizing the PREA Resource Center, agency policy, PREA standards and previous audit findings. BOP also teaches a PREA training each year for the staff. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.231 (c) The training staff provided a report containing all staff that had been PREA trained which confirmed the requirements needed to meet the standard and proved that all current staff was trained within one year of the effective date of the PREA standards. All staff receive annual refresher PREA training during in-service which exceeds the requirements of this standard. This is mandated in policy 115.231. The PREA Coordinator holds monthly meetings with staff to discuss any PREA related topics. This was confirmed during random staff interviews. Employees are also required to close two National Institute of Corrections online courses; PREA-Your role responding to sexual abuse and Communicating effectively and professionally with LBGTI Offenders. Therefore, the facility exceeds this part of the standard during this audit.

115.231 (d) Midway Rehabilitation Center (MRC) documents, through employee signature on a training roster form, that all employees understand the training they have received. The Midway Rehabilitation Center (MRC), had developed and implemented an "Employee Acknowledgement Form. This form contains ten different bullet points; employees sign the form acknowledging they have received and understood the training on all ten bullet points. During onsite visit, ten employee training records were checked; 16 out of 16 staff interviews confirmed compliance with this new training acknowledgment procedure. Therefore, the facility does demonstrated compliance with this part of the standard during this audit.

Standard 115.232: Volunteer and contractor training

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

115.232 (a)

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

115.232 (b)

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

115.232 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based upon training file review, review of policy 115.232 and an interview with the Program Director. The following delineates the audit findings regarding this standard:

115.232 (a) Midway Rehabilitation Center (MRC) does not have any volunteers that enter the facility unescorted. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.232 (b) It is the agency's policy that all volunteers and contractors are escorted at all times. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.232 (c) Midway Rehabilitation Center (MRC). It is the agency's policy that all volunteers and contractors are escorted at all times until they have completed PREA training. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.233: Resident education

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

115.233 (a)

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

115.233 (b)

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

115.233 (c)

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

115.233 (d)

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

115.233 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based on review of the Midway Rehabilitation Center (MRC) PREA policy 115.233 page 1, the Resident Handbook, PREA Pamphlets, Facility Orientation, PREA Posters, and the 30-day training video; as well as interviews with random residents and staff. The following delineates the audit findings regarding this standard:

115.233 (a) According to policy 115.233, during the intake process, residents receive information explaining Midway Rehabilitation Center (MRC) PREA zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and harassment, and to be free from retaliation for reporting such incidents, as well as procedures for responding to these types of incidents. 16 out of 16 resident interviews confirmed this practice. Residents receive ID badge, issued during the intake process that provides them with the numbers to the 24/7 crisis hotline; MRC confidential reporting line, and the number to the Sexual Assault Center of East Tennessee. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.233 (b) The agency only operates this facility. Therefore, this part of the standard is not applicable.

115.233 (c) Midway Rehabilitation Center (MRC) policy 115.233, outlines reasonable steps to ensure meaningful access to all aspects of the (MRC)'s efforts to prevent, detect, education, screening and respond to sexual abuse and sexual harassment to residents who are LEP and/or have disabilities. There were no LEP residents at Midway Rehabilitation Center (MRC) to interview at the time of the on-site visit. The facility has a full-time bi-lingual staff member. There were two residents with disabilities at Midway Rehabilitation Center (MRC) to interview at the time of the onsite visit; both were well versed in the agency's zero tolerance, how to report incidents of sexual assault or sexual harassment, the victim advocacy services provided at the facility. The facility utilizes the Knoxville

Center for the Deaf to communicate with deaf/hard of hearing residents. During a tour of the facility on the onsite visit, the auditor did see additional materials posted throughout the facilities. An interview with the PREA Coordinator revealed the necessary steps had taken place to ensure all residents with disabilities are properly screened and trained on the PREA standards. Therefore, the facility does demonstrate compliance with this part of the standard.

115.233 (d) There were documentation provided of resident's participation in PREA educational sessions as required by this part of the standard. Records check showed 10 out of 10 confirmed this practice. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.233 (e) Midway Rehabilitation Center (MRC) does provide the residents with posters, pamphlets, and a resident handbook outlining zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. There were no LEP residents to interview at the time of the onsite visit. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.234: Specialized training: Investigations

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

115.234 (a)

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

115.234 (b)

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

115.234 (c)

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

115.234 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based on review of a MOU, an interview with the PREA Coordinator; the Knoxville Police Department completes all PREA investigations for the Midway Rehabilitation Center (MRC). The following delineates the audit findings regarding this standard:

115.234 (a) The Knoxville Police Department completes all PREA investigations for the Midway Rehabilitation Center (MRC). The Midway Rehabilitation Center has a Memorandum of Understanding with the Knoxville Police Department; the MOU outlines KPD's responsibilities under investigating sexual assaults in a confinement setting as set forth by the PREA standards. There has not been a PREA incident to investigate during this audit cycle. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.234 (b) The Knoxville Police Department completes all PREA investigations for the Midway Rehabilitation Center (MRC). The Midway Rehabilitation Center has a Memorandum of Understanding with the Knoxville Police Department; the MOU outlines KPD's responsibilities under investigating sexual assaults in a confinement setting as set forth by the PREA standards. There has not been a PREA incident to investigate during this audit cycle. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.234 (c) The Knoxville Police Department completes all PREA investigations for the Midway Rehabilitation Center (MRC). The Midway Rehabilitation Center has a Memorandum of Understanding with the Knoxville Police Department; the MOU outlines KPD's responsibilities under investigating sexual assaults in a confinement setting as set forth by the PREA standards. There has not been a PREA incident to investigate during this audit cycle. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.234 (d) There is no state entity or Department of Justice entity responsible for conducting criminal or administrative investigation of sexual assault or sexual harassment at the facility. Therefore, this part of the standard is found to be in compliance.

Standard 115.235: Specialized training: Medical and Mental Health Care

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

115.235 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? Yes No
- 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? Yes No
- 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? Yes No
- 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? Yes No

115.235 (b)

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

115.235 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? Yes No

115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? [N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.] Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Midway Rehabilitation Center (MRC) Programs Director, states the facility does not provide any type of on-site medical or mental health care. All such services are contracted out to a local hospital; residents are transported to an off-site facility operated by local hospital for medical and the Sexual Assault Center of East Tennessee. Emergency medical care is provided at Fort Sanders Regional Medical Hospital; the agency also has a contract with WellKey Walk-in Clinic. Due to this unique setup, Midway Rehabilitation Center (MRC) does not receive residents that have chronic care requirements for serious medical or mental health care needs. This was corroborated during an interview with the PREA Coordinator. Therefore, this standard was found to be in compliance to this facility during this audit cycle.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

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

115.241 (a)

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

115.241 (b)

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

115.241 (c)

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

115.241 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident? Yes No
- 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 No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the 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 No
- 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 No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability? Yes No

115.241 (e)

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

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

115.241 (f)

- Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility se the intake screening? Yes No

115.241 (g)

- Does the facility reassess a resident's risk level when warranted due to a: Referral?
 Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Request?
 Yes No
- Does the facility reassess a resident's risk level when warranted due to an incident of sexual abuse? Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?
 Yes No

115.241 (h)

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

115.241 (i)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based on Midway Rehabilitation Center (MRC) PREA policy 115.241, resident and staff interviews, resident file reviews, and a review of the objective "Sexual Violence Assessment Tool" reiterates the audit findings regarding this standard:

115.241 (a) Midway Rehabilitation Center (MRC) policy 115.241 states the facility ensures that all residents are assessed during intake and upon transfer to another facility for risk of being sexually abused by other residents or sexually abusive toward other residents. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.241 (b) Midway Rehabilitation Center (MRC) documentation provided mandates that screenings be conducted within 72 hours of arrival at the facility. Review of resident records confirmed 10 out of 10 were found to be within compliance. 16 out of 16 resident interviews also confirmed compliance. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

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

115.241 (d) The intake screening instrument used considers, at a minimum, the following criteria to assess residents for risk of sexual victimization:

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

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

115.241 (e) The initial screening considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to Midway Rehabilitation Center (MRC), in assessing residents for risk of being sexually abusive. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.241 (f) Within 30 days from the resident's arrival, Midway Rehabilitation Center (MRC) reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by Midway Rehabilitation Center (MRC) upon the intake screening. 10 out of 10 reassessments were found to be in compliance. Residents interviewed stated they all received additional PREA training generally within the first week. The resident's assigned counselor generally completed all reassessments. Interviews with the Program Director and PREA Coordinator corroborated this practice. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.241 (g) Midway Rehabilitation Center (MRC) will reassess a resident's risk level when warranted due to a referral, request, identification of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness. There have not been such reassessments necessary within the past 12 months. This was corroborated during an interview with the PREA Coordinator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.241 (h) Midway Rehabilitation Center (MRC) does not discipline residents for refusing to answer screening questions or not disclosing complete information. This process is found in policy 115.241 pages 1 and 2. Interviews with random residents and the PREA Coordinator confirmed this practice. During the past 12 months, there had not been any document incident where a resident refused to answer the screening questions. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.241 (i) Midway Rehabilitation Center (MRC) implements appropriate controls on the dissemination of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents. Based on policy review, interview with the Program Director, and interviews with the staff responsible for completing the screening, all information gathered on the screening instrument is restricted to staff making housing, work and program assignments. Information is stored in the agency's Secure Manage Software; which is protected with administrative privileges. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.242: Use of screening information

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

115.242 (a)

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

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

115.242 (b)

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

115.242 (c)

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

115.242 (d)

- 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 No

115.242 (e)

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

115.242 (f)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing:

lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No

- 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? Yes No

- 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? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based on Midway Rehabilitation Center (MRC) practice, resident and staff interviews, file review, and a review of the objective "Sexual Violence Assessment" tool. The following delineates the audit findings regarding this standard:

115.242 (a) Midway Rehabilitation Center (MRC) policy 115.242 states the facility uses information from the risk screening to decide housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive. If a resident is screened in such a manner, the resident would be housed in a separate location. The facility has single bunk classification rooms that can be utilized for this purpose. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.242 (b) Midway Rehabilitation Center (MRC) makes individualized determinations about how to ensure the safety of each resident. If a resident is screened in such a manner, the resident would be housed in a separate location. There has not been an incident in the past 12 months according to the Program Director. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.242 (c) Midway Rehabilitation Center (MRC) outlines the procedures to be followed in deciding whether to assign a transgender resident to a facility for male or female residents, and the process for making housing and programming assignments, on case by case basis as required by this standard. The facility has not received a transgender resident during this audit cycle. The Midway

Rehabilitation Center (MRC) has developed a “Transgender Housing Assessment Tool”. The tool would be utilized for all transgender clients upon admission. The tool utilized information from key stakeholders within the agency, the Assistant Program Director, PREA Coordinator, and the Programs Director. As a group; a decision is reached concerning housing and program placement. At the time of the onsite visit, the Midway Rehabilitation Center (MRC) has not had any transgender residents. This was confirmed during an interview with the Programs Director. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.242 (d) Midway Rehabilitation Center (MRC) requires that a transgender and intersex resident’s own views regarding their own safety be given serious consideration. This process is not formally documented. The Midway Rehabilitation Center (MRC) has developed a “Transgender Housing Assessment Tool”. The tool would be utilized for all transgender clients upon admission. The tool utilized information from key stakeholders within the agency, including Assistant Program Director, PREA Coordinator, and the Programs Director. As a group; a decision is reached concerning housing and program placement. At the time of the onsite visit, the Midway Rehabilitation Center (MRC) has not had any transgender residents. This was confirmed during an interview with the Programs Director. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.242 (e) Midway Rehabilitation Center (MRC) policy 115.242 page 2 requires that transgender and intersex residents be given the opportunity to shower separately from other residents. At the time of the onsite visit, the Midway Rehabilitation Center (MRC) has not had any transgender residents. This was confirmed during an interview with the Programs Director. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.242 (f) Midway Rehabilitation Center (MRC) policy 115.242 and practice, does not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such residents. This was confirmed during an interview with the PREA Coordinator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

REPORTING

Standard 115.251: Resident reporting

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

115.251 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? Yes No

- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? Yes No

115.251 (b)

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

115.251 (c)

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

115.251 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based on policy 115.251, Midway Rehabilitation Center (MRC) documentation, the Resident Handbook, PREA pamphlets, and posters provided to residents were utilized to verify compliance with this standard. Staff and resident interviews verified the residents have multiple internal ways to report incidents of abuse or harassment.

115.251 (a) Midway Rehabilitation Center (MRC) PREA resident information packet, outlines multiple internal ways for residents to report incidents of sexual abuse, sexual harassment, and retaliation by other residents or staff for reporting sexual abuse, sexual harassment, and staff neglect

or violation of responsibilities that may have contributed to such incidents. 16 out of 16 residents reported and documentation confirmed they can report verbally, in writing, submitting a complaint online, calling the counselor or availability to call external hotline number provided and/or through report of a third party. Many residents have their own personal cellular telephone, that they can call 911 if needed. The Midway Rehabilitation Center maintains a Memorandum of Understanding with the Sexual Assault Center of East Tennessee; who provides the external reporting hotline. All resident ID cards have reporting information on the back. Therefore, the facility exceeds compliance with this part of the standard during this audit.

115.251 (b) Midway Rehabilitation Center (MRC) provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of Midway Rehabilitation Center (MRC), and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. Residents can contact the Sexual Assault Center of East Tennessee. The Midway Rehabilitation Center maintains a Memorandum of Understanding with the Sexual Assault Center of East Tennessee; who provides the external reporting hotline. There have not been any reports of sexual harassment or sexual abuse during this audit cycle. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.251 (c) Midway Rehabilitation Center (MRC) requires all staff to accept reports made verbally, in writing, anonymously and from third parties. 16 out of 16 staff interviews confirmed this process. All allegations shall be promptly documented and reported to the Program Director. There were no PREA incidents reported during this audit cycle. This was confirmed by the PREA Coordinator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.251 (d) Midway Rehabilitation Center (MRC) staff may privately report sexual abuse and sexual harassment to the Program Director, or the PREA Coordinator. There were no PREA reports made by staff during this audit cycle. Random staff interviews confirm the employee's knowledge of this procedure. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.252: Exhaustion of administrative remedies

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

115.252 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address 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 No NA

115.252 (b)

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

115.252 (c)

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

115.252 (d)

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

115.252 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third-party file such a request on behalf 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.)

Yes No NA

- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)

Yes No NA

115.252 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No 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.) Yes No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (g)

- If the agency disciplines a resident for filing a grievance related to 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.) Yes No NA

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

Midway Rehabilitation Center (MRC) PREA policy 115.252 does not require a resident to submit a grievance or allow a PREA incident reported on a grievance to be processed through the facility's grievance process. Should a report be submitted, it is the policy to immediately forward the complaint to the Program Director or to the PREA Coordinator. This was corroborated during interviews with the Program Director and the PREA Coordinator. Therefore, the standard was found in compliance.

Standard 115.253: Resident access to outside confidential support services

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

115.253 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? Yes No

115.253 (b)

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

115.253 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based on Midway Rehabilitation Center (MRC) documentation, staff interviews, resident interviews and documentation review. The following delineates the audit findings regarding this standard:

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

115.253 (b) Midway Rehabilitation Center (MRC) informs residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. Posters are located in all common areas with the agency's names, physical address and telephone number. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.253 (c) Midway Rehabilitation Center (MRC) has a Memorandum of Understanding with Partnership Rape Crisis Center. A representative of the Sexual Assault Center of East Tennessee answered and advised if the call was an actual report of sexual abuse; she would contact the Programs Director at the Midway Rehabilitation Center (MRC). The representative advised they had not received an official complaint of sexual abuse from a resident of Midway Rehabilitation Center (MRC). The representative also stated they have access to interpreters if necessary. Contact information including free confidential telephone number and address to the Sexual Assault Center of East Tennessee is available in multiple locations in the building. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.253 (b) Midway Rehabilitation Center (MRC) policy 115.253 states the agency informs residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.253 (c) Midway Rehabilitation Center (MRC) is entering into a Memorandum of Understanding with Sexual Assault Center of East Tennessee. The two-page agreement entered between the two parties addresses the goals and implementation of the Prison Rape Elimination Act standards for

Community Confinement facilities. This was corroborated during an interview with the PREA Coordinator. A representative of the Sexual Assault Center of East Tennessee answered and advised if the call was an actual report of sexual abuse; she would contact the Programs Director at the Midway Rehabilitation Center (MRC). The representative advised they had not received an official complaint of sexual abuse from a resident of Midway Rehabilitation Center (MRC). The representative also stated they have access to interpreters if necessary. Contact information including free confidential telephone number and address to the Knox County Sexual Assault Center is available in multiple locations in the building. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.254: Third-party reporting

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

115.254 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based on the review of Midway Rehabilitation Center (MRC) documentation. The following delineates the audit findings regarding this standard:

115.54 The Midway Rehabilitation Center (MRC) policy 115.254, provides multiple methods for receiving third-party reports of sexual abuse and sexual harassment which is posted on the agency 's website. The posted information explains how to report sexual abuse and sexual harassment on behalf of a resident. Any third party can report sexual abuse or sexual harassment by: accessing the website, coming by the facility and making a report in person, and by call the facility during regular business hours and speaking to a staff member. The facility takes all reports seriously no matter how they are received and investigates each reported incident. Information is posted on the facility's website (www.midwayrehabcenter.com) . This was reiterated during an interview with the PREA Coordinator. There were no third-party reports of sexual abuse during the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

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

115.261 (a)

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

115.261 (b)

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

115.261 (c)

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

115.261 (d)

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

115.261 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based on Midway Rehabilitation Center (MRC) PREA policy 115.261, staff interviews, and documentation provided. The following delineates the audit findings regarding this standard:

115.261 (a) Midway Rehabilitation Center (MRC) policy 115.261 requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of Midway Rehabilitation Center (MRC); retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.261 (b) Midway Rehabilitation Center (MRC) does not have any Medical or Mental Health staff. Therefore, this part of the standard is not applicable during this audit.

115.261 (c) Midway Rehabilitation Center (MRC) does not have any Medical or Mental Health staff. Therefore, this part of the standard is not applicable during this audit.

115.261 (d) PREA policy 115.261 states, if the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable person's statute, Midway Rehabilitation Center (MRC) reports the allegation to the designated state or local services agency. According to the Director, Midway Rehabilitation Center (MRC) had not had a reported PREA incident during this audit cycle. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.261 (e) PREA policy 115.261 states, Midway Rehabilitation Center (MRC) reports all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the PREA Investigator as required. There have not been any reported PREA incidents during this audit cycle. This was confirmed during interviews with the Program Director and PREA Coordinator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.262: Agency protection duties

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

115.262 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based on Midway Rehabilitation Center (MRC) PREA policy 116.262, staff interviews, and documentation provided. The following delineates the audit findings regarding this standard:

115.262 Midway Rehabilitation Center policy 115.262 and staff training requires all staff to take immediate action and staff acknowledged during their interviews the requirement of all staff to protect residents when it is learned that a resident at the Midway Rehabilitation Center (MRC) is subject to a substantial risk of imminent sexual abuse. All staff interviewed acknowledged this procedure; there have not been any incidents during this audit cycle that would have required such action. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.263: Reporting to other confinement facilities

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

115.263 (a)

- Upon receiving an allegation that a 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 No

115.263 (b)

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

115.263 (c)

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

115.263 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based on Midway Rehabilitation Center (MRC) PREA practice, staff interviews, and documentation provided. The following delineates the audit findings regarding this standard:

115.263 (a) Upon receiving an allegation that a resident was sexually abused while confined at another facility, the Program Director of Midway Rehabilitation Center (MRC) that received the allegation notifies the head of the facility or appropriate office where the alleged abuse occurred. The Program Director stated there have not been any such incidents during this audit cycle. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.263 (b) and (c) Such notification is provided as soon as possible, but no later than 72 hours after receiving the allegation, and all actions are thoroughly documented. The notification is documented via email; with a specific "PREA Allegation Notification" form. There have not been any such incidents during this audit cycle. Such notifications are to be logged monthly on a "Reporting to Other Agency Log". Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.263 (d) Upon receiving a call from an outside facility that a resident had been sexually abused while in the custody of the Midway Rehabilitation Center (MRC); the allegation is referred immediately to the Knoxville Police Department to be investigated. There have not been any such incidents during this audit cycle according to the PREA Coordinator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.264: Staff first responder duties

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

115.264 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
 Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No
- Upon learning of an allegation that a 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, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No
- Upon learning of an allegation that a 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 No

115.264 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based on Midway Rehabilitation Center (MRC) PREA policy 115.264, staff interviews, and documentation provided. The following delineates the audit findings regarding this standard:

115.264 (a) Midway Rehabilitation Center (MRC) policy 115.264, outlines the responsibilities of all security staff members upon learning of an allegation that a resident was sexually abused, the first responding security staff member shall follow these guidelines:

- (1) Separate the alleged victim and abuser;
- (2) Preserve and protect the crime scene.

(3) Request the victim not take any actions that could destroy evidence (such as washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating).

(4) Ensure the alleged abuser does not take any of the above actions that could destroy physical evidence.

(5) Immedicably notify the facility's leadership staff.

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

115.264 (b) Midway Rehabilitation Center (MRC) PREA policy 115.264, mandates when the first staff responder is not a security staff member, they shall advise the alleged victim not to take any actions that could destroy physical evidence, and then notify security staff immediately. The auditor confirmed compliance based on interviews with and training records of non-security staff. There no reported PREA incidents during the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.265: Coordinated response

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

115.265 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based on Midway Rehabilitation Center (MRC) PREA policy 11 page 5, staff interviews, and documentation provided. The following delineates the audit findings regarding this standard:

115.265 Midway Rehabilitation Center (MRC) has a written plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, The Knoxville Police Department and facility leadership. The plan clearly defines the roles and responsibilities of each person involved and the procedures to be followed in detail. Interviews with SART members confirmed their knowledge of the response plan. The facility has

designed a detailed flow chart indicates roles and responsibilities at each level of the incident. There is not been a reported PREA incident during the past twelve months. This was confirmed during an interview with the PREA Coordinator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

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

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

115.266 (a)

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

115.266 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based on interviews with the Midway Rehabilitation Center (MRC) Program Director, the following delineates the audit findings regarding this standard:

Midway Rehabilitation Center (MRC) does not participate in collective bargaining. This was confirmed during an interview with the Program Director. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.267: Agency protection against retaliation

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

115.267 (a)

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

115.267 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for 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 No

115.267 (c)

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

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

115.267 (d)

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

115.267 (e)

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

115.267 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based on Midway Rehabilitation Center (MRC) PREA policy 115.267, staff interviews, resident interviews, and documentation provided. The following delineates the audit findings regarding this standard:

115.267 (a) Midway Rehabilitation Center (MRC) has a policy 115.267, 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, and designates which staff members or departments are charged with monitoring retaliation. The facility has not had a PREA incident during this audit cycle; therefore, there has not been an incident requiring retaliation monitoring. This was confirmed during an interview with the PREA Coordinator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.267 (b) Midway Rehabilitation Center (MRC) employs multiple protection measures, such as housing changes or transfers for residents, victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

The facility has not had a PREA incident during this audit cycle; therefore, there has not been an incident requiring retaliation monitoring. Retaliation monitoring would be documented on the "Retaliation" Form. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.267 (c) and (d) For at least 90 days following a report of sexual abuse, Midway Rehabilitation Center (MRC) monitors the conduct and treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff, and act promptly to remedy any such retaliation. There are periodic status checks performed and documented. Midway Rehabilitation Center (MRC) monitoring includes any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. Such monitoring continues beyond 90 days if the initial monitoring indicates a continuing need. Retaliation monitoring is recorded on the "Retaliation" form. Retaliation Monitoring would be completed by the PREA Coordinator when required by agency policy. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.267 (d) If any other individual who cooperates with an investigation expresses a fear of retaliation Midway Rehabilitation Center (MRC) takes appropriate measures to protect that individual against retaliation. There had not been any PREA investigations during past twelve months; this was confirmed during an interview with the PREA Coordinator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

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

115.271 (a)

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

115.271 (b)

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

115.271 (c)

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

115.271 (d)

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

115.271 (e)

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

115.271 (f)

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

115.271 (g)

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

115.271 (h)

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

115.271 (i)

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

115.271 (j)

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

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (l)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based upon review of the Midway Rehabilitation Center (MRC) practice, staff interviews, training certificates, investigative reports, as well as interviews with the PREA Coordinator, and the Program Director. The following delineates the audit findings regarding this standard:

115.271 (a) Midway Rehabilitation Center (MRC) contacts the Knoxville Police Department who investigates immediately when notified of an allegation of sexual abuse and sexual harassment. There were no PREA investigative files during this audit cycle (there were three allegations that were deemed non-PREA). The agency has not received a PREA complaint during this audit cycle. Midway Rehabilitation Center maintains a Memorandum of Understanding with the Knoxville Police Department; KPD is required to follow the PREA standards as they pertain to the investigations of

sexual assault in a confinement setting. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.271 (b) The Midway Rehabilitation Center (MRC) does not have criminal investigators on staff. If a PREA incident is reported, the Knoxville Police Department will investigate the incident. Midway Rehabilitation Center maintains a Memorandum of Understanding with the Knoxville Police Department; KPD is required to follow the PREA standards as they pertain to the investigations of sexual assault in a confinement setting. There have been no PREA investigations during this audit cycle. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.271 (c) The Knoxville Police Department investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; interview alleged victims, suspected perpetrators, and witnesses; and review prior complaints and reports of sexual abuse involving the suspected perpetrator. Midway Rehabilitation Center maintains a Memorandum of Understanding with the Knoxville Police Department; KPD is required to follow the PREA standards as they pertain to the investigations of sexual assault in a confinement setting. There have been no PREA investigations during this audit cycle (there were three allegations that were deemed non-PREA). Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.271 (d) When the quality of evidence appears to support criminal prosecution, The Knoxville Police Department refers the case to the Knox County District Attorney's Office for the criminal investigation. Midway Rehabilitation Center maintains a Memorandum of Understanding with the Knoxville Police Department; KPD is required to follow the PREA standards as they pertain to the investigations of sexual assault in a confinement setting. There have been no PREA investigations during this audit cycle. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.271 (e) As stated by the Programs Director, the credibility of an alleged victim, suspect, or witness is assessed on an individual basis and is not determined by the person's status as resident or staff. The resident who alleges sexual abuse is not required to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. There have been no PREA investigations during this audit cycle. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.271 (f) Midway Rehabilitation Center (MRC) administrative investigations include efforts to determine whether staff actions or failures to act contributed to the abuse; and are documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. The Midway Rehabilitation Center (MRC) has not had any PREA administrative investigations during this audit cycle (there were three allegations that were deemed non-PREA). The PREA Coordinator is responsible for all Administrative Investigations. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.271 (g) Midway Rehabilitation Center (MRC), criminal investigations would be documented by the Knoxville Police Department in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. Midway Rehabilitation Center maintains a Memorandum of Understanding with the Knoxville Police Department; KPD is required to follow the PREA standards as they pertain to the investigations of sexual assault in a confinement setting. There have been no PREA investigations

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

115.271 (h) Midway Rehabilitation Center (MRC) refers all allegations to the Knoxville Police Department for investigation and prosecution when warranted. There have been no PREA investigations during this audit cycle (there were three allegations that were deemed non-PREA). Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.271 (i) Midway Rehabilitation Center (MRC) retains all written reports for as long as the alleged abuser is incarcerated or employed by Midway Rehabilitation Center (MRC), plus five years. There have been no PREA investigations during this audit cycle (there were three allegations that were deemed non-PREA). Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.271 (j) According to policy 115.271 page 2, the departure of the alleged abuser or victim from employment or control of the Midway Rehabilitation Center (MRC) or agency does not provide a basis for terminating an investigation. There have been no PREA investigations during this audit cycle. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.271 (k) The Knoxville Police Department conducts criminal sexual abuse investigations pursuant to the requirements of this standard. Midway Rehabilitation Center maintains a Memorandum of Understanding with the Knoxville Police Department; KPD is required to follow the PREA standards as they pertain to the investigations of sexual assault in a confinement setting. The Program Director stated the requirements of the criminal investigation would comply with all aspects of this standard. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.271 (l) Midway Rehabilitation Center (MRC) refers all criminal cases to the Knoxville Police Department and cooperates with their investigators during the entire investigation. The facility remains informed of the progress of the investigation through communication between the PREA Coordinator and the Knoxville Police Department investigator handling the case. Midway Rehabilitation Center maintains a Memorandum of Understanding with the Knoxville Police Department; KPD is required to follow the PREA standards as they pertain to the investigations of sexual assault in a confinement setting. The agency has not had a PREA investigation during this audit cycle (there were three allegations that were deemed non-PREA). Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.272: Evidentiary standard for administrative investigations

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

115.272 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based upon review of policy 115.272, Midway Rehabilitation Center (MRC) practice, and staff interviews. The following delineates the audit findings regarding this standard:

Midway Rehabilitation Center (MRC) policy 115.272, the agency imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. There have not been any PREA Coordinator and Programs Director during this audit cycle (there were three allegations that were deemed non-PREA). Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.273: Reporting to residents

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

115.273 (a)

- Following an investigation into a 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 No

115.273 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency 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.) Yes No NA

115.273 (c)

- 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 No

- 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 No
- 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 No
- 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 No

115.273 (d)

- 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 No
- 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 convicted on a charge related to sexual abuse within the facility? Yes No

115.273 (e)

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

115.273 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based upon review of Midway Rehabilitation Center (MRC) practice and investigative staff interviews. The following delineates the audit findings regarding this standard:

115.273 (a) Based on Midway Rehabilitation Center (MRC) PREA policy 115.273, it was confirmed that following an investigation into a resident's allegation he/she suffered sexual abuse in the facility, the resident was to be informed whether the allegation had been determined to be substantiated, unsubstantiated, or unfounded. The agency does have a form way of documenting this notification. However, there were no PREA incidents reported during this audit cycle so compliance was determined on policy and sample forms. The Agency created a document that residents will be officially notified on the "Notification of Investigation Status" form. The residents will be required to sign the form documenting acknowledgement of this notification as required. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.273 (b) The agency will request all relevant information from the criminal investigation conducted by the Knoxville Police Department in order to inform the resident as required by this standard. There are no investigation files during this audit cycle (there were three allegations that were deemed non-PREA). Residents were still notified appropriately. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.273 (c) Based on Midway Rehabilitation Center (MRC) PREA practice and documentation provided, it was confirmed that following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever:

- (1) The staff member is no longer posted within the resident's unit;
- (2) The staff member is no longer employed at the facility;
- (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the Midway Rehabilitation Center (MRC); or
- (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the Midway Rehabilitation Center (MRC).

The Agency created a document that residents will be officially notified on the "Notification of Investigation Status" form. The residents will be required to sign the form documenting acknowledgement of this notification as required. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.273 (d) According to policy 115.273 page 2, following a resident's allegation they had been sexually abused by another resident, Midway Rehabilitation Center (MRC) subsequently informs the alleged victim whenever the facility learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or Midway Rehabilitation Center (MRC) learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. The Agency created a document that residents will be officially notified on the "Notification of Investigation Status" form. The residents will be required to sign the form documenting acknowledgement of this notification as required. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.273 (e) All such notifications or attempted notifications are documented, based on the “Notification of Alleged Abuse” form. There were no reported PREA incidents during this audit cycle; therefore, no documented resident notifications. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.273 (f) The PREA Coordinator outlined the agency’s obligation to report under this standard terminates if the resident is released from Midway Rehabilitation Center (MRC) custody. There were no reported PREA incidents during this audit cycle; therefore, no documented resident notifications. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

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

115.276 (a)

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

115.276 (b)

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

115.276 (c)

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

115.276 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based upon review policy 115.276, Midway Rehabilitation Center (MRC) procedure, documentation provided practice, Program Director, and PREA Coordinator interviews. The following delineates the audit findings regarding this standard:

115.276 (a) and (b) According to policy 115.276, staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse. There were no PREA incidents during this audit cycle. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.276 (c) Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. There were no reported PREA incidents during this audit cycle. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.276 (d) All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement, unless the activity was clearly not criminal, and to any relevant licensing bodies. There were no reported PREA incidents during this audit cycle. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.277: Corrective action for contractors and volunteers

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

115.277 (a)

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

115.277 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based upon review of Midway Rehabilitation Center (MRC) policy 115.277 policy and practice, documentation provided, agency head, and PREA Coordinator interviews. The following delineates the audit findings regarding this standard:

115.277 (a) According to Programs Director, any contractor or volunteer who engages in sexual abuse is prohibited from contact with residents and are reported to law enforcement, unless the activity was clearly not criminal, and to relevant licensing bodies. There were no reported PREA incidents during this audit cycle. This is reiterated in policy 115.277. The facility does not allow unescorted volunteers or contractors inside the facility. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.277 (b) Midway Rehabilitation Center (MRC) takes appropriate remedial measures, and considers whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. This was confirmed during an interview with the PREA Coordinator and review of policy 155.277. There were no reported PREA incidents during this audit cycle. The facility does not allow unescorted volunteers or contractors inside the building. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.278: Interventions and disciplinary sanctions for residents

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

115.278 (a)

- Following an administrative finding that a resident engaged in 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 No

115.278 (b)

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

115.278 (c)

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

115.278 (d)

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

115.278 (e)

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

115.278 (f)

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

115.278 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based upon review of Midway Rehabilitation Center (MRC) policy 115.278 and practice, documentation provided, agency head, and PREA Coordinator interviews. The following delineates the audit findings regarding this standard:

115.278 (a) According to policy 115.278 and an interview with the Programs Director, residents are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse. There were no reported PREA incidents during this audit cycle. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.278 (b) Sanctions are commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. This was confirmed during an interview with the PREA Coordinator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.278 (c) According to the Programs Director, the disciplinary process considers whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. All mental health services are offered with a contracted psychologist. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.278 (d) There are no therapy, counseling, or other interventions offered to address and correct underlying reasons or motivations for the abuse offered at the facility. Residents are referred to in-house counselors, contracted community psychiatrist or the Sexual Assault Center of East Tennessee. Residents that have been referred stated to the auditor they appreciated the services that are provided to them; each resident has an assigned in-house counselor. Therefore, this part of the standard was found to be non-applicable to this facility during this audit cycle.

115.278 (e) Midway Rehabilitation Center (MRC) disciplines a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact. There have not been any such incidents during this audit cycle. This was confirmed during an interview with the Programs Director. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.278 (f) The PREA Coordinator reported that a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred does not constitute falsely reporting an

incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. There have not been any such reports during this audit cycle. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.278 (f) Midway Rehabilitation Center (MRC) prohibits all sexual activity between residents and may discipline residents for such activity. This was confirmed during an interview with the PREA Coordinator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

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

115.282 (a)

- Do 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 No

115.282 (b)

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

115.282 (c)

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

115.282 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based on MOU, Midway Rehabilitation Center (MRC) practice, Program Director interview, and the PREA Coordinator interview. The following delineates the audit findings regarding this standard:

115.282 (a) Midway Rehabilitation Center (MRC) is working on an agreement with the Sexual Assault Center of East Tennessee to ensure 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. The two-page Memorandum of Understanding entered between the two parties addresses the goals and implementation of the Prison Rape Elimination Act standards for Community Confinement facilities. This was corroborated during an interview with the PREA Coordinator. The Auditor contacted a representative of the Sexual Assault Center of East Tennessee answered and advised if the call was an actual report of sexual abuse; she would contact the Programs Director at the Midway Rehabilitation Center (MRC). The representative advised they had not received an official complaint of sexual abuse from a resident of Midway Rehabilitation Center (MRC). The representative also stated they have access to interpreters if necessary. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.282 (b) Midway Rehabilitation Center (MRC) Programs Director outlines the procedures to be followed in the event of a sexual abuse at the facility. There are no qualified medical or mental health practitioners at the facility, these services will be provided by the Sexual Assault Center of East Tennessee. Security staff first responders take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners and arrange transport to the hospital for treatment. The two-page agreement entered between the two parties addresses the goals and implementation of the Prison Rape Elimination Act standards for Community Confinement facilities. This was corroborated during an interview with the PREA Coordinator. The Auditor contacted a representative of the Sexual Assault Center of East Tennessee and she advised if the call was an actual report of sexual abuse; she would contact the Programs Director at the Midway Rehabilitation Center (MRC). The representative advised they had not received an official complaint of sexual abuse from a resident of Midway Rehabilitation Center (MRC). The representative also stated they have access to interpreters if necessary. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.282 (c) Midway Rehabilitation Center (MRC) ensures resident victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. These services would be offered by the local hospital. There has not been a PREA ident during this audit cycle. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.282 (d) Midway Rehabilitation Center (MRC) requires that all treatment services provided to the victim are without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. This was reaffirmed during an interview with the PREA Coordinator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

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

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

115.283 (a)

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

115.283 (b)

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

115.283 (c)

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

115.283 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) Yes No NA

115.283 (e)

- If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) Yes No NA

115.283 (f)

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

115.283 (g)

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

115.283 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based on the Program Director and PREA Coordinator interviews, documentation provided, and Midway Rehabilitation Center (MRC) practice. The following delineates the audit findings regarding this standard:

115.283 (a) Midway Rehabilitation Center (MRC) policy 115.283 states the agency offers medical and mental health evaluations at Fort Sanders Regional Medical Center, Knoxville, TN and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any facility. Follow-up mental health visits would be provided by Sexual Assault Center of East Tennessee. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.283 (b) Midway Rehabilitation Center (MRC) policy 115.283 mandates that the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. There has not been a victim of sexual abuse at the Midway Rehabilitation Center (MRC) facility during this audit cycle. If a resident was in need for follow-up mental health services; the Sexual Assault Center of East Tennessee would provide such care as outlined in their Memorandum of Understanding. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.283 (c) Midway Rehabilitation Center (MRC) provides all victims with medical and mental health services at the Fort Sanders Regional Medical Center and the Sexual Assault Center of East Tennessee. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.283 (d and e) Midway Rehabilitation Center (MRC) ensures female victims of sexual abuse are given pregnancy test when vaginal penetration took place. If a pregnancy results from the sexual

abuse, Midway Rehabilitation Center (MRC) ensures the victim receives timely and comprehensive information about timely access to emergency contraception; lawful pregnancy related services. Such services would be provided at the local hospital.

115.283 (f) Midway Rehabilitation Center (MRC) policy 115.283 states the agency provides resident victims of sexual abuse while incarcerated tests for sexually transmitted infections as medically appropriate. These services are provided at the Fort Sanders Regional Medical Center as determined by the treating physician. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.283 (g) Midway Rehabilitation Center (MRC) policy 115.283 states the agency provides treatment services to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. This was reiterated during an interview with the Program Director. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.283 (h) Midway Rehabilitation Center (MRC) will attempt to have a mental health evaluation conduct on all known resident-on-resident abusers within 60 days of learning such abuse history and offer treatment when deemed appropriate by the mental health practitioners' providers at the Fort Sanders Regional Medical Center. However, as of this audit there have been no sexual abuse cases reported requiring these services. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse Incident reviews

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

115.286 (a)

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

115.286 (b)

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

115.286 (c)

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

115.286 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No

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

115.286 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based on policy 115.286, interviews with the Program Director, PREA Coordinator, Investigator, and documentation provided as well as Midway Rehabilitation Center (MRC) practice. The following delineates the audit findings regarding this standard:

115.286 (a) Midway Rehabilitation Center (MRC) policy 115.286 states the agency will conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. However, there have been no incidents of sexual abuse reported during the audit cycle to document a review. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.286 (b) Midway Rehabilitation Center (MRC) will ensure that these reviews occur within 30 days of the conclusion of the investigation and shall document the review on the "PREA Sexual Abuse

Incident Review” form. However, there have been no incidents of sexual abuse reported during the audit cycle to document a review. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.286 (c) The review team consist of upper-level management officials, with input from PREA Coordinator and PREA Manager. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.286 (d) The review team considers whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; and they examine the area in Midway Rehabilitation Center (MRC) where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; assess the adequacy of staffing levels in that area during different shifts; assess whether monitoring technology should be deployed or augmented to supplement supervision by staff. The agency has deployed an excellent PREA after action review form which addresses all elements of the standard. Midway Rehabilitation Center (MRC) conducts an incident review for all cases and reviews all findings. Therefore, the facility exceeds the intent of this part of the standard.

115.286 (e) Midway Rehabilitation Center (MRC) shall implement the recommendations for improvement, or shall document its reasons for not doing so. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.287: Data collection

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

115.287 (a)

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

115.287 (b)

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

115.287 (c)

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

115.287 (d)

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

115.287 (e)

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

115.287 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based on policy 115.287, interviews with the Program Director, PREA Coordinator, and documentation provided as well as Midway Rehabilitation Center (MRC) practice. The following delineates the audit findings regarding this standard:

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

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

115.287 (d) Midway Rehabilitation Center (MRC) maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. There were no reported PREA incidents during this audit cycle; therefore, there were no incident reviews to evaluate. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.287 (e) Midway Rehabilitation Center (MRC) does not contract its residents to other facilities. Therefore, this part of the standard was found not applicable during this audit cycle.

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

Standard 115.288: Data review for corrective action

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

115.288 (a)

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

115.288 (b)

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

115.288 (c)

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

115.288 (d)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based on interviews with the Program Director, PREA Coordinator, and documentation provided as well as Midway Rehabilitation Center (MRC) PREA policy 115.288 page 74. The following delineates the audit findings regarding this standard:

115.288 (a) Midway Rehabilitation Center (MRC) reviews data collected to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings and corrective actions for each facility, as well as Midway Rehabilitation Center (MRC) as a whole. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

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

115.288 (c) Midway Rehabilitation Center (MRC)'s report is approved by the Program Director and made readily available to the public by posting on the agency's website, www.midwayrehab.org. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

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

Standard 115.289: Data storage, publication, and destruction

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

115.289 (a)

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

115.289 (b)

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

115.289 (c)

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

115.289 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based on interviews with the Program Director, PREA Coordinator, and documentation provided as well as Midway Rehabilitation Center (MRC) PREA reviewed practice. The following delineates the audit findings regarding this standard:

115.289 (a) through (d) Midway Rehabilitation Center (MRC) agency PREA Coordinator makes all aggregated sexual abuse data, from facilities under direct control readily available to the public as it is posting it on the agency's website.

All reports are securely retained and maintained for at least 10 years after the date of the initial collection unless Federal, State, or Local law requires otherwise. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, 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.? (N/A before August 20, 2016.)
 Yes No NA

115.401 (b)

- During each one-year period starting on August 20, 2013, 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? Yes No

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

115.401 (a) and (b)The Midway Rehabilitation Center (MRC) did have a PREA audit in 2016. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.401 (h) The auditor has full access to all location/areas of the Midway Rehabilitation Center (MRC) Facility. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

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

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

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

Standard 115.403: Audit contents and findings

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

115.403 The agency has made the final report during the first audit cycle through posting on the agency's website.



AUDITOR CERTIFICATION

I certify that:

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

Brian D. Bivens

November 12, 2019

Auditor Signature

Date